

What is it?

Dental insurance covers preventative dental care like cleanings, along with more serious oral health needs.

Why is this coverage valuable?

When you're maintaining good oral health, you're protecting your overall well-being.

Your dental coverage

High option

Eligibility description	All full-time employees		
Contribution	You pay the cost of your coverage.		
Calendar year deductible	In-network	Out-of-network	
Individual	\$50	\$50	
Family limit	\$150	\$150	
Waived for	Preventative	Preventative	
Annual maximum benefit	\$1,500	\$1,500	
	Annual maximums are combined for preventive, basic, and major services.		
	The <i>MaxRewards</i> [®] program lets you and your covered family members roll a portion of unused dental benefits from one year into the next, so you have ex		
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	portion of unused dental benefits from	one year into the next, so you have ext	
	portion of unused dental benefits from benefit dollars available	one year into the next, so you have ext when you need them most.	
	portion of unused dental benefits from benefit dollars available v Eligible range (one year into the next, so you have ext	
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Covered members	portion of unused dental benefits from benefit dollars available v Eligible range (Rollover amoun Rollover amount with prefi Maximum rollov When you choose coverage for yoursel	one year into the next, so you have extr when you need them most. claim threshold): \$1 - \$700 int: \$350 per calendar year erred provider: \$500 per calendar year ver account balance: \$1,250	
Covered members Lifetime orthodontic maximum	portion of unused dental benefits from benefit dollars available v Eligible range (Rollover amoun Rollover amount with prefi Maximum rollov When you choose coverage for yoursel	one year into the next, so you have extr when you need them most. claim threshold): \$1 - \$700 int: \$350 per calendar year erred provider: \$500 per calendar year ver account balance: \$1,250 If, you can also provide coverage for you	





A sample of services covered by your plan

	In-network	Out-of-network
Preventative services	Waiting period:	Waiting period:
	None	None
Routine oral exams		
Bitewing X-rays		
Full-mouth or panoramic X-rays	Coinsurance percentage:	Coinsurance percentage:
Other dental X-rays, including periapical films	Coinsurance percentage: 100%	100%
Routine cleanings		20070
Fluoride treatments		
Sealants		
Basic services	Waiting period: None	Waiting period: None
Space maintainers for children		
Problem-focused exams		
Consultations		
Palliative treatment, including emergency dental pain relief		
Injections of antibiotics and other therapeutic medications		
Fillings		
Prefabricated stainless steel and resin crowns		
Simple extractions		
Surgical extractions		
Oral surgery	Coinsurance percentage:	Coinsurance percentage:
Biopsy and examination of oral tissue, including brush biopsy	90% after deductible	80% after deductible
General anesthesia and intravenous (IV) sedation		
Prosthetic repair and recementation services		
Endodontics, including root canal treatment		
Periodontal maintenance procedures		
Non-surgical periodontal therapy		
Periodontal surgery		
Harmful habit appliances		
Occlusal adjustments		
Occlusal guard		
	Waiting period:	Waiting period:
Major services	None	None
Bridges		
Full and partial dentures		
Dentures reline and rebase services	Coinsurance percentage:	Coinsurance percentage
Crowns, inlays, onlays, and related services	60% after deductible	50% after deductible
Build-ups/post and core		
Implants and implant related services		
Orthodontics	Waiting period: None	Waiting period: None
Orthodontic exams		
X-rays		Calman
Extractions	Coinsurance percentage:	Coinsurance percentage:
Study models	50%	50%
Appliances		

For additional information and details on your plan offering, please see your policy.



Dental rate information

Coverage	Monthly rate
Employee only	\$30.27
Employee and spouse/domestic partner	\$61.29
Employee and child(ren)	\$70.59
Employee and family	\$109.06

Benefit exclusions and limitations

Like any insurance, this dental insurance policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details.

- The policy doesn't cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the policy. Benefits aren't payable for duplication of services. Covered expenses won't exceed negotiated fees (for in-network benefits) or the policy's usual and customary allowances (for out-of-network benefits). Covered expenses won't exceed annual or lifetime maximums payable under the policy.
- Benefits aren't payable for a condition that's covered under workers' compensation or a similar law, that occurs during the course of
 employment or military service or involvement in an illegal occupation, felony, war or any act of war, or riot, that is subject to a benefit
 waiting period or late entrant limitation period, or that results from a self-inflicted injury.
- Benefits aren't payable for cosmetic procedures, services related to congenital malformations, bone grafts, procedures covered under a
 group medical plan, prosthetic appliances for any teeth missing prior to the effective date of coverage, orthognathic recording,
 orthognathic surgery, osteoplasty, osteotomy, LeFort procedures, stomatoplasty, computed tomography imaging (CT scans), cone beam,
 or magnetic resonance imaging (MRIs), certain specialized procedures, treatment of disturbances of the temporomandibular joint (TMJ),
 and war.
- The policy doesn't cover an orthodontia treatment plan started before coverage begins unless the member was receiving orthodontia benefits from the employer's previous group dental policy. In this case, Lincoln will continue orthodontia benefits until the combined benefit paid by both policies is equal to this summary plan description's lifetime orthodontia maximum. Plan benefits aren't payable if the orthodontic appliance was installed after age 19.
- In certain situations, there may be more than one method of treating a dental condition. The policy includes an alternative benefits provision that may reduce benefits to the lowest-cost, generally effective, and necessary form of treatment.
- Certain conditions, such as age and frequency limitations, may impact your coverage. See the policy for details.





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