Lincoln Financial Group®
You're In Charge®

Dental Insurance

Low Plan

SUMMARY OF BENEFITS

Sponsored by: Douglas Cherokee Economic Authority

- While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at www.LincolnFinancial.com. You do not need a referral to see a specialist.
- For dental expenses incurred after satisfying all the benefit waiting period(s) and deductibles, the policy pays the following percentage of allowable expenses up to the maximum benefit.

Dental Benefits

		In-Network	Out-of-Network
Preventive	- 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	100%	100%
Basic	- Problem Focused Exams - Consultations - 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) - Prosthetic Repair and Recementation Services - Endodontics (including Root Canal Treatment) - Periodontal Maintenance procedures - Non-surgical Periodontal Therapy - Periodontal Surgery	80%	80%
Deductible	Policy (Lifetime) deductible. Waived for : In Network - Preventive and Out of Network - Preventive	$100 Individual $0 Family	$100 Individual $0 Family
Maximum Benefit	Calendar year maximum for Preventive and Basic services:	$1,000	$1,000

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Dental Benefits Cont'd.			
Waiting Period	**Service Type**	**Benefit Waiting Period**	**Late Entrant Waiting Period**
	Basic Services:	0 Months	12 Months
Prior Carrier Credit	For Employees and dependents who elect this coverage on the effective date, and whose coverage was active on the date the employer's prior dental plan terminated: credit, will be given toward the satisfaction of: benefit waiting periods and deductibles for dental expenses incurred under your employer's prior dental plan during the same calendar year; and any benefits paid by your employer's prior dental plan during this same calendar year will be applied toward your maximum.		
Lincoln DentalConnect®	By enrolling in the dental plan you and your enrolled family members will have access to *Lincoln DentalConnect®*, our free on-line dental health information Web site.		
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.		
Enrolling for Coverage			
Employee	If you do not want to enroll at this time, submit the completed waiver form to your plan administrator. If you waive coverage now and want to enroll at a later date, you will be subject to the plan's Late Entrant provision which may limit covered services and Prior Carrier Credit will not be available.		
Dependent	Dependent children may be covered up to age 26.		
Benefit Termination	This coverage terminates when you terminate employment with this policyholder, or at your retirement.		

Exclusions and Other Limitations This highlights policy exclusions and limitations, see the policy for a full list.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to those appropriate and necessary procedures listed in the policy and any additional 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 for which the claimant is eligible for benefits under worker's compensation or a similar law; are attributed to employment, military service; or are related to self-inflicted injury, involvement in an illegal occupation, felony, or riot.
- Alternative benefits provision: In certain situations there may be more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment.

For assistance or additional information Contact Lincoln Financial Group at	
(800) 423-2765; reference ID: **DCEA**	www.LincolnFinancial.com

This policy does not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

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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