



**Full-Time Employees of Wagner-Waldrop Motors, Inc.  
dba East Carolina CDJRFL**

**Benefits At-A-Glance**

**Dental Insurance**

**The Lincoln  
DentalConnect® PPO  
Program:**

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for 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
<b>Calendar Deductible</b>	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.

<b>Annual Maximum</b>	\$1,000	\$1,000
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**Annual Maximums** are combined for preventive, basic, and major services.

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

<b>Lifetime Orthodontic Max</b>	\$750	\$750
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Orthodontic Coverage is available for dependent children

<b>Waiting Period</b>	This plan includes a waiting period if you do not enroll when it is first offered to you or outside of your annual open enrollment period if applicable (known as late entrant waiting period). <ul style="list-style-type: none"> <li>• 12 months for basic services</li> <li>• 12 months for major services</li> <li>• 12 months for orthodontic services</li> </ul>
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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 Problem-focused exams Harmful habit appliances	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Space maintainers for children Palliative treatment (including emergency relief of dental pain) Injections of antibiotics and other therapeutic medications Fillings Simple extractions Biopsy and examination of oral tissue (including brush biopsy) Prosthetic repair and recementation services Labs & other tests Occlusal adjustments	80% After Deductible	80% After Deductible
Major Services	In-Network	Out-of-Network
Prefabricated stainless steel and resin crowns Surgical extractions Oral surgery General anesthesia and I.V. sedation Endodontics (including root canal treatment) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery Bridges Full and partial dentures Denture reline and rebase services Crowns, inlays, onlays and related services Build-ups/post & core Implants & implant related services	50% After Deductible	50% After Deductible
Orthodontics	In-Network	Out-of-Network
Orthodontic exams X-rays Extractions Study models Appliances	50%	50%

## Dental Coverage Benefits At-A-Glance

## 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.

**Questions?** Call 800-423-2765 and mention Group ID: EASTCARO

This is not intended as a complete description of the coverage offered. Controlling provisions are provided in the policy, and this summary does not modify coverage. A certificate of coverage will be made available to you that describes the benefits in greater detail. Refer to your certificate of coverage 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 policy language. Each independent company is solely responsible for its own obligations.

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## Benefit Exclusions

Like any coverage, this dental coverage does have some exclusions.

- The policy does not cover services started before coverage begins or after it ends. Benefits are limited to appropriate and necessary procedures listed in the policy. Benefits are not payable for duplication of services. Covered expenses will not exceed the policy's usual and customary allowances.
- 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 policy 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 policy. 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. The policy 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 policy for details.

This is an incomplete list of benefit exclusions. A complete list is included in the policy. State variations apply.

## Dental Rate

### Here's how little you pay with group rates.

As an employee, you can take advantage of this dental coverage and you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

Coverage	Weekly Rate
Employee only	\$7.97
Employee & spouse	\$11.04
Employee & child/children	\$14.81
Employee & family	\$22.55

**Help reduce paper waste and receive electronic Explanation of Benefits (EOBs)! Starting on your effective date, visit [LincolnFinancial.com](http://LincolnFinancial.com) to register and elect "Go paperless" through the Profile & Settings menu.**

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage Benefit | Rate Calculation