Group Insurance Enrollment Card

Lincoln Financial Group®

Check one – Employer Use
- ○ **Initial Employee:**
  - ○ **Transfer from Prior Dental**
  - ☐ **Non-Transfer**
- ☐ **New Employee**
- ☐ **Change**
- ☐ **Open Enrollment**

(Please print clearly.)

Employer ERGONINCBL-1578710	Effective Date	Location/Division LAMPTON LOVE

Employee First Name	MI	Last Name

Address	City	State	Zip

Social Security No.	Birthdate	Date of Hire	Phone	Sex ☐ M ☐ F

DENTAL COVERAGE

I APPLY FOR:
- ☐ Employee only
- ☐ Employee and eligible dependents

☐ **I DECLINE COVERAGE FOR:**
- ☐ Employee
- ☐ Spouse
- ☐ Child(ren)

Do you have eligible dependents? ☐ Yes ☐ No If "Yes," complete below to enroll them.	Relation	Sex	Birthdate Mo	Day	Year	For children age 19 or older, indicate if a full-time student. Yes	No
Spouse							
Child(ren)							

☐ List additional Children on reverse side and check box.

- If the address of any child is different than the employee's address, please show that **child's name and address** below.

_____

- If requesting coverage for a dependent child other than a son or daughter, please forward legal custody papers.

To the best of my knowledge and belief, each of the statements and answers supplied in this form is complete and true, and they constitute the sole basis for, and are the inducement for, the issuance of any insurance.

The insurance requested on this enrollment form will not be effective until approved by the Group Insurance Service Office of The Lincoln National Life Insurance Company, or its insurance partners, and the initial premium is paid to The Lincoln National Life Insurance Company. A delayed effective date will apply if the employee is not Actively at Work or an Active Member, or a dependent is in a period of limited activity on the date insurance would otherwise take effect.

Date _____ Signature _____

Reset Print

The Lincoln National Life Insurance Company
P.O. Box 2616, Omaha, NE 68103-2616
Phone: (800) 423-2765 Fax: (877) 573-6177

Lincoln National Corporation
8801 Indian Hills Drive
Omaha, NE 68114-4066
Toll-free: 800-423-2765

July 3, 2017

Ergon Inc.
2829 Lakeland Dr.
Flowood, MS 39232

Group ID: ERGONINC
Group/Policy #: 1D034817
Effective Date: July 1, 2017

Welcome to your Lincoln Financial Group dental plan. You are covered under this policy as of the policy effective date. For your convenience, we have included a temporary dental card below. This card provides the information needed to verify benefits and process claims. Permanent cards will be provided soon, but in the event you have an immediate need, you may present this to your dental care provider.

As an industry-leading group insurance provider, Lincoln has a strong reputation for world-class service and support. One of the services we provide is a secure website for fast, easy and convenient administration of employee benefits. Simply go to LincolnFinancial.com to find a dentist in your area and learn more about a full array of dental topics. Once you receive your permanent card in the mail, you will be able to log in to see your benefits and check claim status.

If you have any questions, please feel free to call us at 800-423-2765 or email us at clientservices@LFG.com. And again, thank you for your business.

Lincoln Financial Group
You're In Charge

Lincoln Financial Group

Employer: Ergon Inc.
Group policy #: 1D034817

The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

Dental Claims Processing Center
P.O. Box 614008, Orlando, FL 32861
Fax: 877-843-3945
To verify benefits, call: 800-423-2765
Payer ID number: CX061
To check claim status, email: claims@LFG.com

Predetermination of benefits: For nonemergency treatment plans costing at least $300, we recommend that your dentist submit the proposed treatment and the proposed fees to the address or fax shown above. We will send an estimate of payment to you and your dentist.

Visit www.LincolnFinancial.com to access the *Lincoln DentalConnect*® health center website for help with locating a dentist, dental health tips and information, and a dental cost estimator tool.

Insurance products (policy series GL11, GL11LG) are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. In New York, insurance products (policy series GL11) are issued by Lincoln Life & Annuity Company of New York (Syracuse, NY). Both are Lincoln Financial Group® companies. Product availability and/or features may vary by state. Limitations and exclusions apply. Coverage is subject to actual contract language. Possession of this card is not a guarantee of coverage or benefits.

