



Dental Insurance (Lincoln Financial Group)

LINCOLN FINANCIAL GROUP DENTAL PLAN

You always pay the deductible and copayment (\$). The coinsurance (%) shows what you pay after the deductible.

	PPO - Employees outside TX, LA, or MS		PPO - Employees in TX, LA, or MS	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible	Individual: \$25 Family: \$75		Individual: \$25 Family: \$75	
Annual Plan Maximum	\$1,250 per covered member		\$1,250 per covered member	
Diagnostic & Preventive	0%		0%	
Basic Services	10%	20%	10%	
Major Services	40%	50%	40%	
Orthodontia	Not covered		Not covered	
Ortho Lifetime Max	Not covered		Not covered	
Dental Monthly Premiums				
Employee Only	\$29.41			
Employee + Spouse	\$61.69			
Employee + Child(ren)	\$63.66			
Employee + Family	\$100.75			