

**Policyholder: LOCAL UNION 241 MEMBERS**  
**Effective Date: 09/01/2005**

**Preferred Provider Organization (PPO) Voluntary Dental Insurance for The Principal Plan<sup>®</sup> with a Benefit Waiting Period**

This summary of dental coverage from Principal Life Insurance Company supplements any materials presented by your employer. You have been enrolled in The Principal Plan<sup>®</sup> PPO network. This handout is for illustrative purposes. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.

**Your Benefits at a Glance**

**First 12 months:**

Covered Charges	Calendar-Year Deductible*		Coinsurance (policy pays/you pay)		Maximum Benefit** PPO & non-PPO
	PPO	non-PPO	PPO	non-PPO	
<b>Unit 1</b> Preventive Procedures which include, but are not limited to: <ul style="list-style-type: none"> <li>• Routine exams (two per calendar year)</li> <li>• Emergency exams (subject to Routine exam frequency limit)</li> <li>• Teeth cleaning (two per calendar year)</li> <li>• Fluoride treatments (one every calendar year for dependent children under age 14)</li> <li>• Bitewing x-rays (one set every calendar year)</li> <li>• Full mouth/Panoramic x-rays (one every 60 months)</li> <li>• Sealants (once per 1<sup>st</sup> and 2<sup>nd</sup> permanent molar every 36 months for dependent children under age 16)</li> </ul>	\$0	\$0	100%	80%/20% of the scheduled amount	\$1,000 per person per calendar year
<b>Unit 2</b> Basic Procedures which include, but are not limited to: <ul style="list-style-type: none"> <li>• Simple oral surgery</li> <li>• Endodontics (root canal therapy)</li> <li>• Fillings</li> <li>• Periodontal prophylaxis (Covered if 3 months following active periodontal treatment. Subject to teeth cleaning frequency limit.)</li> <li>• Non-surgical Periodontics, including scaling and root planing (once every 24 months per quadrant)</li> </ul>	\$50	\$50	80%/20%	80%/20% of the scheduled amount	Combined with above

**After 12 months:**

**Full coverage, including the following Unit 3 procedures and Unit 4**

<b>All Unit 3</b> Major Procedures which include, but are not limited to: <ul style="list-style-type: none"> <li>• Complex oral surgery (includes extraction of impacted teeth)</li> <li>• Surgical Periodontics (once every 36 months per quadrant)</li> <li>• Inlays, onlays, and crowns, including replacement (once per tooth every 60 months)</li> <li>• Full and partial dentures, including replacement (covered only if at least 60 months have elapsed since last placement)</li> <li>• Bridgework, including replacement (covered once per 60 months)</li> </ul>	\$50	\$50	50%/50% %	50%/50% of the scheduled amount	Combined with above
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<b>All Unit 4</b> Orthodontic procedures which include, but are not limited to: <ul style="list-style-type: none"> <li>• Formal, full-banded retention</li> <li>• Removable or fixed appliances</li> <li>• Orthodontia (children only)</li> </ul>	\$0	\$0	50%/50%	50%/50% of the scheduled amount	\$1,000 lifetime maximum
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\*Your family deductible maximum is 3 times the per person deductible amount. In-network deductibles for basic and major procedures are combined. Out-of-network deductibles for basic and major procedures are combined.

\*\*Maximums for preventive, basic, and major procedures are combined.

**Predetermination of Benefits:** When charges for a period of dental treatment (other than emergency treatment) are expected to exceed \$300 for you or any one of your dependents, you should file a dental treatment plan with Principal Life Insurance Company before treatment begins. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

### Coordination of Benefits

As allowed by state law, this coverage coordinates coverage with other group policies. This coordination gives us the right to recover benefit payments from another person or company liable for covering your dental loss. See your employer for details.

Your policy is insured, which means Principal Life assumes the risk for all covered dental claims.

### Dependent Coverage

You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent.

### Need Answers?

If you have any questions about The Principal Plan or dental care in general, call our toll-free Benefit Advice line listed on your insurance card. The Benefit Advice staff helps employees use and understand their benefits.

### How do I know if my dentist participates with The Principal Plan?

Confirm PPO participation with your provider when making your appointment. Always present your insurance ID card. This tells your provider you're eligible for PPO benefits.

### What if my dentist is currently not a PPO provider?

You may nominate your dentist for inclusion in The Principal Plan Dental PPO network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through [www.principal.com](http://www.principal.com).

Note: We may use your name when contacting your dentist to let him/her know you're interested in your dentist becoming a network member. Principal Life retains final authority for approving membership in the provider network.

