DESCRIPTION OF DENTAL BENEFITS

The following information is not a guarantee of eligibility or benefits. The information provided is subject to policy provisions and the patient's eligibility at the time services are rendered.

Eligibility Information as of	08/31/2024		
Employee Status	Active	**Coverage Type**	Employee Only
Employee Name	Abrar Mohammed Jamal	**Employee ID**	xxx-xx-2617
Employee Effective Date	03/01/2024		
Group Name	The Fountain Group, LLC	**Dependent Age Limit**	26
Group Number	01-D038212-00000	**Full Time Student Age Limit**	26
Group Benefit Waiting Periods	Type 2 - 0 Months Type 3 - 0 Months Type 4 - 0 Months	**Group Late Entrant Limits**	Type 2 - 12 Months Type 3 - 12 Months Type 4 - 12 Months

Deductible and Coinsurance

BENEFIT PERIOD: Calendar year plan 01/01 through 12/31

		In-Network	Out-of-Network
DEDUCTIBLE: Annual	**Individual:**	$50	$100
	Family:	$150	$300
PLAN MAXIMUMS:	**Annual:**	$1000	$1000 for Types 1, 2 and 3 services, combined
	Lifetime:	$1500	$1500 for Type 4, orthodontia - Family coverage

	In-Network		Out-of-Network	
	Coinsurance	**Deductible Waived**	**Coinsurance**	**Deductible Waived**
Type 1 - Preventive Services	100%	Yes	80%	Yes
Type 2 - Basic Services	80%	No	50%	No
Type 3 - Major Services	50%	No	50%	No
Type 4 - Orthodontia	50%	Yes	50%	Yes

Maximum Covered Expense: Contracted Fees Maximum Allowable Charge

The summary provided below is based on processed claims as of 08/31/2024. Future Benefits will be applied in the order that claims are received and processed.

Member Coverage:

Name: Abrar Mohammed Jamal **Effective Date:** 03/01/2024

			Benefit Waiting Period Does Not Apply	Late Entrant Limits Met
Amount Applied to Deductible	$0	**Type 1 - Preventive**		N/A
Calendar Maximum Used	$0	**Type 2 – Basic**		N/A
Lifetime Ortho Maximum Used	$0	**Type 3 – Major**		N/A
		Type 4 – Ortho		N/A

OTHER IMPORTANT DENTAL POLICY INFORMATION

TYPE 1
Routine Oral Examinations - up to 2 per calendar year
Bitewing X-rays (including those taken as part of a full-mouth series)- up to 4 films per calendar year
Complete full-mouth or panoramic x-rays- 1 per 3 consecutive years
Other Dental X-rays (including periapical films)- up to 6 films per calendar year
Routine Cleanings - up to 2 per calendar year
Fluoride Treatments - through age 15; 1 per calendar year
Space Maintainers - through age 15; 1 per lifetime
Sealants (undecayed and unrestored first and second permanent molars only)- through age 15; 1 per 60 months
Biopsy and Examination of Oral Tissue (including FDA-approved oral cancer screening system)

TYPE 2
Problem Focused Exams - up to 4 per calendar year
Consultations
Palliative Treatment (including emergency relief of dental pain)
Injections of antibiotics and other therapeutic medications
Fillings
Prefabricated Stainless Steel and Resin Crowns
Simple Extractions
Surgical Extractions (Explanation of Benefits from Medical Plan may be required)
Oral Surgery (Explanation of Benefits from Medical Plan may be required)
Biopsy and Examination of Oral Tissue (including brush biopsy)
General Anesthesia and I.V. Sedation (In conjunction with complex cutting procedures)
Prosthetic Repair and Recementation Services
Endodontics (including Root Canal Treatment)
Periodontal Maintenance procedures following active periodontal therapy- up to 2 per calendar year
Non-surgical Periodontal Therapy
-Scaling and Root Planing - 1 per 24 months (Periodontal Charting required)
-Full-mouth Debridement- 1 per lifetime
Periodontal Surgery- 1 per 36 months
Harmful Habit Appliances - through age 15; 1 per lifetime
Occlusal Adjustments - 1 per 36 months
Night Guard (Occlusal Guard)- 1 per 24 months

TYPE 3
Bridges (considered on impression date or prep date)- 1 per 5 consecutive years
Full and partial dentures (considered on impression date or prep date)- 1 per 5 consecutive years
Denture Reline and Rebase Services
Crowns, Inlays, Onlays (considered on prep date)- age 16 and above; 1 per 5 consecutive years
Build-ups and Post and Core- age 16 and above
Implants - age 16 and above; 1 per 5 consecutive years
Implant Related Services - age 16 and above

TYPE 4 Orthodontic Treatment- Including Orthodontic Exams, X-rays, Extractions, Study Models and Appliances

The policy includes an **Alternative Benefits Provision** that may reduce benefits to the least costly, effective and necessary form of treatment. This can include but is not limited to: crowns, veneers, inlays, onlays and bridges.

Coordination of Benefits: Order of determination is by the birthday rule.

NOT COVERED: Nitrous Oxide and any Cosmetic Services. This policy includes a Missing Tooth Clause, subject to the Prior Carrier Credit Provision. The policy contains other exclusions and limitations not disclosed here.

If using a PPO dentist, it is the employee's responsibility to confirm the dentist's continuing participation in the network associated with the covered employee's plan at the time of treatment. Not sure of your network? Refer to your Dental ID card, go online to lincolnfinancial.com or contact Customer Service at 800-423-2765.

X-rays, narrative/office notes, and photos (if available) are required for claims with:

Crowns	Bridges and Implants (send FMX or pano)
Retreatment of Root Canals	Oral Surgery
Bone grafts	Apicoectomy
Alveoloplasty	Crown Lengthening

Periodontal charting, X-rays, narrative/office notes and photos (if available) are required for claims with:

Scaling and Root Planing	Periodontal Surgery

Please include operative notes and anesthesia records for anesthesia claims.

Please note: The Lincoln National Life Insurance Company may request additional information for other procedures not included here. Additionally, please send duplicates, as no information received will be returned.

When the cost of treatment is expected to be $300 or more, Predetermination of Benefits is recommended. Please review the employee's certificate of insurance to verify if a predetermination is mandatory.

This is only a summary of coverage and is not a binding contract. The employee's certificate of coverage describes the benefits, limitations and exclusions in greater detail. If there are differences between this summary and the certificate, the terms of the certificate, will govern. PLEASE READ THE CERTIFICATE OF COVERAGE CAREFULLY.

If you have additional questions about the plan, please call **1-800-423-2765**, or contact us via email at claims@lfg.com.

Electronic claim submissions are accepted, **PAYOR ID CX061**.

The **FAX number** for claim submissions and predetermination requests is **1-877-843-3945**

Submit claims and pre-determination requests that include supporting documentation and/or x-rays to:

The Lincoln National Life Insurance Company
Dental Claims Input Center
P.O.Box 3464
OMAHA NE 68103