

LINCOLN FINANCIAL GROUP
SUMMARY OF DENTAL BENEFITS
for the employees of
Shasta County, D.S.A.

This information is not a guarantee of eligibility or benefits. The benefits shown are subject to policy provisions and the patient's eligibility at the time services are rendered.

Calendar Year Deductible	\$25 / \$75 for Family – Waived for Preventive Services
Calendar Year Maximum	\$1,500 for Preventive, Basic and Major Services
Lifetime Ortho Maximum	\$1,500

Benefit Levels

If an insured person incurs covered dental expenses, the plan pays the following percentage of allowable expenses in excess of the deductible, up to the maximum benefit. Covered dental expenses include only those services listed in your certificate. Covered expenses will not exceed the plan's Usual & Customary allowances.

Preventive Services	100% for Covered Expenses - No Deductible Preventive Services include: routine exams, x-rays, teeth cleanings (prophylaxis), fluoride treatments for children and space maintainers
Basic Services	80% for Covered Expenses Basic Services include: fillings, sealants, consultations, extractions and most other oral surgeries; emergency relief of dental pain and, when necessary, general anesthesia and I.V. sedation; prefabricated stainless steel & resin crowns and repair of bridgework & dentures, root canal therapy, periodontic surgery and periodontal maintenance procedures.
Major Services	50% for Covered Expenses Major Services include: crowns, bridges and dentures, to replace natural teeth extracted or lost while covered
Orthodontics	50% For Covered Expenses - Child Coverage Orthodontic Services includes: orthodontic exams, orthodontic x-rays, orthodontic extractions, study models and orthodontic appliances.

Coverage is subject to the policy's limitations and exclusions, including any frequency or age limits.

YOUR PLAN COSTS

Employee Only
Family

MONTHLY RATES

\$ See current rate sheet
\$ See current rate sheet

Notes

- You may choose any dentist – and you do not need a referral to see a specialist.
- Unmarried dependent children may be covered through age 18 or through age 22, if a full-time student.
- This plan includes a predetermination of benefits option, which allows you to find out the amount covered prior to having work done. Use this option when expenses are expected to exceed \$300.
- In certain situations, there may be 2 or more methods of treating a dental condition. The policy includes an **Alternative Benefits Provision** that may reduce benefits to the lowest cost, generally effective and necessary form of treatment; for example- the policy covers amalgam fillings on posterior teeth, even if tooth-colored fillings are used.
- For late entrants enrolled more than 31 days after becoming eligible, longer waiting periods may apply.

Exclusions

This is a summary of policy exclusions. The policy contains other, more specific, exclusions and limitations not fully explained here.

The plan does not cover services started before coverage begins or after it ends. Services must be necessary and appropriate for the claimant's condition. Benefits are limited to services specifically shown on the *List of Procedures*, included in the policy, unless coverage for additional services is required by state law. Benefits are not payable for duplication of services or for treatment by a practitioner who lives with or is related to the employee or dependent.

Benefits are not payable for placement of a prosthetic, unless it is needed to replace teeth extracted while covered. The installation, maintenance or removal of implants or any related expense is excluded. The policy doesn't cover the cost of athletic mouth guards, appliances to correct harmful habits or the replacement of lost or stolen dental appliances. The policy excludes services for treatment of TMJ or congenital malformations, except as required by law.

Benefits are not payable for veneers, for cosmetic procedures or for medications administered outside the dentist's office, for prescription drugs, or for analgesia, sedation, hypnosis or acupuncture administered for the purpose of alleviating anxiety or apprehension. Nitrous oxide is not covered.

Plan benefits are not payable for a condition for which the claimant is eligible for benefits under Workers' Compensation or a similar law; or for a condition that is attributed to employment or military service. Coverage is not available for dental conditions caused by an act of war, self-inflicted injury, involvement in an illegal occupation, attempt to commit a felony, or active participation in a riot.

If benefits for orthodontia are included, the plan does not cover any *treatment plan* started before coverage begins or during the benefit waiting period.

Claims Submission and Contact Information

Submit dental claims by mail to:

The Lincoln National Life Insurance Company
Dental Claims Input Center
P.O. Box 2640
Omaha, NE 68103-2640

Submit dental claims by fax to: (877) 843 – 3945

To contact Lincoln Financial Group, call (800) 423-2765 or log onto www.lfg.com.

This is a summary of coverage and is not a binding contract. A certificate of coverage will be made available to you which describes the benefits in greater detail. Should there be differences between this summary and the contract, the contract will govern.

Group insurance is issued and underwritten by The Lincoln National Life Insurance Company, a Lincoln Financial Group company. Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.