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.

**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

<table>
<thead>
<tr>
<th>Covered Charges</th>
<th>Calendar-Year Deductible</th>
<th>Coinsurance (plan pays/you pay)</th>
<th>Calendar Year Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In - Network</td>
<td>Non - Network</td>
<td>In - Network</td>
</tr>
<tr>
<td>Unit 1 - Preventive Procedures</td>
<td>$50</td>
<td>$50</td>
<td>100%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$1500 per person per calendar year</td>
</tr>
<tr>
<td>Unit 2 - Basic Procedures</td>
<td>$50</td>
<td>$50</td>
<td>80/20%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Combined with above</td>
</tr>
<tr>
<td>Unit 3 - Major Procedures</td>
<td>$50</td>
<td>$50</td>
<td>50/50%</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Combined with above</td>
</tr>
</tbody>
</table>

**Additional Benefit Riders**

<table>
<thead>
<tr>
<th>Covered Charges</th>
<th>Lifetime Deductible</th>
<th>Coinsurance (plan pays/you pay)</th>
<th>Lifetime Maximum Benefit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>In - Network</td>
<td>Non - Network</td>
<td>In - Network</td>
</tr>
<tr>
<td>Unit 4 - Orthodontia Benefits</td>
<td>$0</td>
<td>$0</td>
<td>50/50%</td>
</tr>
<tr>
<td>• Child &amp; Adult</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- 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.
- Deductibles for preventive, basic and major procedures are combined.
- Maximums for preventive, basic and major procedures are combined.

### 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 - two per calendar year. (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)
- Second Opinion Consultation
• Fluoride – two treatments each calendar year (all eligible members and dependents are covered)
• Space maintainers – 1 per person; repairs not covered
• Sealants – on first and second permanent molars for all eligible members and dependents; one each tooth each 36 months
• Harmful Habit Appliance – 1 per person
• X-rays – Full mouth survey (one every 36 months), extraoral
• X-rays – Bitewing (two sets every calendar year), occlusal, periapical

Unit 2 – Basic Procedures
• Emergency exams – two per calendar year
• Fillings and stainless steel crowns
• General Anesthesia (covered only for specific procedures)/IV Sedation
• 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
• Simple Endodontics (root canal therapy for anterior teeth)
• Complex Endodontics (root canal therapy for molar teeth)
• Core Buildup – each 60 months per tooth

Unit 3 – Major Procedures
• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within plan limitations
• Crowns – each 60 months per tooth if tooth cannot be restored by a filling.
• Inlays, Onlays, Cast Post and Core – each 60 months per tooth
• Bridges – Initial placement / Replacement of bridges 60 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

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.

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 ID 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 Network participation with your provider when making your appointment. Always present your ID card. This tells your provider you’re eligible for network benefits.

What if my dentist is currently not a Network provider?
You may nominate your dentist for inclusion in The Principal Plan Dental network. Please submit the dentist’s name, address, phone and specialty by calling 1-800-832-4450, or submit through 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 Network dentist refers me to a specialist?
Ask your dental provider to refer you to another In-Network provider. You receive greater benefits when you visit In-Network providers.
How often do I pay deductibles?
You must meet your deductibles each calendar year (January 1 to December 31) before the plan begins paying.

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 ¼ 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 / for implants / 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 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 also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / 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.
In-Network/Non-Network: If you choose a Non-Network dentist for dental treatment, no benefits are payable with this benefit design. Coverage is only available if an In-Network dentist is chosen for treatment.