

NEW DENTAL: Lincoln Dental Summary	
Plan	PPO 90th Percentile
Deductible	\$50 per person (\$150 max per family)
ANNUAL MAX	\$1,500
Type I Services (Preventative): Exams, X-rays, Cleanings, Fluoride Treatments, Sealants	\$0 copay for in-network (deductible waived)
Type II Services (Basic Restorative): Oral Surgery, Periodontics, Extractions, Endodontics, Fillings, Basic Restorative Services, General Services	You pay 0-20% of costs after deductible
Type III Services (Major Restorative): Inlays, Onlays, Crowns, Prosthetics, Bridges	You pay 50% of costs after deductible
Orthodontics	N/A
Ortho Lifetime Max	N/A
Family Status	Payroll Deduction
Single	\$13.17
Parent / Child(ren)	\$31.84
Couple	\$26.24
Family	\$44.90

You can look for in-network providers here: <http://lvc.lfg.com> & enter your zip code in the box to the right of the screen. Out of network benefits will be the same as in-network benefits. However, there is a possibility that you will have to pay extra if your dentist is among the most expensive 10% of providers, and billing issues may be easier to resolve with in-network providers.

Please enroll in dental by going to <http://quickenboarding.com/lm>