Frequently Asked Questions

Why are dental and vision benefits important?

Regular dental care is the best way to prevent oral disease. Three out of four Americans have some form of gum disease, but don't get the care they need due to lack of dental benefits. Dental exams can also detect the first signs of severe medical conditions, including diabetes, oral cancer and hardening of the arteries, making treatment easier and more effective.

Vision benefits are about more than the ability to see clearly. Annual checkups often point out early warning signs of more than 270 systemic and chronic diseases including diabetes, high blood pressure, autoimmune diseases and cancers before symptoms are apparent. And early intervention is one key to a successful treatment.

When will members receive ID cards?

United Concordia mails paper dental cards directly to the members, along with instructions for accessing their Dental Benefits Certificate online. Vision ID cards are not needed to receive services. All they need is their Member ID from the United Concordia/VSP Welcome Letter, their full name and DOB for the provider to confirm their eligibility. Members also have access to their membership guide, plan information and links for their benefits online, in the member portal, **myhealthmembers.com**.

Is there a waiting period before members can use their dental and vision benefits?

There is no waiting period. Members will have access to all plan benefits on their effective date. However, it can take up to 72 hours for member information to be added to United Concordia's system. Best practice for new members is to contact United Concordia to make sure they are active in their system before scheduling any appointments.

How do members know which provider to see?

Members can see any provider they choose, however, they will receive the full plan benefits by using an in-network provider. Reimbursement for dental benefits is based on a schedule of maximum allowable charges (MACs). Network providers agree to accept United Concordia's allowances as payment in full for covered services, less applicable deductibles and coinsurance percentages. Non-network providers may bill for any difference between United Concordia's allowance and their fee. There are no vision claim forms to fill out when members see a VSP network doctor. If members see a non-network provider, they can file a claim for reimbursement through VSP.

How do members find participating providers?

The dental network included with the plan is the **Advantage Plus 2.0 network**. The Advantage Plus 2.0 network is one of the largest dental networks in the country with 351,350 access points and 69,843 dentists. Members can locate participating providers at **www.ucci.com** or by calling United Concordia's Customer Service at: **(800) 332-0366**.

The vision network included with the UC ClearVision plan is the VSP Choice Network through VSP Vision Care, Inc. The VSP Choice Network is a nationwide network with 44,500 providers, 27,000 locations and over 137,00 access points. Members can locate participating providers at **www.vsp.com** or by calling VSP Customer Service at: **(800) 877-7195**.

How much time do members have to submit a claim?

Members or their providers must submit claims within one year from their initial date of service. Network providers will complete and send claims directly to United Concordia and VSP for processing. Non-Network providers may require the member to pay the provider at the time of service. If members use a non-network provider, they will need to complete and send their own claim forms to United Concordia or VSP for reimbursement.

What is the Annual Maximum and Deductible for the plan?

The Annual Maximum for the Dental plan is $1,500 per person per calendar year and the Deductible is $50 per person per calendar year with a family maximum of $150. There is no Annual Maximum or Deductible for the Vision plan.

How many visits does the plan cover per year?

The plan includes two dental cleanings, one eye exam, one set of lenses and lens enhancements and one set of contacts per 12 month period and one pair of frames per 24 month period. The 12/24 month period begins on the date of a member's first exam and it continues on a rolling 12/24 months.

How will members identify the monthly drafts from their account?

Member drafts will have "**PHS-HEALTH-BILL**", "**PHSHEALTH**" or "**HEALTHPHS**" listed on their billing statement depending on their banking institution.

Who can members contact for help?

Members can contact Customer Service at **(214) 436-8882** or **customerservice@premierhsllc.com** and one of our friendly representatives will be glad to help them!