Order code: DTL-CARD-BCD002_Z05 3/15

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Affiliates are separately responsible for their own financial and contractual obligations.

DTL-GEN-LTR002_Z05

Lincoln Financial Group®

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Dental Insurance

SUMMARY OF BENEFITS

Sponsored by: Ergon, Inc.

- While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at www.LincolnFinancial.com. You do not need a referral to see a specialist.
- For dental expenses incurred after satisfying all the benefit waiting period(s) and deductibles, the policy pays the following percentage of allowable expenses up to the maximum benefit.

Dental Benefits

		In-Network	Out-of-Network
Preventive	- Routine Oral Exams - Bitewing X-rays - Routine Cleanings - Fluoride Treatments - Space Maintainers for children - Sealants - Harmful Habit Appliances	100%	100%
Basic	- Full-mouth or Panoramic X-rays - Other Dental X-rays (including periapical films) - Problem Focused Exams - Consultations - Palliative Treatment (including emergency relief of dental pain) - Injections of antibiotics and other therapeutic medications - Fillings - Simple Extractions	80%	80%
Major	- Prefabricated Stainless Steel and Resin Crowns - Surgical Extractions - Oral Surgery - Biopsy and Examination of Oral Tissue (including brush biopsy) - General Anesthesia and I.V. Sedation - Prosthetic Repair and Recementation Services - Endodontics (including Root Canal Treatment) - Periodontal Maintenance procedures - Non-surgical Periodontal Therapy - Periodontal Surgery - Bridges - Full and Partial Dentures - Denture Reline and Rebase Services - Crowns, Inlays, Onlays and related services - Occlusal Guard & Adjustments	50%	50%
Deductible	Calendar Year (Annual) deductible. Waived for : In Network - Preventive and Out of Network - Preventive	$50 Individual $150 Family	$50 Individual $150 Family
Maximum Benefit	Calendar year maximum for Preventive, Basic, and Major services:	$1,000	$1,000

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Dental Benefits Cont'd.

Waiting Period	Service Type	Benefit Waiting Period	Late Entrant Waiting Period
	Basic Services:	0 Months	0 Months
	Major Services:	0 Months	0 Months

Prior Carrier Credit For Employees and dependents who elect this coverage on the effective date, and whose coverage was active on the date the employer's prior dental plan terminated: credit will be given toward the satisfaction of: benefit waiting periods and deductibles for dental expenses incurred under your employer's prior dental plan during the same calendar year; and any benefits paid by your employer's prior dental plan during this same calendar year will be applied toward your maximum.

Lincoln DentalConnect® By enrolling in the dental plan you and your enrolled family members will have access to *Lincoln DentalConnect®*, our free on-line dental health information Web site.

Predetermination of Benefits Allows you to find the amount covered prior to having a dental procedure. We recommend that you use this service when expenses are expected to exceed $300.

Enrolling for Coverage

Employee If you do not want to enroll at this time, submit the completed waiver form to your plan administrator. If you waive coverage now and want to enroll at a later date, you will be subject to the plan's Late Entrant provision which may limit covered services and Prior Carrier Credit will not be available.

Dependent Dependent children may be covered up to age 26.

Benefit Termination This coverage terminates when you terminate employment with this policyholder, or at your retirement.

Your cost per Monthly pay period

Employee	**$22.00**
Employee + 1	**$41.75**
Employee + 2 or more	**$68.14**

Exclusions and Other Limitations This highlights policy exclusions and limitations, see the policy for a full list.

- The plan does not cover services started before coverage begins or after it ends. Benefits are limited to those appropriate and necessary procedures listed in the policy and any additional procedures required by state law. Benefits are not payable for duplication of services. Covered expenses will not exceed the policy's usual and customary allowances.
- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; are attributed to employment, military service; or are related to self-inflicted injury, involvement in an illegal occupation, felony, or riot.
- Alternative benefits provision: In certain situations there may be more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment.

For assistance or additional information Contact Lincoln Financial Group at	
; reference ID: **ERGONINC**	www.LincolnFinancial.com

This policy does not include coverage of pediatric dental services as required under federal law. Coverage of pediatric dental services is available for purchase in the State of Colorado, and can be purchased as a stand-alone plan, or as a covered benefit in another health plan. Please contact your insurance carrier, agent, or Connect for Health Colorado to purchase either a plan that includes pediatric dental coverage, or an Exchange-qualified stand-alone dental plan that includes pediatric dental coverage.