### What if a PPO dentist refers me to a specialist?

Ask your dental provider to refer you to another PPO provider. You receive greater benefits when you use PPO providers.

### How often do I pay deductibles?

You must meet your deductibles each calendar year (January 1 to December 31) before the policy begins paying.

### Do I pay separate deductibles if I use both PPO and non-PPO dentists?

No. Amounts you pay toward your PPO deductible also count toward your non-PPO deductible and vice-versa.

### Limitations:

The following limitations and restrictions are applied as required by state law or as otherwise described in your booklet. Covered charges do not include and no benefits are paid for treatment or service that is:

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| <ul style="list-style-type: none"> <li>• Paid for by group medical insurance</li> <li>• Not necessary care</li> <li>• Experimental or investigational</li> <li>• In excess of the prevailing charge</li> <li>• Performed by the member's immediate family</li> <li>• Performed by any person who is not a dentist or dental hygienist</li> <li>• Furnished by the U.S. government or one of its</li> </ul> | <ul style="list-style-type: none"> <li>• Provided outside the U.S., unless outside the U.S. for the following reasons: <ul style="list-style-type: none"> <li>- Travel, provided the trip is not to secure dental care diagnosis or treatment and is less than 6 months in length</li> <li>- A business assignment of less than 6 months in length</li> <li>- Full time student either attending an accredited</li> </ul> </li> </ul> |
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<p>agencies (except Medicaid)</p> <ul style="list-style-type: none"> <li>• A sickness or injury covered by Worker's Compensation or similar law</li> <li>• Temporary</li> <li>• Not expected to successfully correct the dental condition for at least 3 years</li> <li>• Performed for personalization or cosmetic reasons, including veneers</li> <li>• A result of war or an act of war</li> <li>• A result of the commission or attempted commission of certain criminal activities or illegal occupations</li> <li>• Provided at no charge in the absence of insurance or for which the insured has no financial liability</li> <li>• Provisional or permanent splinting</li> <li>• Instructions for plaque control, oral hygiene or diet</li> <li>• Bite registration or occlusal analysis</li> <li>• Maintaining vertical dimension or occlusion</li> <li>• Paid for by a Medicare Supplement Insurance Plan</li> <li>• Drugs, medicines, or therapeutic drug injections (other than antibiotic injections)</li> </ul>	<p>school or participating in an academic program in a foreign country for credit at the student's school in the U.S.</p> <ul style="list-style-type: none"> <li>- Mormon missionary work of a dependent child for a period of two years or less</li> <li>• Duplicating lost or stolen prosthetic devices or appliances</li> <li>• Treatment or service that does not meet professional standards of quality</li> <li>• Implants</li> <li>• Orthodontic treatment or service if appliance or bands were placed prior to being insured under this Group Policy, unless the Member or Dependent in treatment was covered under prior group orthodontia coverage and there has been no lapse in coverage</li> </ul>
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## Terms you should know

**Benefit Waiting Period:** Since your employer is offering dental insurance for the first time, you'll be eligible for some procedures in phases. Please refer to the section titled 'Your benefits at a glance' that outlines when you are eligible for all of the benefits your employer provides.

**Calendar-year Deductible:** The total amount you and/or your dependents pay in a calendar year before the insurance begins paying.

**Coinsurance:** The percentage of covered charges you pay and the percentage of covered charges the insurance pays after you and your dependents satisfy your calendar-year deductible.

**Maximum Benefit:** The maximum benefit you will receive.

**PPO/non-PPO:** If you choose a non-PPO dentist for dental treatment, your benefits may be paid at a lower level (you pay more) than if you choose a PPO dentist.

**Scheduled Amount.** Benefits are based on set amounts for each type of service. PPO providers agree to accept this payment in full. However, non-PPO providers are not bound by this agreement. They may charge over the set amount.

For example, the scheduled amount for a certain service is \$100 and the benefit is 50%. A PPO provider will charge no more than the \$100 scheduled amount. In this case the policy pays \$50 (50%) and you pay the remaining \$50. Using the same example, a non-PPO provider could charge \$120. But the policy only pays 50% of \$100 (\$50) and you pay the remaining cost (\$70).

Note: This announcement supplements any materials presented by your employer. It does not state all insurance contract provisions, restrictions of coverage, benefits, conditions, limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with state or federal law, that provision will be applied to comply with state or federal law. A more complete description is in the benefit booklet that will be issued to each member. Ask your employer for details.



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