



Dental Benefits Summary for LVBC Moravian University

Effective Date: January 1, 2024 Group Number: 838407-000

| Benefit Category ¹ | CONCORDIA PREFERRED PLAN | |
|--|--------------------------|--------------------------|
| | In-Network ² | Non-Network ² |
| Class I Diagnostic/Preventive Services | | |

These policies have exclusions and limitations which may affect any benefits payable. See the actual policy or your account representative for specific provisions and details of availability.

- 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).
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- 3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.