

# Lincoln Financial Dental Plan Summary

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TYPES OF COVERAGE	GOLD DENTAL PLAN	TYPES OF COVERAGE	SILVER DENTAL PLAN
<b>ANNUAL DEDUCTIBLE</b>	\$50 individual, \$150 family	<b>ANNUAL DEDUCTIBLE</b>	\$50 individual, \$150 family
<b>ANNUAL MAXIMUM</b>	\$1,000/person	<b>ANNUAL MAXIMUM</b>	\$1,000/person
<b>PREVENTIVE CARE</b>		<b>PREVENTIVE CARE</b>	
Exam	100% covered	Exam	100% covered
Cleaning	100% covered	Cleaning	100% covered
X-rays	100% covered	X-rays	100% covered
Fluoride (through age 15)	100% covered	Fluoride (through age 15)	100% covered
Sealants (through age 15)	100% covered	Sealants (through age 15)	100% covered
Space Maintainers (through 15)	100% covered	Space Maintainers (through 15)	100% covered
<b>BASIC SERVICES</b>		<b>BASIC SERVICES</b>	
Fillings	80/20 after deductible	Fillings	50/50 after deductible
Extractions	80/20 after deductible	Extractions	50/50 after deductible
Palliative Treatment	80/20 after deductible	Palliative Treatment	50/50 after deductible
Prefabricated Stainless Steel/Resin Crowns	80/20 after deductible	Prefabricated Stainless Steel/Resin Crowns	50/50 after deductible
Oral Surgery *	80/20 after deductible	Oral Surgery *	50/50 after deductible
<b>MAJOR SERVICES *</b>		<b>MAJOR SERVICES</b>	
Periodontics	50/50 after deductible	Periodontics	Not covered
Endodontics (Root Canals)	50/50 after deductible	Endodontics (Root Canals)	Not covered
Crowns	50/50 after deductible	Crowns	Not covered
Inlays and Onlays	50/50 after deductible	Inlays and Onlays	Not covered
Bridges	50/50 after deductible	Bridges	Not covered
Partial or Complete Dentures	50/50 after deductible	Partial or Complete Dentures	Not covered
Denture Relines or Rebases	50/50 after deductible	Denture Relines or Rebases	Not covered
<b>ORTHODONTIC SERVICES (Children Under Age 20)</b>	50% / deductible waived, \$1,000 lifetime maximum	<b>ORTHODONTIC SERVICES</b>	Not covered

Please refer to the Summary Plan Description for a more complete explanation of terms of coverage, limitations and exclusions.

\* It is advisable to have your provider request a predetermination of benefits from Lincoln Financial before any Oral Surgery or Major Services are performed.

\*\* Discount service is available only at Lincoln Financial Dental participating dentists.

**Dental Insurance** – A Dependent Child means a person who is your:

- (1.) Child less than 25 years of age; or
  - (2.) Child age 25 years or older, who is:
    - (a) Continuously unable to earn a living because of a physical or mental disability; and
    - (b) Financially dependent upon you for support and maintenance.
- The child must be covered by the Group Policyholder's dental plan on the day before coverage would otherwise end due to his or her age. Proof of the total disability must be sent to the Company:
- (i) Within 120 days of the day coverage would otherwise end due to age; and
  - (ii) Thereafter, when the Company requests (but not more than once every two years).

