

Your group dental benefits

Principal Dental Series II						
Voluntary Dental PPO Network Benefit Design – Aide Network #85601						
THE PRINCIPAL PLAN DENTAL PPO® (Unscheduled Benefit Design)						
	Calendar Year Deductible		Coinsurance (policy pays/insured pays)		Calendar Year Maximum Benefit	
	In - Network	Non - Network	In - Network	Non - Network	In - Network	Non - Network
Unit 1 - Preventive Procedures	\$0	\$0	50/50%	50/50%	\$1,000	\$1,000
Unit 2 - Basic Procedures	\$0	\$0	50/50%	50/50%		
Unit 3 - Major Procedures	\$0	\$0	50/50%	50/50%		

- This proposal assumes the group had prior dental coverage for Preventive/Basic/Major/Ortho procedures.
- The calendar year maximums for Units 1, 2, and 3 are combined.
- We process claims using prevailing fees at the 90th percentile.
- Note: An Annual Enrollment Period was elected and available subject to plan guidelines.
- The maximum benefit listed above is the maximum benefit payment limit Principal Life Insurance Company will make for each member or dependent.
- The Maximum Accumulation Plan was elected. This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1,000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. A member can accumulate no more than four times the carry over amount.

Participation: 25% or 5 lives, whichever is greater

Reimbursement

- We pay out-of-network claims based on Prevailing Fee.
- Employee is responsible for any remaining balance.

SCHEDULE OF DENTAL PROCEDURES

Unit 1 – Preventive procedures

- Routine exams – two per 12 months
- Routine cleanings (prophylaxis) - two per 12 months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a 12 month period.)
- Emergency exams – subject to Routine exam frequency limit
- Second Opinion Consultation
- Fluoride – two treatments each 12 months (covered only for dependent children under age 19)
- Space maintainers – covered only for dependent children under age 19; repairs not covered
- Sealants – on first and second permanent molars for dependent children under age 19; one each tooth each 36 months
- X-rays - Bitewing (one set every 12 months), occlusal, periapical
- X-rays – Full mouth survey (one every 60 months), extraoral

Unit 2 – Basic procedures

- Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit. (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a 12 month period.)
- Harmful Habit Appliance - covered only for dependent children under age 19

- Fillings and stainless steel crowns

Unit 3 – Major procedures

- General Anesthesia/IV Sedation
- Simple Oral Surgery
- Complex Oral Surgical Procedures
- Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)
- Periodontal Surgical Procedures - one each quadrant each 36 months
- Simple Endodontics (root canal therapy for anterior teeth)
- Complex Endodontics (root canal therapy for molar teeth)
- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
- Crowns - each 60 months per tooth if tooth cannot be restored by a filling
- Inlays, Onlays, Cast Post and Core, Core Buildup - each 60 months per tooth
- Bridges - Initial placement / Replacement of bridges 60 months old
- Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

VSP ACCESS PROGRAM

For groups with Dental coverage, Principal Life provides a vision discount plan through Vision Service Plan (VSP). The vision program offers employees and their dependents discounts on eye exams, prescription glasses and contact lens evaluations and fittings when provided by VSP doctors. This discount is not insurance and is not part of the dental insurance contract.

EPIC XYLITOL DENTAL SYSTEM

With dental insurance from Principal Life you have access to discounts on Epic Xylitol dental products – including toothpaste, oral rinse, mints and gums. Xylitol is a natural sweetener that is very effective in preventing tooth decay. Providing discounts to Xylitol is one way Principal Life can provide dental solutions beyond dental insurance. The Epic Xylitol product discount program is not a part of the Principal Life dental insurance contract. This discount program can be changed or discontinued at any time.

COORDINATION OF BENEFITS

As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution – other than student accident policies, governmental program or state law. Total benefits from all sources cannot exceed 100% of covered charges.

PREVAILING FEE

The prevailing fee is the amount most dental providers in a geographic area charge for treatment or service. We limit covered charges to the least expensive procedure that produces a professionally adequate result.

ELIGIBILITY

Eligible employees include full-time employees actively working at least 30 hours per week. Employees must be enrolled for dental coverage before it can be offered to their dependents. Eligible dependents include the employee's spouse and unmarried minor children. Additional eligibility requirements may apply.

FUTURE ENROLLEES

Late entrants (those enrolling more than 31 days after becoming eligible) will be subject to an individual benefit waiting period, subject to plan guidelines.

LIMITATIONS

The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.

The insurance does not pay for treatment or services: for veneers, anterior 3/4 cast crowns, personalization or cosmetic

reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a Covered Charge / that exceed prevailing charges / for implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control/ bite registration or occlusal analysis / orthodontic treatment, service, appliance, or bands / orthodontic treatment, service, appliance, or bands for designs without orthodontic coverage / temporomandibular joint (TMJ) disorders.