



What is it?

Dental insurance covers preventive 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 Plan

Eligibility description	All Full-Time Employees	
Contribution	Your employer contributes 60% toward the cost of your coverage and you pay the cost of your dependents' coverage.	
Calendar year deductible	In-network	Out-of-network
Individual	\$50	\$50
Family	\$150	\$150
Waived For	Preventive	Preventive
Annual maximum benefit	\$1,000	\$1,000
	Annual maximums are combined for preventative, 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 extra benefit dollars available when you need them most.	
	Eligible range (claim threshold): \$600	
	Rollover amount: \$250	
	Rollover amount with preferred provider: \$350	
	Maximum rollover account balance: \$1,000	
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	\$1,000	\$1,000



A sample of services covered by your plan

	In-network	Out-of-network
Preventive services	Waiting period: None	Waiting period: None
Fluoride Sealants Prophylaxis (cleanings) X-Rays other (extra or intra oral) Space maintainer Full-mouth or panoramic x-rays Routine oral exams X-Rays bitewings	Coinsurance percentage: 100%	Coinsurance percentage: 100%
Basic services	Waiting period: None	Waiting period: None
Repair/recement for crowns/dentures/inlays/onlays Palliative (emergency) Oral surgery Restorations (fillings) Surgical extractions Anesthesia Perio maintenance/cleanings Simple extractions Prefab stainless steel or resin crown Therapeutic drugs Problem focused or after hour exams & teledentistry Perio surgery Endodontics Scaling and root planing Perio adjunctive Brush biopsy Consultation	Coinsurance percentage: 80%, after deductible	Coinsurance percentage: 80%, after deductible
Major services	Waiting period: None	Waiting period: None
Buildups/post & core Dentures Prosthetics - reline/adjust & rebase. Tissue conditioning Inlays/onlays/crowns/veneers Bridges	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.



Dental rate information

Coverage	Weekly rate
Employee only	\$2.25
Employee and spouse	\$8.23
Employee and child(ren)	\$10.03
Employee and family	\$20.42

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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