

# Dental Insurance: PPO Dental Plan

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## Lincoln Financial

Customer Service: (800) 423-2765

[www.lfg.com](http://www.lfg.com)

The City provides dental insurance through Lincoln Financial. A brief description of the PPO Dental Plan is provided below, and the employee costs per pay period are shown on the premium table to the right. A summary of benefits is provided on the following page. For detailed coverages, exclusions and stipulations, please refer to the carrier's benefit summary or contact Lincoln Financial Customer Service.

**Dental Insurance - PPO Dental Plan  
24 Payroll Deductions**

Tier of Coverage	Employee Cost
Employee Only	\$0.00
Employee + Spouse	\$21.48
Employee + Child(ren)	\$24.30
Employee + Family	\$33.67

## In-Network Benefits

The PPO Dental Plan is "open access" and allows you to receive services from any dental provider without selecting a Primary Dental Provider (PDP) and does not require referrals to specialists. The network of participating dental providers the plan utilizes is the **Lincoln Dental Connect PPO Network**. The PPO plan provides benefits for services received from in-network and out-of-network providers. You are responsible for a Calendar Year Deductible (CYD) and then coinsurance based on the plan's Usual, Customary and Reasonable (UCR) charge limitations.

## Out-of-Network Benefits

Providers who do not contract with insurance carriers because they do not accept their discounted rates are referred to as "non-participating" or "out of network." Understanding how your insurance company pays for out-of-network services is important because you will usually pay more.

The insurance company processes charges based on what it determines the "Usual, Customary and Reasonable (UCR)" charge is for a specific service. UCR or the "allowed amount" can be defined as the most common charge for a particular dental procedure performed in a specific geographic area. Since there is no contract in place between the insurance company and out-of-network provider, the dentist may charge an amount higher than UCR. The difference between the UCR amount and the dentist's higher charge is called "balance billing." **Balance billing is in addition to your deductible and coinsurance responsibility.**

## How to Locate a Provider

To locate a provider that participates in the Dental Connect Network, please contact Customer Service or visit [www.lfg.com](http://www.lfg.com). Select "Find a Dentist," choose "PPO Network," and then fill out the search criteria and hit "Search."

## Calendar Year Deductible

The PPO Dental Plan benefits begin once each covered member satisfies a \$50 deductible (waived for Class I services). Once any three (3) covered members in a family each satisfies the \$50 deductible (total of \$150), the deductible will then be considered met for all covered members in that family.

## Calendar Year Benefit Maximum

The maximum benefit (coinsurance) the PPO Dental Plan will pay for each covered member is \$1,000 for in-network services and out-of-network services combined.

### Please note the following:

- Each covered family member may receive up to 2 FREE cleanings per calendar year and are covered under the preventive benefit if an in-network provider is utilized.
- A 6 month waiting period on most major dental services will apply.
- Age limits and waiting periods may apply.

# Dental Insurance: PPO Dental Plan At-A-Glance

Network	Lincoln Dental Connect PPO	
Calendar Year Deductible	In Network	Out of Network
Per Member	\$50	
Per Family	\$150	
Waived for Class I Services?	Yes	
Calendar Year Benefit Maximum	In Network	Out of Network
Per Member	\$1,000	
Class I Services: Diagnostic & Preventative	In Network	Out of Network*
Routine Oral Exam (2 Per Year)	Plan Pays: 100% Deductible Waived	Plan Pays: 100% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Cleanings (2 Per Year)		
Bitewing X-rays (Up to 4 Per Year)		
Complete X-rays (1 Set Every 5 Years)		
Class II Services: Basic Restorative	In Network	Out of Network*
Fillings (Amalgam)	Plan Pays: 80% After Deductible	Plan Pays: 80% After Deductible <i>(Subject to Balance Billing)</i>
Deep Cleaning (Once Every 2 Years)		
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Oral Surgery (Basic Services)		
Class III Services: Major Restorative	In Network	Out of Network*
Crowns	Plan Pays 50% After Deductible	Plan Pays 50% After Deductible <i>(Subject to Balance Billing)</i>
Bridges		
Dentures		

## \*Out-Of-Network Balance Billing

For information regarding out-of-network balance billing that may be charged by an out-of-network provider for services rendered, please refer to the Out-of-Network Benefits section on the previous page.