

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 and adults
- 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 (Annual) 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 | \$2,000 | \$2,000 |
|-----------------------|---------|---------|

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

| | | |
|---------------------------------|---------|---------|
| Lifetime Orthodontic Max | \$2,000 | \$2,000 |
|---------------------------------|---------|---------|

Orthodontic Coverage is available for children and adults.

| | | |
|-----------------------|--|--|
| Waiting Period | This plan includes a waiting period if you do not enroll when it is first offered to you or outside of your annual open enrollment period if applicable (known as late entrant waiting period). <ul style="list-style-type: none"> • 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 Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Space maintainers for children Sealants Problem-focused exams Palliative treatment (including emergency relief of dental pain) Harmful habit appliances | 100% No Deductible | 100% No Deductible |
| Basic Services | In-Network | Out-of-Network |
| Consultations Injections of antibiotics and other therapeutic medications Fillings Prefabricated stainless steel and resin crowns 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 Denture reline and rebase services Occlusal adjustments Occlusal guard | 100% After Deductible | 100% After Deductible |
| Major Services | In-Network | Out-of-Network |
| Bridges Full and partial dentures Crowns, inlays, onlays and related services | 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.

- 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.
- 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 LincolnFinancial.com. 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.

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 employer contributes 50% toward the cost of your coverage and 0% toward the cost of your dependents’ coverage. Your estimated cost is itemized below.

| Coverage | Monthly Rate |
|-------------------|--------------|
| Employee only | \$13.72 |
| Employee & family | \$64.08 |

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage Benefit | Rate Calculation