

Dental Low Plan Info

Monthly Rates

Employee \$12.41

Employee & Spouse \$26.24

Employee & Child(ren) \$28.38

Family \$37.21

Coinsurance				
Unit of Coverage	PPO Network		Non Network	
	Insurance Pays	Insured Pays	Insurance Pays	Insured Pays
Unit 1 Preventive & Routine Services	100%	0%	100%	0%
Unit 2 Basic Restorative	50%	50%	50%	50%
Unit 3 Major Restorative	25%	75%	25%	75%

Calendar Year Maximum		
Unit of Coverage	PPO Network	Non Network
Unit 1 Preventive & Routine Services	\$1,000	\$1,000
Unit 2 Basic Restorative	\$1,000	\$1,000
Unit 3 Major Restorative	\$1,000	\$1,000

* This Dental Plan has Maximum Accumulation Provision. See Booklet & Policy for details.

The information below is a summary of your benefits. Please refer to your benefit booklet for complete benefit information.

Provisions	
Unit of Coverage	
Unit 1 Preventive & Routine Services	Routine Prophy (2 per Calendar Year) Fluoride (1 per Calendar Year for dependents under 14) Bitewing X-Rays (1 per Calendar Year) Full Mouth X-Rays (1 per 60

months)
Other X-Rays

Unit 2 Basic Restorative	Simple Oral Surgery Emergency Exams Perio Prophylaxis Space Maintainers Sealants (1 per 36 months) Harmful Habit Appliances
Unit 3 Major Restorative	Non-Surgical Perio Surgical Perio Complex Oral Surgery Simple Endo Complex Endo Crowns (120 Month Replacement) Repairs to Bridges/Crowns/etc General Anesthesia/IV Sedation

Dental Treatment Plan

Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

Dental High Plan Info

Monthly Rates

Employee \$33.53 Employee & Spouse \$89.24
Employee & Child(ren) \$91.75 Family\$132.16

Calendar Year Deductible

Unit of Coverage	PPO Network	Non Network
Unit 1 Preventive & Routine Services	\$0	\$0
Unit 2 Basic Restorative	\$50*	\$50*
Unit 3 Major Restorative	\$50*	\$50*

***Denotes combined deductible for applicable units.**

The family deductible is 3 times the per-person deductible amount.

Coinsurance				
Unit of Coverage	PPO Network		Non Network	
	Insurance Pays	Insured Pays	Insurance Pays	Insured Pays
Unit 1 Preventive & Routine Services	100%	0%	100%	0%
Unit 2 Basic Restorative	80%	20%	80%	20%
Unit 3 Major Restorative	50%	50%	50%	50%

Calendar Year Maximum		
Unit of Coverage	PPO Network	Non Network
Unit 1 Preventive & Routine Services	\$1,000	\$1,000
Unit 2 Basic Restorative	\$1,000	\$1,000
Unit 3 Major Restorative	\$1,000	\$1,000

* This Dental Plan has Maximum Accumulation Provision. See Booklet & Policy for details.

The information below is a summary of your benefits. Please refer to your benefit booklet for complete benefit information.

Provisions	
Unit of Coverage	
Unit 1 Preventive & Routine Services	Emergency Exams Routine Prophylaxis (2 per Calendar Year) Fluoride (1 per Calendar Year for dependents under 14) Bitewing X-Rays (1 per Calendar Year) Full Mouth X-Rays (1 per 60 months) Other X-Rays
Unit 2 Basic	Simple Oral Surgery

Restorative	Complex Oral Surgery Perio Propy Space Maintainers Sealants (1 per 36 months) Harmful Habit Appliances General Anesthesia/IV Sedation
Unit 3 Major Restorative	Non-Surgical Perio Surgical Perio Simple Endo Complex Endo Crowns (120 Month Replacement) Repairs to Bridges/Crowns/etc

Dental Treatment Plan

Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

Non-Network Claims

We process Non-Network claims using prevailing fees at the 80th percentile.