United Concordia Dental

Protecting More Than Just Your Smile®

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

Group Number: 902191-000 Network: ElitePLUS

In-Network ²	Non-Network ²
100%	100%
100%	100%
100%	100%
100%	100%
100%	100%
	80%
80%	
"我们是是不是不是一个,我	2. 医水型 3. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2. 2.
80%	80%
50%	50%
50%	50%
PROPERTY OF STREET, ST	
\$25	
\$2,000	
Excludes Orthodontics	
	500 90th Percentile
	80% 50% spouse to any age 50% Covers 1 additional cleaning di vices received from network Excludes Class \$2 Excludes

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

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

Revision Date: September 1, 2018

^{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.