

Group Dental Insurance

SUMMARY OF BENEFITS

- You may choose any dentist and do not need a referral to see a specialist.
- By enrolling in the dental plan you and your enrolled family members will have access to *Lincoln DentalConnect*™, our free on-line dental health information Web site.
- If you incur dental expenses and have satisfied the benefit waiting period(s), the plan pays the following percentage of allowable expenses in excess of the deductible up to the maximum benefit.
- Covered dental expenses include only those services listed in your certificate.
- Covered expenses will not exceed the policy's usual and customary allowances.

Preventive	Basic	Major	Orthodontics
100% For Covered Expenses No Deductible	80% For Covered Expenses	50% For Covered Expenses	50% For Covered Expenses Child Coverage
<ul style="list-style-type: none"> • Routine exams • X-rays • Teeth cleanings (prophylaxis) • Fluoride treatments for children • Space maintainers for children 	<ul style="list-style-type: none"> • Fillings • Sealants • Root canal procedures • Periodontal surgery & periodontal maintenance procedures • Consultations • Extractions & most oral surgeries • Emergency relief of dental pain • General anesthesia • Prefabricated stainless steel & resin crowns • Repair of bridgework & dentures 	<ul style="list-style-type: none"> • Crowns & Bridges • Dentures 	<ul style="list-style-type: none"> • Orthodontic exams • Orthodontic X-rays • Orthodontic extractions • Study models • Orthodontic appliances

Calendar Year Deductible: \$25 Individual / \$75 Family Waived for Preventive services.

Calendar Year Maximum: \$1,500 for Preventive, Basic, and Major services.

Lifetime Ortho Maximum: \$1,500

Your plan costs

Employee only See Current Rate Sheet
Family See Current Rate Sheet

Enrolling for coverage

If you do not want to enroll at this time, submit the completed waiver form to your plan administrator. If you waive coverage now and want to enroll at a later date, you will be subject to the plan's Late Entrant provision.

Dependent eligibility

Unmarried dependent children may be covered to age **19** or to age **23**, if a full-time student.

Benefit waiting periods

Basic services: None
Major services: None
Orthodontics: None

Exclusions

This is a summary of policy exclusions. The policy contains other, more specific, exclusions and limitations not fully explained in this benefit summary.

- The plan does not cover services started before coverage begins or after it ends. Services must be necessary and appropriate for the claimant's condition. Benefits are limited to services specifically shown on the list of procedures included in the policy, unless coverage for additional services is required by state law. Benefits are not payable for duplication of services or for treatment by a practitioner who lives with or is related to the employee or dependent.
- Benefits are not payable for placement of a prosthetic, unless it is needed to replace teeth extracted while covered. Installation, maintenance or removal of implants or any related expense is excluded. Policy does not cover the cost of athletic mouth guards, appliances to correct harmful habits or the replacement of lost or stolen dental appliances. Policy excludes services for treatment of TMJ or congenital malformations, except as required by law.
- Benefits are not payable for veneers, cosmetic procedures or medications administered outside the dentist's office, for prescription drugs, or for analgesia, sedation, hypnosis or acupuncture administered for the purposes of alleviating anxiety or apprehension. Nitrous oxide is not covered.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; or for a condition attributed to employment or military service. Coverage is not available for dental conditions caused by an act of war, self-inflicted injury, involvement in an illegal occupation, attempt to commit a felony, or active participation in a riot.
- If benefits for orthodontia are included, the plan does not cover any treatment plan started before coverage begins or during the benefit waiting period unless the member was receiving orthodontia benefits from this employer's previous group dental policy. In that case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by the two policies is equal to this policy's lifetime orthodontia.

Alternative benefits provision

In certain situations there may be two or more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment. For example, the policy covers amalgam fillings on posterior teeth even if tooth-colored fillings are used.

Late entrants

If you enroll more than 31 days after becoming eligible, you will be subject to the plan's Late Entrant limitation and Prior Carrier Credit will not be available.

Predetermination of benefits

Allows you to find the amount covered prior to having a dental procedure. We recommend that you use this service when expenses are expected to exceed \$300.

Claim submission

Submit a claim by mail to:

Lincoln Financial Group
Dental Claims Input Center
P.O. Box 2640
Omaha, NE 68103-2640

Submit a claim by fax to:

(877) 843-3945

For assistance or additional information

Contact Lincoln Financial Group at (800) 423-2765 or log on to www.LincolnFinancial.com

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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