

## Voluntary Dental Insurance

### SUMMARY OF BENEFITS

#### Sponsored by: Jarrell ISD

- You may choose any dentist. However, using contracting dentists should lower your out-of-pocket expenses. \* You do not need a referral to see a specialist. A list of participating dentists may be accessed at [www.LincolnFinancial.com](http://www.LincolnFinancial.com).
- By enrolling in the dental plan you and your enrolled family members will have access to *Lincoln DentalConnect*<sup>SM</sup>, our free on-line dental health information Web site.
- If you incur dental expenses and have satisfied the benefit waiting period(s), the plan pays the following percentage of allowable expenses in excess of the deductible up to the maximum benefit.
- Covered dental expenses include only those services listed in your certificate.
- Covered expenses outside the panel service area will not exceed the policy's usual and customary allowances.**

		Contracting Dentist*	Non-Contracting Dentist*
<b>Preventive</b>	- Routine Oral Exams - Routine Cleanings - Fluoride Treatments - Sealants - X-rays	100%	100%
<b>Basic</b>	- Space Maintainers - Problem Focused Exams - Consultations - Palliative Treatment - Fillings - Simple Extractions	80%	80%
<b>Major</b>	- Surgical Extractions - Oral Surgery - Anesthesia - Endodontics (including Root Canal Treatment) - Non-surgical Periodontal Therapy - Periodontal Surgery - Full and Partial Dentures - Crowns, Inlays, Onlays and related services - Bridges - Denture Repair	50%	50%
<b>Orthodontics</b>	- Orthodontic Treatment- Including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances	50%	50%
<b>Deductible</b>	Calendar year deductible. Waived for Preventive services	\$50 Individual \$150 Family	\$50 Individual \$150 Family
<b>Maximum</b>	Calendar year maximum for Preventive, Basic, and Major services:	\$1,000	\$1,000
<b>MaxRewards<sup>SM</sup></b>	A covered person may be eligible for a rollover of a portion of the previous year's unused Annual maximum for Preventive, Basic and Major services combined based on the following:		
	<b>Maximum Rollover Account Balance</b>		\$1,000
<b>Ortho Maximum</b>	Lifetime Ortho Maximum for children	\$1,000	\$1,000

#### Your plan costs

Employee only	\$27.60	per month
Employee and Spouse	\$64.04	per month
Employee and Children	\$61.52	per month
Employee and Family	\$99.68	per month

**Age Limitations**

Children are covered for dental services up to age 26 if unmarried, regardless of student status. Orthodontic Treatment is covered for children who have the orthodontic appliance initially installed prior to age 19.

**Exclusions**

This is a summary of policy exclusions. The policy contains other, more specific, exclusions and limitations not fully explained in this benefit summary.

- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; or for a condition attributed to employment or military service. Coverage is not available for dental conditions caused by an act of war, self-inflicted injury, involvement in an illegal occupation, attempt to commit a felony, or active participation in a riot.
- If benefits for orthodontia are included, the plan does not cover any treatment plan started before coverage begins or during the benefit waiting period unless the member was receiving orthodontia benefits from this employer's previous group dental policy. In that case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by the two policies is equal to this policy's lifetime orthodontia.

**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.

**Claim submission**

Submit a claim by mail to:

Lincoln Financial Group  
Dental Claims Processing Center  
P.O. Box 614008,  
Orlando, FL 32861

Submit a claim by fax to:

(877) 843-3945

**For assistance or additional information**

Contact Lincoln Financial Group at (800) 423-2765 or log on to [www.LincolnFinancial.com](http://www.LincolnFinancial.com)

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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