



## Dental Benefits Summary for USW Local 1000086 Merck EES H W Plan

Group Number: 902191-000

Network: ElitePLUS

| Benefit Category <sup>1</sup>                                                                                             | CONCORDIA FLEX PLAN                             |                                   |
|---------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|-----------------------------------|
|                                                                                                                           | In-Network <sup>2</sup>                         | Non-Network <sup>2</sup>          |
| <b>Class I – Diagnostic/Preventive Services</b>                                                                           |                                                 |                                   |
| Exams                                                                                                                     | 100%                                            | 100%                              |
| Bitewing X-rays                                                                                                           |                                                 |                                   |
| All Other X-rays                                                                                                          |                                                 |                                   |
| Cleanings & Fluoride Treatments                                                                                           |                                                 |                                   |
| Sealants                                                                                                                  |                                                 |                                   |
| Palliative Treatment                                                                                                      |                                                 |                                   |
| Space Maintainers                                                                                                         |                                                 |                                   |
| <b>Class II – Basic Services</b>                                                                                          |                                                 |                                   |
| Basic Restorative (Fillings)                                                                                              | 80%                                             | 80%                               |
| Posterior Resins                                                                                                          |                                                 |                                   |
| Simple Extractions                                                                                                        |                                                 |                                   |
| Repairs of Crowns, Inlays, Onlays                                                                                         |                                                 |                                   |
| Endodontics                                                                                                               |                                                 |                                   |
| Nonsurgical Periodontics                                                                                                  |                                                 |                                   |
| Surgical Periodontics                                                                                                     |                                                 |                                   |
| Complex Oral Surgery                                                                                                      |                                                 |                                   |
| General Anesthesia                                                                                                        |                                                 |                                   |
| <b>Class III – Major Services</b>                                                                                         |                                                 |                                   |
| Implants                                                                                                                  | 80%                                             | 80%                               |
| Repairs of Bridges & Dentures                                                                                             | 50%                                             | 50%                               |
| Inlays, Onlays, Crowns                                                                                                    |                                                 |                                   |
| Prosthetics (Bridges, Dentures)                                                                                           |                                                 |                                   |
| <b>Orthodontics for dependent children to age 26; Member and spouse to any age</b>                                        |                                                 |                                   |
| Diagnostic, Active, Retention Treatment                                                                                   | 50%                                             | 50%                               |
| <b>Included Plan Features</b>                                                                                             |                                                 |                                   |
| Pregnancy Benefit                                                                                                         | • Covers 1 additional cleaning during pregnancy |                                   |
| <b>Maximums &amp; Deductibles (applies to the combination of services received from network and non-network dentists)</b> |                                                 |                                   |
| Contract Year Program Deductible (per person)<br>(Jan 1 - Dec 31)                                                         | \$25<br>Excludes Class I & Orthodontics         |                                   |
| Contract Year Program Maximum (per person)<br>(Jan 1 - Dec 31)                                                            | \$2,000<br>Excludes Orthodontics                |                                   |
| Lifetime Orthodontic Maximum (per person)                                                                                 | \$1,500                                         |                                   |
| <b>Reimbursement</b>                                                                                                      | <b>ElitePLUS</b>                                | <b>90<sup>th</sup> Percentile</b> |

Representative listing of covered services – certificate of coverage provides a detailed description of benefits.

1. Dependent children covered to age 26.
2. Reimbursement is based on our schedule of maximum allowable charges (MACs). Network dentists agree to accept our allowances as payment in full for covered services. Non-network dentists may bill the member for any difference between our allowance and their fee (also known as balance billing). United Concordia Dental's standard exclusions and limitations apply.

**Note: This information is an overview of your health plan's dental benefit. Benefits and co-payments are subject to change by your Fund Trustees. Any discrepancy between this Summary and the Plan Document will govern.**

January 2025