



Dental benefits

Frequently asked questions



Using your dental insurance

Q: When do I have to pay a deductible?

A: To find out about your specific dental benefit details, such as deductibles, coinsurance amounts, and maximums, review your plan description online at LincolnFinancial.com.

Q: Are emergency exams paid under the annual limit for routine exams?

A: No, emergency exams are not paid under the annual routine exam limit.

Q: For extensive services, do you require a predetermination?

A: We recommend a predetermination for treatments expected to cost \$300 or more — this allows you to see what services Lincoln would consider before you receive treatment.

To get a predetermination, the dentist submits a predetermination claim form to Lincoln.

Q: How do you handle “work in progress”?

A: Sometimes dental procedures can extend over a period of time. Most dental services are “incurred” and billed on the same date — meaning, the cost for your service will be billed on the day you receive it. When a member’s coverage terminates, dental benefits end; however, certain services incurred before the date coverage ends (“work in progress”) will remain eligible for benefits, as long as the service is completed within 31 days from the date it started.

An expense is incurred when:

- An impression is made for new dentures or changes to dentures.
- The tooth or teeth are prepared for a crown or bridge.
- The pulp chamber is opened for root canal therapy.

Q: How may I appeal a denied claim?

A: The member should submit a written statement within 180 days of receiving the denial explaining the reasons for the appeal and, if available, attach any supporting documentation. Mail the appeal to:

Risk Services — Employee Care Center
The Lincoln National Life Insurance Company
P.O. Box 2337
Omaha, NE 68103
Fax: 402-361-1460



Have any questions?

Please contact Lincoln Customer Service at 1-800-423-2765 or LincolnFinancial.com/FindADentist.



Enrollment

Q: How do you handle services that take place during the transition to the *Lincoln DentalConnect*® plan?

A: The Prior Carrier Credit provision is designed to ensure coverage for employees and dependents who were covered by an employer's prior dental plan when the employer changes insurance carriers.

When the Prior Carrier Credit provision is included in the policy, a patient will not receive benefits to pay for dental expenses from any procedure before they are covered under the plan; however, the number of months that a member was continuously covered under the employer's prior plan will count toward any benefit waiting periods (this is a period of time you must be covered before you are eligible for coverage; certain dental procedures will not be covered during this time). For dependents who are added due to a qualifying event, benefit waiting periods may apply and could limit payments.

Q: Does your dental policy include a pre-existing condition limitation?

A: Our dental policy does not include a limitation for a pre-existing condition (a medical condition that begins before your coverage takes effect).

However, services related to congenital or developmental malformations, including congenitally missing teeth, will not be covered (unless required by state law). Replacing a lost or extracted tooth is not covered if done before our plan started, except as described in the Prior Carrier Credit provision. We do not provide coverage for services that began before the patient's coverage start date, and your plan may have benefit waiting periods.

Q: How are newborn children added to the plan without being considered a late entrant?

A: If you are a covered employee, you may enroll your child and pay the applicable premium at any time before or within 31 days after the child's third birthday.

Q: How is coverage handled when spouses are employed by the same employer?

A: When both spouses work for the same employer, they may be covered as dependents of each other, and both parents may cover dependent children. The Coordination of Benefits provision applies.



Orthodontia

Q: How do you handle orthodontia treatment in progress during the transition to the *Lincoln DentalConnect*® plan?

A: If a member receives orthodontic benefits from the employer's prior group dental plan, and the *Lincoln DentalConnect* plan also includes orthodontic coverage, benefits will continue. Any amount paid by the prior carrier will be deducted from the lifetime maximum.

Q: How is child orthodontic coverage paid?

A: If your plan covers child orthodontia services, the orthodontic appliance must be placed after the child satisfies the benefit waiting period but before the orthodontia limiting age, defined in your policy. Benefits will be paid up to the lifetime maximum or to the end of the treatment plan. A child must meet the definition of a dependent.

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LCN-1865889-080717

PDF 11/17 Z04

Order code: DTL-FAQ-FLI001

Your group policyowner may have different benefits, and coverage is subject to limitations and exclusions, so read your certificate of insurance carefully.



Have any questions?

Our Customer Service department is available to answer your calls at 800-423-2765 from 7 a.m. to 7 p.m. Central Time, Monday through Thursday, and 7 a.m. to 5 p.m. on Friday.



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