

Group Dental Insurance

SUMMARY OF BENEFITS

Sponsored by: Access Educational HR

Effective Date: August 1, 2014

- You may choose any dentist. However, using dentists participating in the network should lower your out-of-pocket expenses. You do not need a referral to see a specialist.
- A list of participating dentists may be accessed at www.LFG.com.
- By enrolling in the dental plan you and your enrolled family members will have access to *Lincoln DentalConnect*SM, our free on-line dental health information Web site.
- If you incur dental expenses and have satisfied the benefit waiting period(s), the plan pays the following percentage of allowable expenses in excess of the deductible up to the maximum benefit.
- Covered dental expenses include only those services listed in your certificate.
- Covered expenses outside the panel service area will not exceed the policy's usual and customary allowances.

		In-Network	Out-of-Network
Preventive	<ul style="list-style-type: none"> - Routine Oral Exams - Bitewing X-rays - Full-mouth or Panoramic X-rays - Other Dental X-rays (including periapical films) - Routine Cleanings - Fluoride Treatments - Sealants 	100%	100%
Basic	<ul style="list-style-type: none"> - Space Maintainers for children - Problem Focused Exams - Consultations - Palliative Treatment (including emergency relief of dental pain) - Injections of antibiotics and other therapeutic medications - Fillings - Prefabricated Stainless Steel and Resin Crowns - Simple Extractions - Surgical Extractions - Oral Surgery - Biopsy and Examination of Oral Tissue (including brush biopsy) - General Anesthesia and I.V. Sedation - Prosthetic Repair and Recementation Services 	80%	80%

	- Endodontics (including Root Canal Treatment) - Periodontal Maintenance procedures - Non-surgical Periodontal Therapy - Periodontal Surgery - Harmful Habit Appliances		
Major	- Bridges - Full and Partial Dentures - Denture Reline and Rebase Services - Crowns, Inlays, Onlays and related services	50%	50%
Orthodontics	- Orthodontic Treatment- Including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances	50%	50%
Deductible	Calendar year deductible. Waived for Preventive services	\$50 Individual \$150 Family	\$50 Individual \$150 Family
Maximum	Calendar year maximum for Preventive, Basic, and Major services	\$1,200	\$1,200
Ortho Maximum	Lifetime Ortho Maximum for children	\$1,000	\$1,000

ENROLLING FOR COVERAGE:

If you do not want to enroll at this time, submit the completed waiver form to your plan administrator. If you waive coverage now and want to enroll at a later date, you will be subject to the plan's Late Entrant provision.

LATE ENTRANTS:

If you enroll more than 31 days after becoming eligible, you will be subject to the plan's Late Entrant limitation and Prior Carrier Credit will not be available.

DEPENDENT ELIGIBILITY:

Unmarried dependent children may be covered to age 25, if a full-time student.

PREDETERMINATION OF BENEFITS:

Allows you to find the amount covered prior to having a dental procedure. We recommend that you use this service when expenses are expected to exceed \$300.

EXCLUSIONS:

This is a summary of policy exclusions. The policy contains other, more specific, exclusions and limitations not fully explained in this benefit summary.

- The plan does not cover services started before coverage begins or after it ends. Services must be necessary and appropriate for the claimant’s condition. Benefits are limited to services specifically shown on the list of procedures included in the policy, unless coverage for additional services is required by state law. Benefits are not payable for duplication of services or for treatment by a practitioner who lives with or is related to the employee or dependent.
- Benefits are not payable for placement of a prosthetic, unless it is needed to replace teeth extracted while covered. Installation, maintenance or removal of implants or any related expense is excluded. Policy does not cover the cost of athletic mouth guards, appliances to correct harmful habits or the replacement of lost or stolen dental appliances. Policy excludes services for treatment of TMJ or congenital malformations, except as required by law.
- Benefits are not payable for veneers, cosmetic procedures or medications administered outside the dentist’s office, for prescription drugs, or for analgesia, sedation, hypnosis or acupuncture administered for the purposes of alleviating anxiety or apprehension. Nitrous oxide is not covered.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker’s compensation or a similar law; or for a condition attributed to employment or military service. Coverage is not available for dental conditions caused by an act of war, self-inflicted injury, involvement in an illegal occupation, attempt to commit a felony, or active participation in a riot.
- If benefits for orthodontia are included, the plan does not cover any treatment plan started before coverage begins or during the benefit waiting period unless the member was receiving orthodontia benefits from this employer’s previous group dental policy. In that case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by the two policies is equal to this policy’s lifetime orthodontia.

ALTERNATIVE BENEFITS PROVISION:

In certain situations there may be two or more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment. For example, the policy covers amalgam fillings on posterior teeth even if tooth-colored fillings are used.

CLAIM SUBMISSION:

<u>Submit a claim by mail to:</u>	<u>Submit a claim by fax to:</u>
Lincoln Financial Group	(877) 843-3945

Dental Claims Input Center

P.O. Box 2640

Omaha, NE 68103-2640

For assistance or additional information:

Contact Lincoln Financial Group at 800-423-2765 or log on to www.LFG.com.

NOTE: 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 details. Should there be a difference between this summary and the contract, the contract will govern.

©2008 Lincoln National Corporation

Group Insurance products are issued by The Lincoln National Life Insurance Company (Ft. Wayne, IN), which is not licensed and does not solicit business in New York. In New York, group insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group companies. Product availability and/or features may vary by state. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates. Each affiliate is solely responsible for its own financial and contractual obligations.