

Benefits At-A-Glance

Dental Insurance

**The Lincoln
DentalConnect® PPO
Plan:**

- Covers many preventive, basic, and major dental care services
- Also covers orthodontic treatment for children
- Features group coverage for Wagner-Waldrop Motors, Inc. dba East Carolina CDRJFL 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):** \$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	\$750	\$750
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Orthodontic Coverage is available for dependent children.

Waiting Period	<ul style="list-style-type: none"> • 0 months for basic services • 0 months for major services • 0 months for orthodontic services <p>If you had dental coverage through Wagner-Waldrop Motors, Inc. dba East Carolina CDRJFL's previous group plan for 12 months or more and enroll in this plan when it is first offered, your benefit waiting period for this plan will be reduced accordingly.</p> <p>This plan includes a waiting period if you do not enroll when it is first offered to you .</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 Problem focused exams Harmful habit appliances	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Space maintainers for children Consultations 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 relines and rebase services Crowns, inlays, onlays and related services 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%

In-Network/Out-of-Network Dentists	In-Network	Out-of-Network
<p>To find an in-network dentist near you, visit www.LincolnFinancial.com/FindADentist.</p> <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. For example, if you need a crown...</p>	<p>...you pay a deductible (if applicable), then 50% 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 50% 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.

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.

The Lincoln National Life Insurance Company (Fort Wayne, IN), does not conduct business in New York, nor is it licensed to do so. In New York, business is conducted by Lincoln Life & Annuity Company of New York (Syracuse NY). Both are Lincoln Financial Group Companies.



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Dental Coverage | At-A-Glance

Dental Rate

Here's how little you pay with group rates.

As a Wagner-Waldrop Motors, Inc. dba East Carolina CDRJFL employee, you can take advantage of this dental coverage for less than \$1.06 a day. Plus, you can add loved ones to the plan for just a little more.

Your estimated cost is itemized below.

Coverage	Weekly Rate
Employee only	\$7.36
Employee & spouse	\$10.20
Employee & child/children	\$13.69
Employee & family	\$20.85

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage | Rate Calculation

Vision and hearing discounts

Lincoln VisionConnect® discount vision program

- **Access discounts** through a trusted, private-practice VSP network doctor
- **One rate of \$50** for an eye exam¹
- **15% savings** on a contact lens exam²
- **Special pricing** on complete pairs of glasses and sunglasses

EPIC Hearing Service Plan

- **30% to 60% discount** on name-brand hearing aids
- **Free one-year supply of batteries** with your hearing aid purchase
- **No-cost hearing test** with your hearing aid evaluation
- **Up to \$400 in additional savings** for participating in a simple 15- to 20-minute online program



See the savings

As the cost of healthcare rises, so does the cost of vision and hearing care. As part of your dental insurance with Lincoln Financial Group, you also receive vision and hearing discounts.

Your vision discounts

The *Lincoln VisionConnect*® discount vision program offers immediate savings on eye care and eyewear, WellVision® exams, retinal screenings, lens enhancements, contacts and laser vision correction. Take advantage of the value and savings.

See the other side for more information on hearing discounts. >



Learn more

Visit disvis.lfg.com or call 800-877-7195 for more information about *Lincoln VisionConnect*®.

¹This cost is only available with the purchase of a complete pair of prescription glasses; otherwise, you'll receive 20% savings on an eye exam only.

²Applies only to contact lens exam, not materials. You are responsible for 100% of the contact lens material cost.



Your hearing discounts

The EPIC Hearing Service Plan (HSP) features services and discounts that lower the cost of hearing care for you, your family members and even extended family. The plan features access to a network of more than 5,500 credentialed professionals who provide comprehensive services — including the most advanced hearing aid technology available today.

And thanks to specially negotiated rates, you pay less for routine hearing tests and hearing aids.



Register today

For hearing benefits: Visit epichearing.com/registration to register, or call 888-899-1459 to learn more.

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Order code: DTL-VALU-FLI001



The *Lincoln VisionConnect*® discount vision program is provided by VSP Vision Savings Pass. The discount program is not a qualified health plan under the Affordable Care Act. The *Lincoln VisionConnect* discount vision program is NOT insurance. The discount program provides discounts at certain healthcare providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all healthcare services but will receive a discount from those healthcare providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. The VSP Vision Savings Pass does not take precedence over any other VSP coverage and cannot be combined with other VSP coverage. This plan is not available to members in Washington or to members with an employer located in Washington. VSP Vision Service Plan, Inc. is located at 3333 Quality Drive, Rancho Cordova, CA 95670. Contact information: 1-800-877-7195 or lincolnfinancial.vsp.com

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Hearing services are provided by EPIC Hearing Health Care. EPIC Hearing Health Care is not a Lincoln Financial Group® company. Coverage is subject to actual contract language. Each independent company is solely responsible for its own obligations.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply.

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Visit disvis.lfg.com
or call 800-877-7195



You're In Charge®



The Lincoln National Life Insurance Company
P.O. Box 2616, Omaha, NE 68103-2616
Phone: 800-423-2765 Fax: 877-573-6177

Here is your Enrollment Form.

Follow these steps to complete the form.
Print clearly in ink.

- Step 1: Fill in or confirm your personal information.
Step 2: Fill in dependent information, if any.
Step 3: Select your benefits.
Step 4: Assign beneficiaries.
Step 5: Confirm enrollment.
Step 6: Sign, date & return the form.