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

Insurance products are issued by The Lincoln National Life Insurance Company (Fort Wayne, IN), which does not solicit business in New York, nor is it licensed to do so. Product availability and/or features may vary by state. Limitations and exclusions apply. **Not for use in New York**.

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Dental Insurance

SUMMARY OF BENEFITS

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- While you may choose any dentist, using dentists participating in the network should lower your out-of-pocket expenses. A list of in network dentists may be accessed at www.LincolnFinancial.com. You do not need a referral to see a specialist.
- For dental expenses incurred after satisfying all the benefit waiting period(s) and deductibles, the policy pays the following percentage of allowable expenses up to the maximum benefit.

Dental Benefits

		In-Network	Out-of-Network
Preventive	- Routine Oral Exams - Bitewing X-rays - Routine Cleanings - Fluoride Treatments - Space Maintainers for children - Sealants - Harmful Habit Appliances	100%	100%
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Deductible	Calendar Year (Annual) deductible. Waived for : In Network - Preventive and Out of Network - Preventive	$50 Individual $150 Family	$50 Individual $150 Family
Maximum Benefit	Calendar year maximum for Preventive, Basic, and Major services:	$1,000	$1,000

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Dental Benefits Cont'd.

Waiting Period	Service Type	Benefit Waiting Period	Late Entrant Waiting Period
	Basic Services:	0 Months	0 Months
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Prior Carrier Credit For Employees and dependents who elect this coverage on the effective date, and whose coverage was active on the date the employer's prior dental plan terminated: credit will be given toward the satisfaction of: benefit waiting periods and deductibles for dental expenses incurred under your employer's prior dental plan during the same calendar year; and any benefits paid by your employer's prior dental plan during this same calendar year will be applied toward your maximum.

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Employee	**$22.00**
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- Plan benefits are not payable for a condition for which the claimant is eligible for benefits under worker's compensation or a similar law; are attributed to employment, military service; or are related to self-inflicted injury, involvement in an illegal occupation, felony, or riot.
- Alternative benefits provision: In certain situations there may be more methods of treating a dental condition. Your policy includes an alternative benefits provision that may reduce benefits to the lowest cost, generally effective and necessary form of treatment.

For assistance or additional information Contact Lincoln Financial Group at	
; reference ID: **ERGONINC**	www.LincolnFinancial.com

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NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater details. Should there be a difference between this summary and the contract, the contract will govern.

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You're In Charge®

Believe your eyes

Discount vision

Dental and vision: better together

If you have a PPO or indemnity dental insurance plan from Lincoln, you also get discount vision coverage.

The *Lincoln VisionConnect®* discount vision program provides discounted rates at more than 66,900 participating access points—including eye care professionals and retail vision chain locations. As an added feature, you can save on a wide range of products and programs to help you live a healthier lifestyle, including fitness clubs, exercise equipment, spa services, vitamins and smoking cessation programs.

Enjoy savings on vision care

Optometry

Service	Discounts*
Eye examination	$40 exam cap (members, spouse and dependents typically pay no more than $40 each for one eye exam per year; additional exams 10–20% off)
Spectacle lenses	
Single vision	20% discount
Bifocal	20% discount
Trifocal	20% discount
Lenticular	20% discount

Service	Discounts*
Frames	20% discount
Patient options	20–40% discount
Second pair glasses	20% discount
Contact lenses	
Private practice providers	20% discount off professional fees†
Retailers	10% discount off professional fees†

*Discounts vary; the exact percentage will be up to the amount shown.
† Professional fees are fitting fees for contact lenses.

Lincoln Financial Group®
You're In Charge®

Lincoln VisionConnect® discount vision plan

Name: _____

Enrollment Number: 389729

Member Number: _____

Once you are registered, you will receive a personalized member number. Please fill in your name and member number on this ID card. Cut it out and carry it with you for easy identification when receiving eye care services. You may also register your dependents.

