

## Voluntary Dental | Principal **NEW CARRIER!**

In-Network Services	Amount You Pay
<b>Preventive Services – Deductible Waived</b> - Exams, Cleanings, X-rays - Fluoride application (for dependent children under 14)	Covered at 100%
<b>Calendar Year Deductible</b> - Basic & Major Services	\$50 Individual / \$150 Family
<b>Basic Services</b> - Oral Surgery, Periodontics, Endodontics, Fillings	Deductible, then 20%
<b>Major Services</b> - Bridges, Dentures, Crowns, Repairs	Deductible, then 50%
<b>Calendar Year Maximum (per person)</b>	\$1,000
<b>Orthodontia Services (for Children up to age 19)</b> - Lifetime maximum (per child)	50% Coinsurance \$1,000

Payroll Deductions – 24 Pay Periods				
	Employee Only	Employee & Spouse	Employee & Child(ren)	Family
<b>Employee Cost Per Pay Period</b>	\$16.50	\$32.55	\$30.76	\$50.92

For a list of in-network providers, go to: [www.principal.com/dental-providers](http://www.principal.com/dental-providers)

### MAXIMUM ACCUMULATION

A portion of unused dollars can be rolled over to next year’s maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is \$500 and if the qualification is met, \$250 will be carried over to the next year’s maximum benefit. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.