



# Dental benefits

## Frequently asked questions

### Dental insurance

#### Q: Whom do I call if I have questions about benefits or claims?

**A:** Please call Lincoln Financial Group at 800-423-2765. Our Customer Service department operates from 7 a.m. to 7 p.m. Central Time, Monday through Thursday, and 7 a.m. to 5 p.m. on Friday.

#### Q: When do I have to pay a deductible?

**A:** To determine specific dental benefit information such as deductibles, coinsurance amounts and maximums, please refer to your plan's Certificate of Coverage.

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

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

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

**A:** A predetermination is recommended for treatments expected to cost \$300 or more.

While obtaining a predetermination of benefits is voluntary, it's a way to get an estimate of benefits for proposed services before they are performed. To get a predetermination, the dentist submits a predetermination claim form to Lincoln. The proposed treatment may be placed on pending status until we receive additional information from the dentist (for example, X-rays or clinical history), or the claim may be forwarded to our dental consultant for additional review.

Once the predetermination of benefits has been reviewed, Lincoln sends a preauthorization form to the dentist and the employee. When the work is completed, the dentist provides the date(s) of service, signs the form, and returns it to Lincoln Financial Group for handling. A predetermination of benefits is not a guarantee of coverage.

#### Q: How do you handle "work in progress"?

**A:** When services extend over a range of dates, most dental services are "incurred" on the date they are received. When a member's coverage terminates, dental benefits cease. However, certain services incurred before the termination date will remain eligible for benefits if the service is completed within 31 days from the date it began.

An expense is incurred when:

- An impression is made for an appliance or a change to an appliance.
- The tooth or teeth are prepared for a crown or bridge.
- The pulp chamber is opened for root canal therapy.

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

**A:** Dental expense benefits are not payable for any procedure begun before the claimant was covered under the plan, subject to the Prior Carrier Credit provision (when it is included in the policy).

The Prior Carrier Credit provision is designed to ensure continuity of coverage for plan participants when a group or employer makes a change in dental carriers. A person's continuous months of coverage under the employer's prior plan will count toward any benefit waiting periods.

If a claimant receives orthodontic benefits from the employer's prior group dental plan, those benefits will be continued if the *Lincoln DentalConnect*® plan also includes orthodontic coverage. Any amount paid by the prior carrier will be deducted from the lifetime maximum.

Prior Carrier Credit is available only to employees and dependents covered by the employer's prior plan. For dependents added due to a qualifying event, benefit waiting periods may apply and could restrict payments.

**Q: How is child orthodontic coverage paid?**

**A:** If your plan covers child orthodontia services, the orthodontic appliance must be placed after the benefit waiting period has been satisfied but before the orthodontia limiting age as defined by the 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.

**Q: Does your dental policy include a preexisting condition limitation?**

**A:** Our dental policy does not include a preexisting condition limitation. However, services related to congenital or developmental malformations, including congenitally missing teeth, will not be covered (unless required by state law). Replacing a tooth lost or extracted before our plan started is not covered, except as described in the Prior Carrier Credit provision. We do not provide coverage for services that began before the claimant's effective date of coverage, and your plan may have benefit waiting periods (the period of time you must be covered before you are eligible for coverage.)

**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 the same company employs both spouses, they may be covered as dependents of each other, and both parents may cover dependent children. The Coordination of Benefits provision applies.

**Q: How may I appeal a denied claim?**

**A:** The claimant may appeal a denied claim. The claimant should submit a written statement within 180 days of receiving the denial as to why they are appealing 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**

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

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