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

Platinum Plan

Eligibility description	All full-time and regular part-time employees electing the platinum plan
Contribution	You pay the cost of your coverage.
Calendar year deductible Individual Family Waived For	**In-network** / **Out-of-network** $50 / $50 $150 / $150 Preventive / Preventive
Annual maximum benefit	$1,500 / $1,500 Annual maximums are combined for preventative, basic and majorservices. With the *SmileRewards*℠ program, benefits under your plan's Type 1 services don't count toward your plan's annual maximum, so more benefit dollars are available for other important services throughout the year. You and each of your covered family members can receive important preventive dental services like exams, cleanings, and X-rays, without worrying about exceeding your annual plan maximum
Covered members	When you choose coverage for yourself, you can also provide coverage for your spouse/domestic partner and dependent children up to age 26
Lifetime orthodontic maximum Coverage is available for dependent children amd adults	**In-network** / **Out-of-network** $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 bitewings X-Rays other (extra or intra oral) Space maintainer Full-mouth or panoramic x-rays Routine oral exams	Coinsurance percentage: 100%	Coinsurance percentage: 100%
Basic services	Waiting period: None	Waiting period: None
Repair/recement for crowns/dentures/inlays/onlays Palliative (emergency) Restorations (fillings) Perio maintenance/cleanings Simple extractions Prefab stainless steel or resin crown Therapeutic drugs Problem focused or after hour exams & teledentistry Scaling and root planing Perio adjunctive Brush biopsy Consultation	Coinsurance percentage: 90%, after deductible	Coinsurance percentage: 80%, after deductible
Major services	Waiting period: None	Waiting period: None
Buildups/post & core Oral surgery Dentures Surgical extractions Anesthesia Prosthetics - reline/adjust & rebase. Tissue conditioning Inlays/onlays/crowns/veneers Implant related services Bridges Perio surgery Implants Endodontics	Coinsurance percentage: 60%, 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%, after deductible	Coinsurance percentage: 50%, after deductible

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

Dental rate information

Coverage	Monthly rate
Employee only	$41.71
Employee + 1	$79.16
Employee + 2	$132.72

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.

The Group Policyholder has elected electronic delivery of your Dental Coverage Identification Card. Dental Identification Cards will be provided to you via email. However, you have the right to opt-out and receive a Dental Identification Card in print. To obtain a printed card, please contact Lincoln Financial at 800-423-2765 and request a printed version, which will be provided to You via US Mail. You can opt-out and request a paper card at any time at no cost.

©2024 Lincoln National Corporation

LincolnFinancial.com

Lincoln Financial® is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6448063-030124
PDF 7/24
Z01
Order code: GP-DTONE-FLI001

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.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.