

Dental Insurance

The Lincoln DentalConnect® PPO Program:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for employees
- Allows you to choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a network provider
- Does not make you and your loved ones wait six months between routine cleanings

Full-Time Employees of White Sands Treatment Center dba Tampa Bay Treatment Center

Benefits At-A-Glance

	In-Network	Out-of-Network	
Calendar	Individual: \$50	Individual: \$50	
Deductible	Family: \$150	Family: \$150	
	Waived for: Preventive	Waived for: Preventive	

Deductibles are combined for basic and major In-Network services. Deductibles are combined for basic and major Out-of-Network services.

Annual Maximums are combined for basic, and major services.

Orthodontic Coverage is available for dependent children

Preventive Services	In-Network	Out-of-Network
Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Space maintainers for children Sealants	100% No Deductible	80% No Deductible
Basic Services	In-Network	Out-of-Network
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 Biopsy and examination of oral tissue (including brush biopsy) Prosthetic repair and recementation services Endodontics (including root canal treatment) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery	80% After Deductible	50% After Deductible
Major Services	In-Network	Out-of-Network
Oral surgery General anesthesia and I.V. sedation Bridges Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Implants & implant related services	50% After Deductible	50% After Deductible
Orthodontics	In-Network	Out-of-Network
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%

With the Lincoln Dental Mobile App

- Find a network dentist near you in minutes
- Have an ID card on your phone
- Customize the app to get details of your plan
- Find out how much your plan covers for checkups and other services
- · Keep track of your claims

Lincoln DentalConnect® Online Health Center

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Evaluate your risk for oral cancer, periodontal disease and tooth decay

Covered Family Members

When you choose coverage for yourself, you can also provide coverage for:

- Your spouse
- Dependent children, up to age 30.

Benefit Exclusions

Like any coverage, this dental coverage does have some exclusions.

- The policy does not cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the policy. Benefits are not payable for duplication of services. Covered expenses will not exceed the policy's usual and customary allowances.
- Benefits are not payable for a condition that is 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, or riot; or that results from a self-inflicted injury.
- The policy does not 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 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 policy includes continuation of coverage for employees with dental coverage from a previous employer. The member is required to complete the Continuity of Coverage form located on <u>LincolnFinancial.com</u>. The Continuity of Coverage form must be provided to us prior to the effective date to be eligible for continuation of coverage.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

Questions? Call 800-423-2765 and mention Group ID: 1152016. (If VHA, call 855-818-2883.)

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the policy, and this summary does not modify coverage. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate of coverage for your maximum benefit amounts.

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