



Policyholder: JUNIATA COLLEGE

# Voluntary Dental PPO Benefit Summary

Effective Date: 01/01/2013

This chart provides you a brief summary of the key benefits of the dental coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
<b>Benefit Choice</b>	Eligible members may select ONE OF THE TWO BENEFIT OPTIONS outlined below

## Option 1

Benefits Payable				
<b>Job Class</b>	MEMBERS ELECTING THE LOW DENTAL			
<b>Network</b>	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
<b>Unit 1 – Preventive</b>	\$0	\$0	100%	100%
<b>Unit 2 – Basic</b>	\$0	\$0	90%	90%
<b>Combined Maximums</b>	Maximums for preventive and basic procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$1,000 per person.			
<b>Emergency Services</b>	If a member requires treatment or service for an emergency dental condition and cannot reach a preferred dental provider without unreasonable delay, benefits for such treatment or service received from a non-preferred dental provider will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that identifies the situation as an emergency.			
<b>Participating Provider Services</b>	If a member requires treatment or service and cannot reasonably reach a preferred dental provider and the member receives such treatment or service from a non-preferred dental provider, benefits for such treatment or service received will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that informs Principal Life there was no participating provider reasonably available.			

**How Are Dental Procedures Covered Under Option 1?**

The list of common procedures shows what unit the procedure is included in and how often they are covered.

<p><b>Unit 1 – Preventive Procedures</b></p>	<ul style="list-style-type: none"> <li>• Routine exams - one per six months</li> <li>• Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 14)</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<p><b>Unit 2 – Basic Procedures</b></p>	<ul style="list-style-type: none"> <li>• 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.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• Space maintainers - covered only for dependent children under age 14; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 14</li> <li>• Fillings and stainless steel crowns</li> <li>• Simple Oral Surgery</li> <li>• 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.)</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> </ul>

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

VOLUNTARY DENTAL

Option 2

Benefits Payable				
Job Class	MEMBERS ELECTING THE HIGH DENTAL PLAN			
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$0	\$0	90%	90%
Unit 3 – Major	\$0	\$0	60%	60%
Combined Maximums	Maximums for basic and major procedures are combined. In-network Calendar year maximums are \$1,300 per person. Non-network Calendar year maximums are \$1,300 per person.			
Preventive Passport	This exempts preventive charges from applying to the Calendar year maximum benefit. Therefore, the maximum benefit will not be impacted by use of preventive services. Basic and Major charges will continue to be applied to the annual maximum.			
Emergency Services	If a member requires treatment or service for an emergency dental condition and cannot reach a preferred dental provider without unreasonable delay, benefits for such treatment or service received from a non-preferred dental provider will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that identifies the situation as an emergency.			
Participating Provider Services	If a member requires treatment or service and cannot reasonably reach a preferred dental provider and the member receives such treatment or service from a non-preferred dental provider, benefits for such treatment or service received will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that informs Principal Life there was no participating provider reasonably available.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child  Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

**How Are Dental Procedures Covered Under Option 2?**

The list of common procedures shows what unit the procedure is included in and how often they are covered.

<p><b>Unit 1 – Preventive Procedures</b></p>	<ul style="list-style-type: none"> <li>• Routine exams - one per six months</li> <li>• Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 14)</li> <li>• Space maintainers - covered only for dependent children under age 14; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<p><b>Unit 2 – Basic Procedures</b></p>	<ul style="list-style-type: none"> <li>• 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.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 14</li> <li>• Fillings and stainless steel crowns</li> <li>• General Anesthesia/IV Sedation</li> <li>• Simple Oral Surgery</li> <li>• Complex Oral Surgical Procedures</li> <li>• 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.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> </ul>
<p><b>Unit 3 – Major Procedures</b></p>	<ul style="list-style-type: none"> <li>• Crowns – each 120 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup- each 120 per tooth</li> <li>• Bridges - Initial placement / Replacement of bridges 120 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>
<p><b>Unit 4 - Orthodontic Procedures</b></p>	<ul style="list-style-type: none"> <li>• X-rays and other diagnostic procedures, fixed and removable appliances</li> </ul>

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

## Understanding Your Dental Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse and children. Additional eligibility requirements may apply.

### How Do I Find A Participating Provider?

Use the Provider Directory on [www.principal.com](http://www.principal.com) to locate nearby dentists or see if your dentist participates in your network.

1	Visit <a href="http://www.principal.com">www.principal.com</a> .
2	Under the <b>Quick Links</b> heading on the left-hand side, click <b>Provider Directory</b> .
3	In the left-hand navigation under <b>Providers/Networks</b> , click <b>Search For A Dental Provider</b> .
4	Begin your search by picking the <b>state</b> where you would like to find a provider. Next, specify a <b>network</b> . Depending on the network chosen, you may be transferred to a partner site.
5	Enter the <b>name of the provider</b> you are looking for (if known). If you are looking for a nearby dentist, enter the <b>city and state and/or ZIP code</b> . Be sure to indicate <b>how far you are willing to travel</b> .
6	Select the <b>desired specialty</b> or use the No Specialty Preference default. Click <b>Continue</b> .

You may nominate your dentist for inclusion in our 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).

### What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Orthodontia</b>	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> <li>1) The lifetime maximum under any prior group coverage has not been exceeded,</li> <li>2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and</li> <li>3) Ortho treatment has been continued while insured under this policy.</li> </ol> <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
<b>Prevailing Charge</b>	When using non-network providers, you pay any amount over the allowable charge.
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



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Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

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