

DENTAL INSURANCE



The dental plan provider is Lincoln Financial. To find a dental provider go to www.lfg.com or you can call 800-423-2765.

If you use a non-network dentist you may be billed the difference between the maximum allowable charge and the non-network dentist's charge.

For complete benefit details see your Summary Plan Description.

CALENDAR YEAR DEDUCTIBLE:

Deductible Type: Annual

	<u>In Network</u>	<u>Out of Network</u>
Deductible applies to:	Type II and III	Type II and III
INDIVIDUAL	\$50	\$50
FAMILY	\$150	\$150

BENEFITS LEVELS

PPO Plan

TYPE I - Diagnostic & Preventive	100%	100%
TYPE II - Basic Services	80%	80%
TYPE III - Major Services	50%	50%
TYPE IV - Orthodontia for Children	50%	50%
Out of Network - 90th percentile U & C		

MAXIMUM BENEFIT per covered person:

TYPES I, II, and III combined, per calendar year	\$1000	\$1000
TYPE IV, while covered by the plan	\$1000	\$1000

BENEFIT WAITING PERIOD

TYPE II Expenses	None
TYPE III Expenses	None
TYPE IV Expenses	None

After any applicable deductible is satisfied, the following dental services will be covered, at the reimbursement rate.

TYPE I - DIAGNOSTIC & PREVENTIVE SERVICES

- Routine Oral Examinations - up to 2 per year
- Bitewing X-rays (including those taken as part of a full-mouth series) - 1 set per year
- Complete full-mouth or panoramic X-rays - 1 per 5 years
- Other Dental X-rays (including periapical films) - 6 per year
- Routine Cleanings- Up to 2 per year
- Fluoride Treatments- Through age 13; 1 per year
- Space Maintainers- Through age 13; 1 per lifetime

TYPE II - BASIC SERVICES

- Sealants (Undecayed and unrestored first and second permanent molars only) - Through age 13; 1 per 60 months
- Problem Focused Exams - 4 per year
- Consultations
- Palliative Treatment (including emergency relief of dental pain)
- Injections of antibiotics and other therapeutic medications
- Fillings - 1 per 24 months (includes composite fillings on posterior teeth)
- Prefabricated Stainless Steel and Resin Crowns