

Dental Insurance

**The Lincoln  
DentalConnect® PPO  
Plan:**

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children and adults
- Features group rates for Wabash College 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
<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 services.  
Deductibles are combined for basic and major Out-of-Network services.

<b>Annual Maximum</b>	\$1,750	\$1,750
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**Annual Maximums** are combined for preventive, basic, and major services.

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

<b>Waiting Period</b>	<ul style="list-style-type: none"> <li>● 0 months for basic services</li> <li>● 0 months for major services</li> <li>● 0 months for orthodontic services</li> </ul> <p>If you had dental coverage through Wabash College'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.</p> <p>This plan includes a waiting period if you do not enroll when it is first offered to you .</p> <ul style="list-style-type: none"> <li>● 12 months for basic services</li> <li>● 12 months for major services</li> <li>● 12 months for orthodontic services</li> </ul>
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Preventive Services	In-Network	Out-of-Network
Routine oral exams Bitewing X-rays Routine cleanings Fluoride treatments Space maintainers for children Sealants FDA approved oral cancer screening	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Problem focused exams Palliative treatment (including emergency relief of dental pain) 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 Periodontal maintenance procedures	80% After Deductible	80% After Deductible
Major Services	In-Network	Out-of-Network
Consultations Endodontics (including root canal treatment) Non-surgical periodontal therapy Periodontal surgery Bridges Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Build-ups/post & core Implants & implant related services Occlusal adjustments	50% After Deductible	50% After Deductible
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
<p>To find an in-network dentist near you, visit <a href="http://www.LincolnFinancial.com/FindADentist">www.LincolnFinancial.com/FindADentist</a>.</p> <p>This plan lets you choose any dentist you wish. However, your out-of-pocket costs are likely to be lower when you choose an in-network dentist. For example, if you need a crown...</p>	<p>...you pay a deductible (if applicable), then 50% of the remaining discounted fee for PPO members. This is known as a PPO contracted fee.</p>	<p>... 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.</p>

## 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 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.
- 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: WABCOL2.

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 Insurance | At-A-Glance

## Dental Premium

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

As a Wabash College employee, you can take advantage of this dental insurance plan for less than \$1.36 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	\$40.94
Employee & spouse	\$80.46
Employee & child/children	\$96.00
Employee & family	\$138.35

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Insurance | Premium Calculation