# Dental insurance

Dental is an important part of a benefits package, and Lincoln makes sure our dental offerings deliver the service and support our clients need. Lincoln dental offers a continually growing network of dental providers, competitive discounts that help lower claims costs, a flexible variety of product options, and customer-oriented technology that makes the coverage easy to administer and use.

## Product conditions

- Quoted rates were developed based on the contribution and the participation assumptions shown in this proposal. If these assumptions are not correct, rates may be adjusted or the proposal may be withdrawn.
- Final rates will be calculated based on employer contribution, enrolled census with the correct employee location, meeting participation requirements with at least a minimum of 10 enrolled employees, correct industry code (SIC) and other pertinent underwriting factors.
- If an employee and/or dependent is covered by another group dental plan, that person(s) will not be counted as an eligible person, if a signed waiver card is submitted. However, if 30% or more of eligible employees do not enroll because of other coverage, the plan may be reevaluated, and new rates illustrated.
- For Orthodontic Coverage for children, the policyholder must have a minimum of 5 child dependent units enrolled on the policy's effective date.

## Class and eligibility descriptions

| Dental insurance | |
|---|---|
| Option | 2 |
| Class | 1 |
| Class description | All Full-Time Employees |
| Employer contribution to employee premium | 50% |
| Employer contribution to dependent premium | 0% |
| Required employee participation | 82% of eligible employees |
| Required dependent participation | 60% of eligible dependent units |
| Minimum hours | 30 hours per week, unless otherwise agreed upon |
| Dependent eligibility* | Spouse<br>Children: birth to age 26 |
| Initial enrollment period | 31 days, allows eligible employees to purchase or make changes in their employee or dependent dental coverage. Participation does not change provisions related to the eligibility waiting period. |
| Future enrollment period | 31 days, allows eligible employees to purchase or make changes in their employee or dependent dental coverage. Participation does not change provisions related to the eligibility waiting period. |

*Dependent eligibility may vary by state.

## Dental benefit overview

| Dental schedule of benefits | | |
|---|---|---|
| Option | 2 | |
| Class | 1 | |
| Class description | All Full-Time Employees | |
| Plan | PPO | |
| Deductible | Annually on a Calendar Year Basis | |
| | **In Network** | **Out of Network** |
| Individual | $100 | $100 |
| Family | $300 | $300 |
| Deductible applies to: | Type 2 & 3 | Type 2 & 3 |
| Benefit Levels | | |
| Type 1 – Diagnostic & Preventative | 100% | 100% |
| Type 2 – Basic Services | 80% | 80% |
| Type 3 – Major Services | 50% | 50% |
| Type 4 – Orthodontic Services | 50% | 50% |
| Benefits Based On | Negotiated Fees | Maximum Allowable Charge |
| Maximum Benefit (per covered person): | | |
| Types 1, 2 & 3 combined | $1,000 Per Calendar Year | $1,000 Per Calendar Year |
| Type 4, while covered by the plan | $1,000 Lifetime | $1,000 Lifetime |
| Benefit Waiting Period | | |
| Type 2 Expenses | None | |
| Type 3 Expenses | None | |
| Type 4 Expenses | None | |
| | Terms of the Prior Carrier Credit Provision and Continuity of Coverage Provision may apply. | |
| Late Entrant Limitation | | |
| Type 2 Expenses | None | |
| Type 3 Expenses | None | |
| Type 4 Expenses | None | |

| Dental Covered Services | |
|---|---|
| Option 2 | |
| Class: 1 | |
| **Type 1 Procedures – Diagnostic & Preventive Services** | |
| Routine Oral Examinations | Up to 2 Per Year |
| Bitewings (including those taken as part of a full-mouth series) | 1 Set Per Year |
| Routine Cleanings in combination with Periodontal Maintenance | Up to 4 Per Year |
| Fluoride Treatments | Through Age 13; 1 Per Year |
| Space Maintainers | Through Age 13; 1 Per Lifetime |
| Sealants | Through Age 13; 1 Per 60 Months |
| Complete Full-Mouth or Panoramic X-Rays | 1 Per 5 Years |
| Other Dental X-Rays (including Periapical Films) | 6 Per Year |
| **Type 2 Procedures – Basic Services** | |
| Problem Focus Exams | 4 Per Year |
| Palliative Treatment (including emergency relief of dental pain) | Included |
| Injections of antibiotics and other Therapeutic Medications | Included |
| Fillings | 1 Per 24 Months |
| Prefabricated Stainless Steel & Resin Crowns | Included |
| Simple Extractions | Included |
| Biopsy & Examination of Oral Tissue (including Brush Biopsy) | Included |
| Periodontal Maintenance Procedures following Active Periodontal Therapy (in combination with Routine Cleanings) | 4 Occurrences Per Calendar Year |
| Non-Surgical Periodontal Therapy | |
| Scaling & Root Planing | 1 Occurrence Per 24 Months |
| Full-Mouth Debridement | 1 Per Lifetime |
| **Type 3 Procedures – Major Services** | |
| Consultations | Included |
| Prosthetic Repair & Recementation Services | Included |
| Surgical Extractions | Included |
| Oral Surgery | Included |
| General Anesthesia & I.V. Sedation | Included |
| Endodontics (Including Root Canal Treatment) | Included |
| Periodontal Surgery | 1 Per 36 Months |
| Bridges | 1 Per 10 Years |
| Full & Partial Dentures | 1 Per 10 Years |
| Denture Reline & Rebase Services | Included |
| Crowns, Inlays, Onlays & Related Services | Age 16 and Above; 1 Per 10 Years |
| Implants and Related Services | Age 16 and Above; 1 Per 10 Years |
| **Type 4 Procedures – Orthodontics** | |
| Treatment for Children , including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances<br>Orthodontia for children includes coverage to age 19. | |

Missing Tooth: This option extends coverage for replacement of natural teeth.

Effective for policies issued on or after January 1, 2022, New Mexico requires specific fully-insured Dental benefits for employees residing in New Mexico regardless of the employer's residing state. These benefits may not be included in this proposal. New Mexico employees will be provided these benefits in a different class or plan at the time of sold case and/or at the time of enrollment into Dental coverage.

## Dental benefit overview

| Dental insurance rates | | | | |
|---|---|---|---|---|
| Option: | 2 | Class: | All Full-Time Employees | |
| Rate guarantee: | 24 months | Total eligible employees: | 414 | |
| Effective date: | 01/01/2027 | Monthly premium: | $2,361.42 | |
| | | Tier | Enrolled employees | Monthly rate |
| | | Employee only | 41 | $32.75 |
| | | Employee+spouse | 4 | $66.15 |
| | | Employee+child(ren) | 2 | $77.91 |
| | | Employee+family | 5 | $119.65 |

*The dental rates shown include a package discount which will be available if dental is sold with another line of coverage.

The dental rates shown in this proposal include a package discount, which will be available if dental is sold with another line of coverage. To qualify for this discount:

- the second line of coverage must generate at least $1,200 of non-dental annualized premium; OR
- if more than one additional non-dental line of coverage is purchased, the $1,200 additional premium requirement is waived.
- this package discount applies only to the dental premium and is available for new business and for existing policyholders.

*Dependent eligibility may vary by state.