

## Policyholder: Marion Public Schools

Effective Date: 11-01-09

### The Principal Plan®

#### Dental Insurance with a Preferred Provider Organization (PPO)

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® 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

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 12 months)</li> <li>• Teeth cleaning (two per 12 months)</li> <li>• Fluoride treatments (one every 12 months for dependent children under age 14)</li> <li>• Bitewing x-rays (one set every 12 months)</li> <li>• Full mouth/Panoramic x-rays (one every 60 months)</li> </ul>	\$0	\$0	100%	100%	\$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>• Emergency exams (subject to Routine exam frequency limit)</li> <li>• Sealants (once per 1<sup>st</sup> and 2<sup>nd</sup> permanent molar every 36 months for dependent children under age 14)</li> <li>• Fillings</li> <li>• Periodontal prophylaxis (Covered if 3 months following active periodontal treatment. Subject to teeth cleaning frequency limit.)</li> </ul>	\$50	\$50	80%/20%	80%/20%	Combined with above
<b>Unit 3</b> Major Procedures which include, but are not limited to: <ul style="list-style-type: none"> <li>• Simple oral surgery</li> <li>• Complex oral surgery (includes extraction of impacted teeth)</li> <li>• Endodontics (root canal therapy)</li> <li>• Non-surgical Periodontics, including scaling and root planing (once every 24 months per quadrant)</li> <li>• Surgical Periodontics (once every 36 months per quadrant)</li> <li>• Inlays, onlays, and crowns, including replacement (once per tooth every 120 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 120 months)</li> </ul>	\$50	\$50	50%/50%	50%/50%	Combined with above

<b>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%	\$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 may 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:

<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 agencies (except Medicaid)</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 school or participating in an academic program in a</li> </ul> </li> </ul>
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<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>	<ul style="list-style-type: none"> <li>foreign country for credit at the student’s school in the U.S.</li> <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>• Replacing tooth structure lost from abrasion, attrition, erosion, or abfraction</li> <li>• Treatment or service that does not meet professional standards of quality</li> <li>• Implants</li> <li>• Temporomandibular joint disorders (TMJ) treatment</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**

**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.

**Prevailing Charge:** The price most providers in your area charge for a specific service. When using non-PPO providers, you pay any amount over the prevailing charge.

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.

