

Dental Insurance: PPO Dental Plan At-A-Glance

Network	Lincoln Dental Connect PPO	
Calendar Year Deductible (CYD)	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 Calendar Year)	Plan Pays 100% Deductible Waived	Plan Pays 100% Deductible Waived <i>(Subject to Balance Billing)</i>
Routine Cleanings (2 Per Calendar Year)		
Bitewing X-rays (Up to 4 Per Calendar 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 CYD	Plan Pays 80% After CYD <i>(Subject to Balance Billing)</i>
Deep Cleaning (Once Every 2 Years)		
Simple Extractions		
Endodontics (Root Canal Therapy)		
Periodontal Services		
Oral Surgery (Basic Services)		
General Anesthesia (Limitations Apply)		
Class III Services: Major Restorative**	In Network	Out of Network*
Crowns	Plan Pays 50% After CYD	Plan Pays 50% After CYD <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.

****A 6 month waiting period on most Major dental services will apply.**

Please Note: For any dental work expected to cost \$300 or more, the plan will provide a "Pre-Determination of Benefits" upon the request of your dental provider. This will assist you with determining your approximate out-of-pocket costs should you have dental work performed.