Group ID: EASTCARO

1. Your Personal Information

Form section for personal information including fields for Group/Employer/Participating Organization Name, County, Zip, State, Your First Name, Middle Name/MI, Last Name, Social Security No., Employee ID No., Date of Birth, Street Address, City, State, Zip, Home Phone, Cell Phone, Work Phone, Email Address, and Gender/Marital Status options.

2. Personal Information on Dependents — Complete if you are enrolling dependents.

Form section for dependent information including a Spouse checkbox, fields for First Name, Middle Name/MI, Last Name, Social Security No., Date of Birth, contact information, and a table for Dependent Children with columns for First Name, Middle Name/MI, Last Name, SSN (Optional), Gender, DOB, and Full-time Student status.

Employer Completes this Section.

Form section for employer completion including fields for Billing Division or Location, Sort Group/Code, Payroll Cycle, Policy #(s), Average Hours Worked Per Week, Earnings, Actively at Work?, Occupation, Date of Employment, and Date of Rehire.

Lincoln Financial Group is the marketing name for Lincoln National Corporation and its affiliates.

3. Benefit Selection — Choose your benefits.

Mark the box or boxes for each type of group insurance you are applying for. All insurance amounts are subject to the limitations and exclusions stated in the policy and certificate.

Basic Group Insurance				
Employer Completes this section.		Type of Insurance	Amount of Insurance	Total Premium
Class	Effective Date			
_____	____/____/____	Dental <input type="checkbox"/> Yes <input type="checkbox"/> No <i>By selecting No, you may be subject to late entrant or benefit waiting periods on certain services if you enroll at a later date.</i>	<input type="checkbox"/> Employee <input type="checkbox"/> Employee/Spouse <input type="checkbox"/> Employee/Children <input type="checkbox"/> Employee/Spouse/Children	\$_____

*By selecting "No," enrolling for insurance at a later date may require further medical information and/or a physical exam, which will be at your own expense.

--Actual deductions may vary slightly from above illustrations due to rounding--

3. Benefit Selection — Continued. Complete if you are enrolling for Dental/Vision insurance.

Are you or any of your eligible dependents covered by another dental/vision plan? Yes (If Yes, please list) No

Name of Insured	Insurance Company Name, Phone and Policy No.	Employer	Coverage
_____	_____	_____	<input type="checkbox"/> Dental <input type="checkbox"/> Vision
_____	_____	_____	<input type="checkbox"/> Dental <input type="checkbox"/> Vision
_____	_____	_____	<input type="checkbox"/> Dental <input type="checkbox"/> Vision
_____	_____	_____	<input type="checkbox"/> Dental <input type="checkbox"/> Vision

5. Confirm Enrollment

This group insurance has been offered to me and after careful consideration of the benefits, I have decided to:

- ENROLL FOR INSURANCE for which I am or may become eligible** under the group policies issued by The Lincoln National Life Insurance Company, or its insurance partners. If contributions are required, I authorize my Employer to deduct premium from my pay.
- NOT ENROLL myself in the group insurance offered.** I understand if I enroll for insurance at a later date, and if a physical examination or further medical information is required, it will be at my own expense.
- NOT ENROLL my dependents in the group insurance offered.** I understand if I enroll my dependents for insurance at a later date, and if a physical examination or further medical information is required, it will be at my own expense.

Fraud Warning/State Disclosure(s)

ANY PERSON WHO, WITH INTENT TO INJURE, DEFRAUD, OR DECEIVE AN INSURER OR INSURANCE CLAIMANT: (1) PRESENTS OR CAUSES TO BE PRESENTED A WRITTEN OR ORAL STATEMENT, INCLUDING COMPUTER-GENERATED DOCUMENTS AS PART OF, IN SUPPORT OF, OR IN OPPOSITION TO, A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY, KNOWING THAT THE STATEMENT CONTAINS FALSE OR MISLEADING INFORMATION CONCERNING ANY FACT OR MATTER MATERIAL TO A CLAIM, OR (2) ASSISTS, ABETS, SOLICITS, OR CONSPIRES WITH ANOTHER PERSON TO PREPARE OR MAKE ANY WRITTEN OR ORAL STATEMENT THAT IS INTENDED TO BE PRESENTED TO AN INSURER OR INSURANCE CLAIMANT IN CONNECTION WITH, IN SUPPORT OF, OR IN OPPOSITION TO, A CLAIM FOR PAYMENT OR OTHER BENEFIT PURSUANT TO AN INSURANCE POLICY, KNOWING THAT THE STATEMENT CONTAINS FALSE OR MISLEADING INFORMATION CONCERNING A FACT OR MATTER MATERIAL TO THE CLAIM IS GUILTY OF A CLASS H FELONY.

6. Sign and Return

I understand the group insurance requested will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, or its insurance partners. A delayed effective date will apply if you are not Actively at Work/an Active Member. A delayed effective date may apply to your dependent, if he or she is confined in a hospital or health care facility or is in a period of limited activity on the date insurance would otherwise take effect.

I understand the information provided is for enrollment in group insurance as offered by my Employer and will not be used for underwriting purposes.

The information provided is complete, true, and accurate to the best of my knowledge.

If an Agent assisted in the completion of this enrollment form, the agent must sign below.

I, the Agent, certify that I have truly and accurately recorded on the enrollment form the information supplied by the applicant.

Agent's Signature: _____ Date ____/____/____

Your Full Name (Print): _____

Your Signature: **X** _____ Date ____/____/____

Complete and return this form.

(Be sure to sign and date the form to start your insurance.)

Questions? Call 800-423-2765