

All Full-Time Employees of Allied Power Management, LLC

Benefits At-A-Glance

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

	In-Network	Out-of-Network
Calendar Year Deductible	Individual: \$50 Family: \$150 Waived for: Preventive	Individual: \$50 Family: \$150 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 Maximum	\$1,500	\$1,500
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MaxRewards® lets you and your covered family members roll a portion of unused dental benefits from one year into the next, so you have extra benefit dollars available when you need them most.

- **Eligible Range (claim threshold):** \$800
- **Rollover Amount:** \$500 per calendar year
- **Rollover Amount with Preferred Provider:** \$350 per calendar year
- **Maximum Rollover Account Balance:** \$1,250

You and each of your covered family members can receive important preventive dental services like exams, cleanings, and x-rays without worrying about exceeding your annual plan maximum.

Lifetime Orthodontic Max	\$1,500	\$1,500
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Orthodontic Coverage is available for dependent children

Waiting Period	<ul style="list-style-type: none"> • 0 months for basic services • 0 months for major services • 0 months for orthodontic services <p>If you had dental coverage through your company's previous group policy for 12 months or more and enroll in this policy when it is first offered or during your annual open enrollment if applicable, your benefit waiting period for this policy will be reduced accordingly.</p>
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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 Sealants Labs & other tests	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Space maintainers for children Problem-focused exams Consultations Palliative treatment (including emergency relief of dental pain) Injections of antibiotics and other therapeutic medications Fillings Simple extractions Surgical extractions Oral surgery Biopsy and examination of oral tissue (including brush biopsy) General anesthesia and I.V. sedation Prosthetic repair and recementation services Endodontics (including root canal treatment) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery	80% After Deductible	80% After Deductible
Major Services	In-Network	Out-of-Network
Prefabricated stainless steel and resin crowns Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Harmful habit appliances Occlusal guard	50% After Deductible	50% After Deductible
Orthodontics	In-Network	Out-of-Network
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%

Dental Coverage Benefits At-A-Glance

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 26.

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 this case, Lincoln Financial 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 are not payable if the orthodontic appliance was installed after the age of 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.

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: `1062468

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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Dental Rate

Here’s how little you pay with group rates.

As an employee, you can take advantage of this dental coverage and you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

Coverage	Monthly Rate
Employee only	\$38.31
Employee & spouse	\$83.01
Employee & child/children	\$106.44
Employee & family	\$147.99

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage Benefit | Rate Calculation