

Dental Benefits Summary for LVBC Moravian University

Effective Date: January 1, 2026

Group Number: 838407-000

Network: Advantage Plus

| Benefit Category ¹ | CONCORDIA PREFERRED PLAN | |
|--|---|--------------------------|
| | In-Network ² | Non-Network ² |
| Class I – Diagnostic/Preventive Services | | |
| Exams | 100% | 80% |
| Bitewing X-rays | | |
| All Other X-rays | | |
| Cleanings & Fluoride Treatments | | |
| Sealants | | |
| Space Maintainers | | |
| Consultations | | |
| Palliative Treatment | | |
| Class II – Basic Services | | |
| Basic Restorative (Fillings) | 80% | 60% |
| Simple Extractions | | |
| Repairs of Crowns, Inlays, Onlays, Bridges & Dentures | | |
| Endodontics | | |
| Nonsurgical Periodontics | | |
| Complex Oral Surgery | | |
| General Anesthesia | | |
| Class III – Major Services | | |
| Surgical Periodontics | 50% | 50% |
| Inlays, Onlays, Crowns | | |
| Prosthetics (Bridges, Dentures) | | |
| Orthodontics for dependent children to age 19 | | |
| Diagnostic, Active, Retention Treatment | 50% | 50% |
| Included Plan Features | | |
| Enhanced Periodontal Benefit ² | The following procedures are covered at 100% of the allowance: <ul style="list-style-type: none">• Scaling and Root Planing• Periodontal Scaling with Gingival Inflammation• Full Mouth Debridement• Periodontal Maintenance | |
| Pregnancy Benefit ³ | • Covers 1 additional cleaning during pregnancy | |
| Preventive Incentive® | Class I services do not count toward your calendar year program maximum | |
| Maximums & Deductibles (applies to the combination of services received from network and non-network dentists) | | |
| Calendar Year Program Deductible (per member/per family) (January 1 – December 31) | None | |
| Calendar Year Program Maximum (per member) (January 1 – December 31) | \$1,000 Excludes Class I & Orthodontics | |
| Lifetime Orthodontic Maximum (per dependent child) | \$800 | |
| Reimbursement | Advantage Plus | Advantage |

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

Dental plans are administered by United Concordia Companies, Inc., and underwritten by United Concordia Insurance Company. For more information please visit the "Disclaimers" link at www.UnitedConcordia.com. Administrative and claims offices located at 1800 Center Street Suite 2B 220, Camp Hill, PA 17011 (1-800-332-0366).

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). We evaluate our MACs and OON percentile allowances annually based on proprietary claim experience and data purchased from independent sources such as FAIR Health. United Concordia Dental's standard exclusions and limitations apply.
3. Members (subscribers or covered dependents) with certain medical conditions must sign up for this program through **My Dental Benefits** on **UnitedConcordia.com**.

The Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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| English | ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-332-0366 (TTY: 711). |
| Español (Spanish) | ATENCIÓN: Si habla español, le ofrecemos de ayuda lingüística gratuita. Llame al 1-800-332-0366 (TTY: 711). |
| 繁體中文 (Chinese) | 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-800-332-0366 (TTY: 711)。 |