

Dental Coverage

Low Option

The *Lincoln* *DentalConnect®* PPO Plan:

- Covers many preventive and basic dental care services
- Features group coverage for Furmano Foods, Inc. 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 Deductibles are combined for basic and major Out-of-Network services.

Annual Maximum	\$1,000	\$1,000
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Annual Maximums are combined for preventive and basic services.

Waiting Period	• 0 months for basic services If you had dental coverage through Furmano Foods, Inc.'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. This plan includes a waiting period if you do not enroll when it is first offered to you. • 6 months for basic 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 Space maintainers for children Sealants Palliative treatment (including emergency relief of dental pain)	100% No Deductible	100% No Deductible
Basic Services	In-Network	Out-of-Network
Problem focused exams Consultations Injections of antibiotics and other therapeutic medications Fillings Prefabricated stainless steel and resin crowns Simple extractions Surgical extractions Oral surgery Biopsy and examination of oral tissue (including brush biopsy) General anesthesia and I.V. sedation Prosthetic repair and recementation services Endodontics (including root canal treatment) Periodontal maintenance procedures Non-surgical periodontal therapy Periodontal surgery	80% After Deductible	80% After Deductible
In-Network/Out-of-Network Dentists		
To find an in-network dentist near you, visit www.LincolnFinancial.com/FindADentist. 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...		

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.
- 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.

Questions? Call 800-423-2765 and mention Group ID: FFOODS2.

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.

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Dental Coverage | At-A-Glance | Low Option

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	Monthly Rate
Employee only	\$15.00
Employee & spouse	\$30.35
Employee & child/children	\$37.32
Employee & family	\$55.47

The Lincoln National Life Insurance Company

Please see prior page for product information.

Dental Coverage | Rate Calculation | Low Option