

**SUMMARY OF BENEFITS**

Sponsored by: **Region 14 Co-op**

**All Full-Time Employees electing the Low Plan**

- While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at [www.LincolnFinancial.com](http://www.LincolnFinancial.com). You do not need a referral to see a specialist.
- For dental expenses incurred after satisfying all the benefit waiting period(s) and deductibles, the policy pays the following percentage of allowable expenses up to the maximum benefit.

**Dental Benefits**

		<b>Contracting Dentist</b>	<b>Non-Contracting Dentist</b>
<b>Preventive</b>	<ul style="list-style-type: none"> <li>- Routine Oral Exams</li> <li>- Bitewing X-rays</li> <li>- Full-mouth or Panoramic X-rays</li> <li>- Other Dental X-rays (including periapical films)</li> <li>- Routine Cleanings</li> <li>- Fluoride Treatments</li> </ul>	100%	100%
<b>Basic</b>	<ul style="list-style-type: none"> <li>- Space Maintainers for children</li> <li>- Sealants</li> <li>- Problem Focused Exams</li> <li>- Consultations</li> <li>- Palliative Treatment (including emergency relief of dental pain)</li> <li>- Injections of antibiotics and other therapeutic medications</li> <li>- Fillings</li> <li>- Prefabricated Stainless Steel and Resin Crowns</li> <li>- Simple Extractions</li> <li>- Surgical Extractions</li> <li>- Biopsy and Examination of Oral Tissue (including brush biopsy)</li> <li>- General Anesthesia and I.V. Sedation</li> <li>- Prosthetic Repair and Recementation Services</li> </ul>	80%	80%
<b>Deductible</b>	Calendar Year (Annual) deductible. Waived for : In Network - Preventive and Out of Network - Preventive	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Maximum Benefit</b>	Calendar year maximum for Preventive and Basic services:	\$1,000	\$1,000

## Dental Benefits Cont'd.

Waiting Service Type	Benefit Waiting Period	Late Entrant Waiting Period
Basic Services:	0 Months	0 Months

### Lincoln DentalConnect®

By enrolling in the dental plan you and your enrolled family members will have access to Lincoln DentalConnect®, our free on-line dental health information Web site.

### 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.

## Enrolling for Coverage

### Employee

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 which may limit covered services and Prior Carrier Credit will not be available.

### Dependent

Unmarried dependent children may be covered up to age 26

### Benefit Termination

This coverage terminates when you terminate employment with this policyholder, or at your retirement.

## Your cost per Monthly pay period

Employee	\$23.10
Employee + 1	\$44.63
Employee + 2 or more	\$74.13

## Exclusions and Other Limitations This highlights policy exclusions and limitations, see the policy for a full list.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to those appropriate and necessary procedures listed in the policy and any additional procedures required by state law. Benefits are not payable for duplication of services. Covered expenses will not exceed the policy's usual and customary allowances.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; are attributed to employment, military service; or are related to self-inflicted injury, involvement in an illegal occupation, felony, or riot.
- Alternative benefits provision: In certain situations there may be 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 assistance or additional information Contact Lincoln Financial Group at**

**(800) 423-2765**

**www.LincolnFinancial.com**

This policy does not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

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.

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