DENTAL - Principal

Benefits & Services	Low Plan		High Plan
	You Pay In-Network	You Pay Out-of-Network[1]	You Pay In-Network and Out-of-Network[1]
Calendar Year Deductible (CYD) Applies to Basic & Major Services - Individual / Family	$50 / $150		$50 / $150
Preventive - Exams, Cleanings, X-Rays, Fluoride, Sealants	No Charge	20%	No Charge
Basic - Fillings, Root Canals, Simple Oral Surgery	10%	40%	10%
Major - Complex Oral Surgery, Crowns, Bridges, Implants	50%		40%
Orthodontia - for children under age 19	50%		50%
Plan Maximums	**Plan Pays**		
Orthodontia Lifetime Maximum	$1,000 per child		$1,000 per child
Calendar Year Maximum Preventive, Basic & