



What is it?

Dental insurance covers preventive dental care like cleanings, along with more serious oral health needs.

Why is this coverage valuable?

When you're maintaining good oral health, you're protecting your overall well-being.

Your dental coverage

| | | |
|---|--|----------------------------------|
| Eligibility description | All Active Full Time Employees not residing in New Mexico | |
| Contribution | You pay the cost of your coverage. | |
| Calendar deductible | In-network | Out-of-network |
| Individual | \$50 | \$50 |
| Family | \$150 | \$150 |
| Waived For | Preventive | Preventive |
| Annual maximum benefit | \$2,000 | \$2,000 |
| | Annual maximums are combined for preventative, basic & major. | |
| Covered members | When you choose coverage for yourself, you can also provide coverage for your spouse and dependent children up to age 26 | |
| Lifetime orthodontic maximum Coverage is available for dependent children | In-network \$2,000 | Out-of-network \$2,000 |



A sample of services covered by your plan

| | In-network | Out-of-network |
|---|---|---|
| Preventive services | Waiting period: None | Waiting period: None |
| Fluoride | | |
| Sealants | | |
| Prophylaxis (cleanings) | | |
| X-Rays bitewings | | |
| X-Rays other (extra or intra oral) | Coinsurance percentage: 100% | Coinsurance percentage: 100% |
| Space maintainer | | |
| Problem focused or after hour exams & teledentistry | | |
| Full-mouth or panoramic x-rays | | |
| Routine oral exams | | |
| Basic services | Waiting period: None | Waiting period: None |
| Palliative (emergency) | | |
| Oral surgery | | |
| Restorations (fillings) | | |
| Lab & tests (pulp/susceptibility) | | |
| Surgical extractions | | |
| Anesthesia | | |
| Perio maintenance/cleanings | | |
| Simple extractions | Coinsurance percentage: 80%, after deductible | Coinsurance percentage: 80%, after deductible |
| Therapeutic drugs | | |
| Perio surgery | | |
| Endodontics | | |
| Scaling and root planing | | |
| Perio adjunctive | | |
| Brush biopsy | | |
| Consultation | | |
| Major services | Waiting period: None | Waiting period: None |
| Repair/recement for crowns/dentures/inlays/onlays | | |
| Buildups/post & core | | |
| Dentures | | |
| Prefab stainless steel or resin crown | Coinsurance percentage: 50%, after deductible | Coinsurance percentage: 50%, after deductible |
| Prosthetics - reline/adjust & rebase. Tissue conditioning | | |
| Inlays/onlays/crowns/veneers | | |
| Bridges | | |
| Orthodontics | Waiting period: None | Waiting period: None |
| Orthodontic exams | | |
| X-rays | | |
| Extractions | Coinsurance percentage: 50%, after deductible | Coinsurance percentage: 50%, after deductible |
| Study models | | |
| Appliances | | |

For additional information and details on your plan offering, please see your policy.



Benefit exclusions and limitations

Like any insurance, this dental insurance policy does have exclusions. The list below provides common exclusions but isn't meant to be exhaustive of all exclusions or limitations that may be part of your policy. See your policy for full details.

- The policy doesn't cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the policy. Benefits aren't payable for duplication of services. Covered expenses won't exceed negotiated fees (for in-network benefits) or the policy's usual and customary allowances (for out-of-network benefits). Covered expenses won't exceed annual or lifetime maximums payable under the policy.
- Benefits aren't payable for a condition that's 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, war or any act of war, or riot, that is subject to a benefit waiting period or late entrant limitation period, or that results from a self-inflicted injury.
- Benefits aren't payable for cosmetic procedures, services related to congenital malformations, bone grafts, procedures covered under a group medical plan, prosthetic appliances for any teeth missing prior to the effective date of coverage, orthognathic recording, orthognathic surgery, osteoplasty, osteotomy, LeFort procedures, stomatoplasty, computed tomography imaging (CT scans), cone beam, or magnetic resonance imaging (MRIs), certain specialized procedures, treatment of disturbances of the temporomandibular joint (TMJ), and war.
- The policy doesn't 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 this case, Lincoln will continue orthodontia benefits until the combined benefit paid by both policies is equal to this summary plan description's lifetime orthodontia maximum. Plan benefits aren't payable if the orthodontic appliance was installed after age 19.
- 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.



©2024 Lincoln National Corporation

LincolnFinancial.com

Lincoln Financial® is the marketing name for Lincoln National Corporation and its affiliates.

Affiliates are separately responsible for their own financial and contractual obligations.

LCN-6448063-030124

PDF 7/24

Z01

Order code: GP-DTONE-FLI001

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 detail. Refer to your certificate for your maximum benefit amounts. Should there be a difference between this summary and the policy, the policy will govern.

Insurance products are issued by The Lincoln National Life Insurance Company, Fort Wayne, IN, which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York, Syracuse, NY. Both are Lincoln Financial® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.