

Benefits At-A-Glance

Dental Insurance

High Option

The Lincoln DentalConnect® PPO Plan:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for Prosper I.S.D. employees
- Allows you to 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

	Contracting Dentists	Non-Contracting Dentists
Calendar Year Deductible	Individual: \$50 Family: \$150 Waived for: Preventive	Individual: \$50 Family: \$150 Waived for: Preventive

Deductibles are combined for basic and major Contracting Dentists' services.

Deductibles are combined for basic and major Non-Contracting Dentists' services.

Calendar Year Maximum	\$1,500	\$1,500
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With *SmileRewards*SM, the cost of preventive services is not deducted from your annual maximum. So more benefit dollars are available for other important services throughout the year.

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	\$1,000	\$1,000
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Orthodontic Coverage is available for dependent children.

Waiting Period	There are no benefit waiting periods for any service types	
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Visit 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.

Preventive Services	Contracting Dentists	Non-Contracting 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 Sealants Problem focused exams Palliative treatment (including emergency relief of dental pain) Labs & other tests	100% No Deductible	100% No Deductible
Basic Services	Contracting Dentists	Non-Contracting Dentists
Injections of antibiotics and other therapeutic medications Fillings Prefabricated stainless steel and resin crowns Simple extractions General anesthesia and I.V. sedation	80% After Deductible	80% After Deductible
Major Services	Contracting Dentists	Non-Contracting Dentists
Consultations Surgical extractions Oral surgery Biopsy and examination of oral tissue (including brush biopsy) Prosthetic repair and re cementation 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 Occlusal guard Occlusal adjustments	50% After Deductible	50% After Deductible
Orthodontics	Contracting Dentists	Non-Contracting Dentists
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%
Contracting Dentists/Non-Contracting Dentists	Contracting Dentists	Non-Contracting Dentists
To find a contracting 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 a contracting 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.

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.
- Unmarried dependent children, up to age 26.

Benefit Exclusions

Like any coverage, this dental coverage 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 summary plan description. Benefits are not payable for duplication of services. Covered expenses will not exceed the summary plan description'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 summary plan description. 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. This summary plan description 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 summary plan description for details.
- This plan 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 www.lfg.com. The form must be provided to us prior to the effective date to be eligible for continuation of coverage.

A complete list of benefit exclusions is included in the summary plan description.

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the summary plan description, and this summary does not modify coverage. A summary plan description will be made available to you that describes the benefits in greater detail. Refer to your summary plan description for your maximum benefit amounts.

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Dental Coverage | At-A-Glance | High Option

Dental Rate

Here's how little you pay with group rates.

As a Prosper I.S.D. employee, you can take advantage of this dental coverage for less than \$1.47 a day. Plus, you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

Coverage	Monthly Rate
Employee only	\$44.02
Employee & spouse	\$91.38
Employee & child/children	\$98.00
Employee & family	\$155.08

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage | Rate Calculation | High Option