The *Lincoln VisionConnect®* discount vision program, provided by Optum HealthAllies®, is administered by HealthAllies, Inc., a discount medical plan organization. **The *Lincoln VisionConnect®* discount vision program is NOT insurance.** The discount program provides discounts at certain health care providers for medical services. Optum HealthAllies does not make payments directly to the providers of medical services. The program member is obligated to pay for all health care services but will receive a discount from those health care providers who have contracted with the discount plan organization. HealthAllies, Inc. is located at MN103-0550, P.O. Box 1459, Minneapolis, MN 55414. Contact information: 800-377-0263, www.optumhealthallies.com or ohacustomercare@optum.com.

Insurance products marketed by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

The discount vision program is NOT insurance.

Laser and vision correction procedures

Members may enjoy savings on laser and vision correction procedures:

- Up to 15% off usual and customary charges for LASIK, Custom LASIK, and PRK, or up to 5% off promotional rates
- Over 600 LaserVision Network of America (LVNA) participating locations
- Fixed pricing available, ranging from $695 to $1,895 per eye (available only from LasikPlus centers)

Mail order vision products

Members receive discounts off already low prices from these online retailers:

- **Eyeglasses.com**—Members may get up to an additional 12% off already discounted prices on eyeglass frames, lenses and accessories from 120 top designers.
- **Vision Direct**—Members can select from a stock of over two million contact lenses at typical savings of 15% below market-leading mail order contact lens rates.

Typical savings*

Discounts make a difference—here's an example of how much you can save:

Products/service	Eye evaluation	Contact lens fitting
Usual and customary price	$125	$105
Approximate *Lincoln VisionConnect*® price	$40	$95
Savings	$85	$10
Discount	68%	10%

*Examples only. Actual costs and savings may vary by provider, geographic area and service received. Prices are subject to change without notice.

Register today

To register, visit the member website at http://disvis.lfg.com or call 800-748-7022. Use enrollment number 389729.

Visit http://disvis.lfg.com or call 800-748-7022

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You're In Charge®

OPTUM™ HealthAllies

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LCN-1546138-071316
PDF 10/16 **Z01**
Order code: DTL-DISC-FLI001

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Lincoln VisionConnect® is a registered trademark of Lincoln National Corporation.

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Amplify your coverage

Dental insurance / Hearing service plan

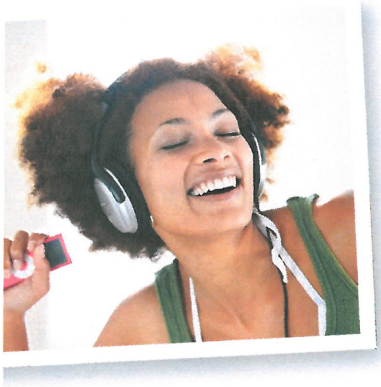
Have you heard?

If you have a Lincoln PPO or Indemnity dental plan, you also have access to the EPIC Hearing Service Plan. This program is dedicated to providing quality hearing care and hearing aids—and it's included in your dental plan.

Features to make some noise about

The EPIC Hearing Service Plan (HSP) takes a consistent and inclusive approach to hearing health—for you, your dependents and your extended family—by providing valuable services and discounts to help you with your hearing needs.

With the EPIC HSP, a network of more than 5,500 credentialed professionals provides comprehensive services. And you have access to the most advanced hearing aid technology manufactured today, along with a variety of other useful features for maintaining your hearing:



- Negotiated fees for routine hearing tests and hearing aids
- 30% to 60% savings on name-brand hearing aids
- One-year supply of batteries with purchase of a hearing aid; starting as low as $495 per ear
- Battery fulfillment program
- Routine hearing test included with the hearing aid evaluation
- Extended product warranties (covering repairs and one-time loss or damage)

A sound choice

It's not just about savings. The EPIC HSP advocates the value of incorporating hearing services into your health habits. With the addition of this value-added service, you've got a new option for keeping yourself and your family hearing loud and clear.

Contact EPIC Hearing Service at 888-899-1459 for more information. You'll like what you hear.

Insurance products issued by:
The Lincoln National Life Insurance Company
Lincoln Life & Annuity Company of New York

Value-added services provided by:
The EPIC Hearing Service Plan, administered by EPIC Hearing Health Care.

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LCN-1295673-090815
PDF 10/15 **Z01**
Order code: DTL-EPIC-FLI001

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