

## Full Time Employees On The MAC Plan of WTXEBC

### Benefits At-A-Glance

#### Dental Insurance

### MAC (Maximum Allowable Charges) Option

#### The Lincoln DentalConnect® PPO Plan:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group rates for WTXEBC employees
- Lets you choose any dentist you wish, though you can lower your out-of-pocket costs by selecting a contracting dentist
- Does not make you and your loved ones wait six months between routine cleanings

	In Network	Out of Network*
<b>Calendar (Annual) Deductible</b>	Individual: \$50 Family: \$150 Waived for: Preventive	Individual: \$50 Family: \$150 Waived for: Preventive

Deductibles are combined for basic and major in network dentists' and out of network dentist's services

<b>Annual Maximum</b>	\$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:** \$350 per calendar year
- **Rollover Amount with Preferred Provider:** \$500 per calendar year
- **Maximum Rollover Account Balance:** \$1,250

<b>Lifetime Orthodontic Max</b>	\$1,000	\$1,000
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**Orthodontic Coverage** is available for dependent children.

<b>Waiting Period</b>	There are no benefit waiting periods for any service types	
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#### Visit [LincolnFinancial.com/FindADentist](http://LincolnFinancial.com/FindADentist)

You can search by:

- Location
- Dentist name or office name
- Distance you are willing to travel
- Specialty, language and more

Your search will automatically provide up to 100 dentists that most closely match your criteria. If your search does not locate the dentist you prefer, you can nominate one—just click the **Nominate a Dentist** link and complete the online form.

**\*Out of network reimbursement on this plan is based on the in-network fee schedule. This can mean more cost is incurred to you as the employee if you select this plan and see a dentist that is out of network. To find a in network dentist please visit to [www.LincolnFinancial.com](http://www.LincolnFinancial.com).**

Preventive Services	In-Network Dentists	Out-of-Network Dentists *
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 Palliative treatment - including emergency relief of dental pain Sealants	90% No Deductible	90% based on the in-network fee schedule No Deductible
Basic Services	In-Network Dentists	Out-of-Network Dentists *
Problem focused exams Injections of antibiotics and other therapeutic medications Fillings Simple extractions General anesthesia and I.V. sedation	50% After Deductible	50% based on the in-network fee schedule After Deductible
Major Services	In-Network Dentists	Out-of-Network Dentists *
Consultations Prefabricated stainless steel and resin crowns Surgical extractions Oral surgery Biopsy and examination of oral tissue - including brush biopsy Prosthetic repair and recementation services Endodontics - including root canal treatment Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery Bridges Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Implants & implant related services	50% After Deductible	50% based on the in-network fee schedule After Deductible
Orthodontics	In-Network Dentists	Out-of-Network Dentists *
Orthodontic exams X-rays Extractions Study models Appliances	50%	50% based on the in-network fee schedule
Contracting Dentists/Non-Contracting Dentists	In-Network Dentists	Out-of-Network Dentists *
To find a contracting dentist near you, visit <a href="http://www.LincolnFinancial.com/FindADentist">www.LincolnFinancial.com/FindADentist</a> .  <b>This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose a contracting dentist. For example, if you need a crown...</b>	...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 in-network fee schedule amount, which is the maximum expense covered by the plan. <b>You are responsible for the difference between the in-network fee amount and the dentist's billed charge.</b>

## 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 may 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 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.
- 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.

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.

Lincoln DentalConnect® health center Web content is provided by go2dental.com, Santa Clara, CA. Go2dental.com is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products (policy series GL11) 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. Product availability and/or features may vary by state. Network access plans for specific states are located on LincolnFinancial.com under the Forms section. Limitations and exclusions apply.



## Dental Premium

### Here's how little you pay with group rates.

As a WTXEBC employee, you can take advantage of this dental insurance plan for less than \$0.66 a day. Plus, you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

Coverage	Monthly Premium
Employee only	\$20.10
Employee & spouse	\$38.49
Employee & child/children	\$48.83
Employee & family	\$67.33

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Insurance | Premium Calculation | Low Option