



Planholder: NORTHERN CALIFORNIA CONFERENCE OF SEVENTH-DAY ADVENTISTS

The Principal Dental Coverage – Point of Service (POS)

Effective Date: 01/01/2019

This summary of dental coverage from Principal Life Insurance Company supplements any materials presented by your employer. You have been enrolled in the First Dental Health POS design that utilizes both the First Dental Health Exclusive Provider Organization (EPO) and the First Dental Health Preferred Provider Organization (PPO). Three levels of benefits are available with this type of design – EPO level, PPO level and non-network level. Your level of coverage varies by the provider you see for services. You'll receive a benefit booklet with details about your coverage.

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.

Predetermination of Benefits: 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 before treatment begins. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

Your Benefits at a Glance

Covered Charges	Calendar Year Deductible			Coinsurance (plan pays/you pay)			Calendar Year Maximum Benefit		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Unit 1 – Preventive Procedures	\$0	\$0	\$50	100%	100%	100%	\$2000 per person per calendar year	\$2000 per person per calendar year	\$2000 per person per calendar year
Unit 2 – Basic Procedures	\$0	\$25	\$50	90/10%	80/20%	80/20%	Combined with above	Combined with above	Combined with above
Unit 3 – Major Procedures	\$0	\$25	\$50	90/10%	50/50%	50/50%	Combined with above	Combined with above	Combined with above
Additional Benefit Riders									
	Lifetime Deductible			Coinsurance (plan pays/you pay)			Lifetime Maximum Benefit		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Unit 4 - Orthodontia Benefits • Child	\$0	\$0	\$0	50/50%	50/50%	50/50%	\$2000 Lifetime Maximum	\$2000 Lifetime Maximum	\$2000 Lifetime Maximum

- 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.
- 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 preventive, basic and major procedures are combined.
- Maximums for preventive, basic and major procedures are combined.
- The **Maximum Accumulation Plan** was elected. This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, a member 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 \$1,000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. A member can accumulate no more than four times the carry over amount.

EPO Schedule Of Dental Procedures

Unit 1 – Preventive Procedures

- Routine exams - two per calendar year
- Routine cleanings (prophylaxis) – two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)
- 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 within a calendar year.)
- Second Opinion Consultation
- Fluoride – one treatment each calendar year (covered only for dependent children under age 14)
- Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months
- X-rays – Full mouth survey (one every 60 months), extraoral
- X-rays – Bitewing (one set every calendar year), occlusal, periapical

Unit 2 – Basic Procedures

- Emergency exams – subject to Routine exam frequency limit
- Space maintainers - covered only for dependent children under age 14; repairs not covered
- Harmful Habit Appliance - covered only for dependent children under age 14
- Fillings and stainless steel crowns
- 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

- General Anesthesia (covered only for specific procedures)/IV Sedation
- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within plan limitations
- Crowns – each 120 months per tooth if tooth cannot be restored by a filling.
- Inlays, Onlays, Cast Post and Core, Core Buildup each 120 months per tooth
- Implants – each 120 months
- Bridges - Initial placement / Replacement of bridges 120 months old.
- Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

Orthodontic Procedures

- Orthodontic Procedures - x-rays and other diagnostic procedures, fixed and removable appliances
- The Orthodontic maximum is a lifetime maximum

PPO & Non-Network Schedule Of Dental Procedures

Unit 1 – Preventive Procedures

- Routine exams – two per calendar year
- Routine cleanings (prophylaxis) – two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)
- 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 within a calendar year.)
- Second Opinion Consultation

- Fluoride – one treatment each calendar year (covered only for dependent children under age 14)
- Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months
- X-rays – Full mouth survey (one every 60 months), extraoral
- X-rays – Bitewing (one set every calendar year), occlusal, periapical

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- Space maintainers - covered only for dependent children under age 14; repairs not covered
- Harmful Habit Appliance - covered only for dependent children under age 14
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- General Anesthesia (covered only for specific procedures)/IV Sedation
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- Crowns – each 120 months per tooth if tooth cannot be restored by a filling.
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- Implants – each 120 months
- Bridges - Initial placement / Replacement of bridges 120 months old.
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First Dental Health (FDH)

The Principal Life contracts with First Dental Health of San Diego, California, to give you access to a quality network of dental care providers. FDH's management team has over 10 years of experience in fee-for-service managed dental care.

FDH's selection of providers:

- Careful selection process to ensure a quality network of generalists and specialists.
- Periodic credentialing of providers to maintain quality of network.

Coordination of Benefits

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

Dependent Coverage

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

Limitations

The proposed plan contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group plan.

The coverage does not pay for treatment or services: for veneers, anterior $\frac{3}{4}$ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist,

dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a Covered Charge / that exceed prevailing charges / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of coverage / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. This coverage also does not cover: drugs or medicines other than antibiotic injections when not billed as part of a listed covered charge / instructions for plaque control, oral hygiene, diet control or nutritional counseling when billed as a separate treatment or service from examination / bite registration or occlusal analysis / orthodontic treatment, service, appliance or bands provided prior to Ortho Procedures effective date / temporomandibular joint (TMJ) disorders.

Terms you should know:

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

Calendar Year: A 12-month period starting January 1.

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

Calendar Year Maximum: The amount of payments for covered dental services that the coverage will make in a calendar year. Any amounts incurred during the year that are above the maximum are your responsibility.

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

Point Of Service Design (POS): A Point-of-Service design is one that involves three levels of benefits. The benefit level is determined by the network membership of the provider used for care. This design utilizes both our Exclusive Provider Organization (EPO) and Preferred Provider Organization (PPO) networks.



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Note: This is a summary of group dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. Because this is a summary, it does not state all 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. The group policy or contract determines all rights, benefits, exclusions and limitations of the coverage described here. A more complete description is in the booklet that will be issued to each member. Ask your employer for details

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