LINCOLN CONSOLIDATED SCHOOLS Dental Benefits Plan
Para-professionals, Office Staff and Maintenance with Other Dental Coverage

The Plan-at-a-Glance

<table>
<thead>
<tr>
<th>Maximum Benefits</th>
<th>Plan year January 1 through December 31</th>
</tr>
</thead>
<tbody>
<tr>
<td>Annual Maximum</td>
<td>$1000 per eligible individual for covered class I, II and III services.</td>
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<tr>
<td>Lifetime Maximum</td>
<td>$500 per eligible individual for covered class IV services</td>
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</tbody>
</table>

Class I Preventive Services – 50%

- Oral Examinations: Twice per plan year
- Bitewing X-Rays: Once per plan year
- Prophylaxis (Cleaning): Twice per plan year (including periodontal maintenance)
- Topical Application of Fluoride: Twice per plan year to age 19
- Full-Mouth Series or Panoramic X-Rays: Once per 60 months
- All Other X-Rays
- Space Maintainers: Once per area per lifetime, up to age 19

Class II Restorative Services – 50%

- Composite and Amalgam fillings**: Once per tooth surface per 12 months
- Onlays, Crowns**: Once per permanent tooth in 60 months
- Root Canal Therapy
- Periodontal Maintenance: Twice per plan year (including prophylaxis)
- Periodontal Root Planing: Once per quadrant per 24 months
- Periodontal Surgery: Once per quadrant per 36 months
- Oral Surgery and Extractions
- General Anesthesia or IV Sedation: Medically necessary and with covered oral surgery
- Occlusal Guards: Once per lifetime
- Denture Repair and Adjustment
- Denture Reline or Rebase: Once per 36 months, per arch

Class III Major Services – 50%

- Complete and Partial Removable Dentures**: Once per arch per 60 months
- Fixed Partial Dentures (Bridges)**: Once per arch per 60 months
- Endosteal Implants: Once per permanent tooth in 60 months
- Addition of Teeth to Partial Dentures

Class IV Orthodontic Services – 50%

- Limited and Interceptive Treatment
- Comprehensive Treatment: Fixed Appliance Therapy, up to age 19

Not Covered

- Sealants
- Eposteal and Transosteal Implants
- TMJ/TMD Treatment
- Cosmetic Procedures

Deductible – None
Missing Tooth Clause – None
12 Month Billing Limitation
Waiting Periods – None
COB – Standard

**Note – Quotes of benefits do not constitute a guarantee of payment. Covered benefits may have limitations or exclusions affecting plan payment. Refer to plan booklet for additional coverage details and limitation. Predetermination is strongly encouraged for all non-emergency dental treatment exceeding $200.00 in charges. The treatment plan should be submitted to ADN prior to beginning any treatment. **Composite, porcelain and ceramic not covered for posterior teeth, alternate benefit applies
**Prosthetics are considered on delivery date