

Dental Insurance

All Full-Time Employees of Caswell Family Medical Center

Benefits At-A-Glance

The Lincoln DentalConnect® PPO Plan:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group rates for Caswell Family Medical Center employees
- Lets you 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 (Annual) Deductible	Individual: \$0	Individual: \$0
	Family: \$0	Family: \$0
	Waived for: Preventive	Waived for: Preventive
Annual Maximum	\$2,000	\$2,000

Annual Maximums are combined for preventive, basic, and major services.

Lifetime	¢1.000	¢1 000
Orthodontic Max	\$1,000	\$1,000

Orthodontic Coverage is available for dependent children.

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Waiting Period	0 months for basic services0 months for major services	
	•0 months for orthodontic services	
	If you had dental coverage through Caswell Family Medical Center's previous group plan for 12 months or more and enroll in this plan when it is first offered, your benefit waiting period for this plan will be reduced accordingly.	
	This plan includes a waiting period if you do not enroll when it is first offered to you .	
	•12 months for basic services	
	•12 months for major services	
	•12 months for orthodontic services	

Preventive Services	In-Network	Out-of-Network
Routine oral exams Bitewing X-rays Routine cleanings Fluoride treatments Space maintainers for children Sealants Biopsy and examination of oral tissue (including brush biopsy)	100%	100%
Basic Services	In-Network	Out-of-Network
Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) 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 Biopsy and examination of oral tissue (including brush biopsy) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery	80%	80%
Major Services	In-Network	Out-of-Network
Surgical extractions Oral surgery General anesthesia and I.V. sedation Prosthetic repair and recementation services Endodontics (including root canal treatment) Bridges Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Implants & implant related services	50%	50%
Orthodontics	In-Network	Out-of-Network
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%
In-Network/Out-of-Network Dentists	In-Network	Out-of-Network
To find an in-network dentist near you, visit www.LincolnFinancial.com/FindADentist . This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose an innetwork dentist. For example, if you need a crown	you pay a deductible (if applicable), then 50% of the remaining discounted fee for PPO members. This is known as a PPO contracted fee.	you pay a deductible (if applicable), then 50% of the usual and customary fee, which is the maximum expense covered by the plan. You are responsible for the difference between the usual and customary fee and the dentist's billed charge.

Lincoln DentalConnect® Online Health Center

- Determine the average cost of a dental procedure
- Have your questions answered by a licensed dentist
- Find a dentist based on your home or workplace location (or even your primary language)
- Get directions to your dentist's office
- Learn all about dental health for children, from baby's first tooth to dental emergencies
- Take an in-depth look at dental health recommendations for seniors
- Evaluate your risk for oral cancer, periodontal disease, and tooth decay
- Check your claim status
- Print an ID card
- Switch between English and Spanish versions in just one click

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 insurance, this dental insurance plan does have some exclusions.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the policy, along with any 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 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 plan 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 policy'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. This 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 plan policy for details.

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

Questions? Call 800-423-2765 and mention Group ID: CASF2.

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 contract, the contract will govern.

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Dental Premium Here's how little you pay with group rates.

As a Caswell Family Medical Center employee, your premium is paid for! Plus, you can add loved ones to the plan with affordable group rates.

Your employer contributes 100% toward the cost of your coverage and 0% toward the cost of your dependents' coverage. Your estimated cost is itemized below.

Coverage	Semi-Monthly Premium	
Employee & spouse	\$14.20	
Employee & child/children	\$20.70	
Employee & family	\$45.08	