

**Indemnity Voluntary Dental Insurance**

This summary of dental coverage from Principal Life Insurance Company supplements any materials presented by your employer. 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**

<b>Covered Charges</b>	<b>Calendar-year Deductible</b>	<b>Coinsurance (policy pays/you pay)</b>	<b>Maximum Benefit**</b>
<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>	\$10	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>• Simple oral surgery</li> <li>• Fillings</li> <li>• Peridontal prophy (Covered if 3 months following active periodontal treatment. Subject to teeth cleaning frequency limit.)</li> </ul>	\$10	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>• 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>	\$100	50%/50%	Combined with above

\*\*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.