Lincoln Financial℠

Dental insurance

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

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	$1,750	$1,750
	Annual maximums are combined for preventive, basic, and major services. **[MAXREWARDS]** The *MaxRewards*® program lets you and your covered family members roll a portion of unused dental benefits from one year into the next, so you have extra benefit dollars available when you need them most. Eligible range (claim threshold): $800 Rollover amount: $350 per calendar year Rollover amount with preferred provider: $525 per calendar year Maximum rollover account balance: $1,500	
Covered members	When you choose coverage for yourself, you can also provide coverage for your spouse, and dependent children up to age 26	
Lifetime orthodontic maximum	**In-network**	**Out-of-network**
Coverage is available for dependent children	$1,500	$1,500

A sample of services covered by your plan

	In-network	Out-of-network
Preventative services	Waiting period: None	Waiting period: None
Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays, including periapical films Routine cleanings Fluoride treatments Space maintainers for children Sealants Labs and other tests	Coinsurance percentage: 100% [after deductible]	Coinsurance percentage: 100% [after deductible]
Basic services	Waiting period: None	Waiting period: None
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 Periodontal maintenance procedures following active periodontal therapy Biopsy and examination of oral tissue, including brush biopsy General anesthesia and intravenous (IV) sedation Prosthetic repair and recementation services Endodontics, including root canal treatment Non-surgical periodontal Therapy Scaling & Root Planning Full-Mouth Debridement Periodontal surgery	Coinsurance percentage: 80% [after deductible]	Coinsurance percentage: 80% [after deductible]
Major services	Waiting period: None	Waiting period: None
Bridges Full and partial dentures Dentures reline and rebase services Crowns, inlays, onlays, and related services Temporomandibular joint (TMJ)	Coinsurance percentage: 50% [after deductible]	Coinsurance percentage: 50% [after deductible]
Orthodontics	Waiting period: None	Waiting period: None
Orthodontic exams X-rays Extractions Study models Appliances	Coinsurance percentage: 50%	Coinsurance percentage: 50%

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

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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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 detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

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