

IERMP Dental Plan Options - The Lincoln National Life Insurance Company

IERMP LINCOLN PROPOSAL OPTION LOW 1.06/1.09	IERMP LINCOLN PROPOSAL OPTION MEDIUM 1.07/1.10	IERMP LINCOLN PROPOSAL OPTION HIGH 1.08/1.11
No waiting period on benefits unless member is a LATE ENTRANT. Late entrants have a 12 month waiting period.		
TYPE I - DIAGNOSTIC & PREVENTIVE SERVICES: No Deductible, covered 100%	TYPE I - DIAGNOSTIC & PREVENTIVE SERVICES: No Deductible, covered 100%	TYPE I - DIAGNOSTIC & PREVENTIVE SERVICES: No Deductible, covered 100%
Routine oral examinations - up to 2 per year, Bitewing X-rays - 1 per year, Complete full-mouth or panoramic X-rays - 1 per 5 years, Other dental X-rays - 6 per year, Routine cleanings - up to 2 per year, Fluoride treatments - through age 15; 1 per year, Space maintainers - through age 15; 1 per lifetime, Sealants - through age 15; 1 per 60 months	Routine oral examinations - up to 2 per year, Bitewing X-rays - 1 per year, Complete full-mouth or panoramic X-rays - 1 per 5 years, Other dental X-rays - 6 per year, Routine cleanings - up to 2 per year, Fluoride treatments - through age 15; 1 per year, Space maintainers - through age 15; 1 per lifetime, Sealants - through age 15; 1 per 60 months	Routine oral examinations - up to 2 per year, Bitewing X-rays - 1 per year, Complete full-mouth or panoramic X-rays - 1 per 5 years, Other dental X-rays - 6 per year, Routine cleanings - up to 2 per year, Fluoride treatments - through age 15; 1 per year, Space maintainers - through age 15; 1 per lifetime, Sealants - through age 15; 1 per 60 months
TYPE II - BASIC SERVICES: Annual Deductibles of \$50 (individual) and \$150 (family). Covered at 80%.	TYPE II - BASIC SERVICES: Annual Deductibles of \$50 (individual) and \$150 (family). Covered at 60%.	TYPE II - BASIC SERVICES: Annual Deductibles of \$50 (individual) and \$150 (family). Covered at 80%.
Problem focused exams - 4 per year, Consultations, Palliative treatment (including emergency relief of dental pain), Injections of antibiotics and other therapeutic medications, Fillings - 1 per 24 months, Biopsy and examination of oral tissue (including brush biopsy)	Problem focused exams - 4 per year, Consultations, Palliative treatment (including emergency relief of dental pain), Injections of antibiotics and other therapeutic medications, Fillings - 1 per 24 months, Simple extractions, Biopsy and examination of oral tissue (including brush biopsy)	Problem focused exams - 4 per year, Consultations, Palliative treatment (including emergency relief of dental pain), Injections of antibiotics and other therapeutic medications, Fillings - 1 per 24 months, Simple extractions, Biopsy and examination of oral tissue (including brush biopsy)
	TYPE III PROCEDURES - MAJOR SERVICES: Annual Deductibles of \$50 (individual) and \$150 (family). Covered at 50%.	TYPE III PROCEDURES - MAJOR SERVICES: Annual Deductibles of \$50 (individual) and \$150 (family). Covered at 50%.
	Prefabricated stainless steel and resin crowns, General anesthesia and I.V. sedation, Surgical extractions, Oral surgery, Prosthetic repair and re cementation services, Bridges - 1 per 8 years, Full and partial, Endodontics (including root canal treatment), Periodontal maintenance procedures following active periodontal therapy - up to 2 per year, Non-surgical periodontal therapy, Scaling and root planning - 1 per 24 months, Full-mouth debridement - 1 per lifetime, Periodontal surgery - 1 per 36 months, dentures - 1 per 5 years, Denture relines and rebase services, Crowns, inlays, onlays and related services - age 16 and above; 1 per 8 years	Prefabricated stainless steel and resin crowns, General anesthesia and I.V. sedation, Surgical extractions, Oral surgery, Prosthetic repair and re cementation services, Bridges - 1 per 8 years, Full and partial, Endodontics (including root canal treatment), Periodontal maintenance procedures following active periodontal therapy - up to 2 per year, Non-surgical periodontal therapy, Scaling and root planning - 1 per 24 months, Full-mouth debridement - 1 per lifetime, Periodontal surgery - 1 per 36 months, dentures - 1 per 5 years, Denture relines and rebase services, Crowns, inlays, onlays and related services - age 16 and above; 1 per 8 years
	TYPE IV PROCEDURES - ORTHODONTICS for dependent children: Covered at 50%. Max benefit of \$1000 per person while covered on the plan.	TYPE IV PROCEDURES - ORTHODONTICS for dependent children: Covered at 50%. Max benefit of \$1200 per person while covered on the plan.
	Orthodontic treatment - including orthodontic exams, X-rays, extractions, study models and appliances	Orthodontic treatment - including orthodontic exams, X-rays, extractions, study models and appliances
Calendar Year Maximum: \$500	Calendar Year Maximum: \$1000	Calendar Year Maximum: \$1200
2 Year Rate Guarantee	2 Year Rate Guarantee	2 Year Rate Guarantee
Employer Sponsored:		
Employee only: \$9.99	Employee only: \$21.80	Employee only: \$24.81
Employee / Spouse: \$19.74	Employee / Spouse: \$44.03	Employee / Spouse: \$50.25
Employee/Child(ren): \$25.85	Employee/Child(ren): \$52.93	Employee/Child(ren): \$60.98
Family: \$39.56	Family: \$82.94	Family: \$95.44
Voluntary:		
Employee only: \$11.19	Employee only: \$24.69	Employee only: \$28.13
Employee / Spouse: \$22.24	Employee / Spouse: \$50.00	Employee / Spouse: \$57.10
Employee/Child(ren): \$29.16	Employee/Child(ren): \$60.14	Employee/Child(ren): \$68.37
Family: \$44.71	Family: \$94.30	Family: \$107.08