

Benefits At-A-Glance

Dental Insurance

Low Plan

The Lincoln DentalConnect® PPO Plan:

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for Blue Earth County employees
- Allows you to 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
Calendar (Annual) Deductible	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.

Annual Maximum	\$1,000	\$1,000
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MaxRewards® lets you and your covered family members roll a portion of unused dental benefits from one year into the next. So you have extra benefit dollars available when you need them most.

- **Eligible Range (claim threshold):** \$1- \$600
- **Rollover Amount:** \$250 per calendar year
- **Rollover Amount with Preferred Provider:** \$350 per calendar year
- **Maximum Rollover Account Balance:** \$1,000

Lifetime Orthodontic Max	\$1,000	\$1,000
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Orthodontic Coverage is available for dependent children.

Waiting Period	<p>This plan includes an additional waiting period if you do not enroll within the defined timeframe when it is first offered to you or within an annual open enrollment period.</p> <ul style="list-style-type: none"> • 12 months for basic services • 12 months for major services • 12 months for orthodontic services
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Preventive Services	In-Network	Out-of-Network
Routine oral exams Bitewing X-rays Full-mouth or panoramic X-rays Other dental X-rays (including periapical films) Routine cleanings Fluoride treatments Sealants Labs & other tests	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Space maintainers for children 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 Biopsy and examination of oral tissue (including brush biopsy) Prosthetic repair and recementation services Periodontal maintenance procedures Occlusal guard Occlusal adjustments	80% After Deductible	80% After Deductible
Major Services	In-Network	Out-of-Network
Surgical extractions Oral surgery General anesthesia and I.V. sedation Endodontics (including root canal treatment) Non-surgical periodontal therapy Periodontal surgery Bridges Full and partial dentures Denture relines and rebase services Crowns, inlays, onlays and related services TMJ	40% After Deductible	40% 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>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. <i>For example, if you need a crown...</i></p>	<p>...you pay a deductible (if applicable), then 60% 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 60% 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 coverage, this dental coverage 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 summary plan description. Benefits are not payable for duplication of services. Covered expenses will not exceed the summary plan description'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 summary plan description. In this case, Lincoln Financial will continue orthodontia benefits until the combined benefit paid by both policies is equal to this summary plan description's lifetime orthodontia maximum. Plan benefits are not payable if the orthodontic appliance was installed after the age of 19.
- In certain situations, there may be more than one method of treating a dental condition. This summary plan description 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 summary plan description for details.
- This plan includes continuation of coverage for employees with dental coverage from a previous employer. The member is required to complete the Continuity of Coverage form located on www.lfg.com. The form must be provided to us prior to the effective date to be eligible for continuation of coverage.

A complete list of benefit exclusions is included in the summary plan description.

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the summary plan description, and this summary does not modify coverage. A summary plan description will be made available to you that describes the benefits in greater detail. Refer to your summary plan description for your maximum benefit amounts.

Lincoln DentalConnect® health center Web content is provided by go2dental.com, Santa Clara, CA. Go2dental.com is not a Lincoln Financial Group® company. Coverage is subject to actual summary plan description language. Each independent company is solely responsible for its own obligations.

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Dental Coverage | At-A-Glance | Low Plan

DTL-ENRO-BRC001-MN

Dental Rate

Here's how little you pay with group rates.

As a Blue Earth County employee, you can take advantage of this dental coverage for less than \$0.96 a day. Plus, you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

Coverage	Monthly Rate
Employee only	\$28.66
Employee & spouse	\$64.52
Employee & child/children	\$63.25
Employee & family	\$100.13

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage | Rate Calculation | Option One

DTL-ENRO-BRC001-MN

Benefits At-A-Glance

Dental Insurance

High Plan

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Your estimated cost is itemized below.

Coverage	Monthly Rate
Employee only	\$46.36
Employee & spouse	\$104.29
Employee & child/children	\$102.21
Employee & family	\$161.83

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage | Rate Calculation | Option Two