Option 2-Buy Up Plan

Benefits Payable				
Job Class	Members Electing High Dental Plan			
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		**Coinsurance (Policy Pays)**	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	$0	$0	100%	100%
Unit 2 – Basic	$0	$0	80%	80%
Unit 3 – Major	$0	$0	50%	50%
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are $1,200 per person. Non-network Calendar year maximums are $1,200 per person.			
Prevailing Charge	When using non-network providers, you pay any amount over the allowable charge.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or $1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			
Emergency Services	If a member requires treatment or service for an emergency dental condition and cannot reach a preferred dental provider without unreasonable delay, benefits for such treatment or service received from a non-preferred dental provider will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that identifies the situation as an emergency.			
Additional Benefits				
	Lifetime Deductible		**Coinsurance (Policy Pays)**	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • **Child** **Lifetime Maximum:** **In-Network: $1,000** **Non-Network: $1,000**	$0	$0	50%	50%

How Are Dental Procedures Covered?

The list of common procedures shows what unit the procedure is included in and how often they are covered.

Unit 1 – Preventive Procedures	• Routine exams - two per calendar year • Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Second Opinion Consultation • Fluoride – one treatment each calendar year(covered only for dependent children under age 15) • Space maintainers - covered only for dependent children under age 15; repairs not covered • Sealants – on first and second permanent molars for dependent children under age 15; one each tooth each 36 months • X-rays - Bitewing (two sets every calendar year), occlusal, periapical • X-rays – Full mouth survey (one every 36 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.) • Emergency exams – two per calendar year • Harmful Habit Appliance - covered only for dependent children under age 15 • Fillings and stainless steel crowns • Composite fillings on molars • General Anesthesia (covered only for specific procedures)/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)
Unit 3 – Major Procedures	• 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 per tooth • Implants – each 60 months • 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
Unit 4 - Orthodontic Procedures (Option 2 Only)	• For dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

Understanding Your Dental Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee) and children. Additional eligibility requirements may apply.

An annual enrollment applies. Members can enroll for dental coverage during the annual enrollment period and not be subject to the late entrant waiting period. Certain restrictions apply.

How Do I Find A Participating Provider?

Use the Provider Directory on www.principal.com to locate nearby dentists or see if your dentist participates in your network.

1	Visit www.principal.com/dentist.
2	Begin your search by picking the **state** where you would like to find a provider. Next, specify a **network**. Depending on the network chosen, you may be transferred to a partner site.
3	Enter the **name of the provider** you are looking for (if known). If you are looking for a nearby dentist, enter the **city and state and/or ZIP code**. Be sure to indicate **how far you are willing to travel**.
4	Select the **desired specialty** or use the No Specialty Preference default. Click **Continue**.
5	Select a **language** if your preference is other than English. Click **Continue**.

You may nominate your dentist for inclusion in our network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through www.principal.com/refer-dental-provider.

What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.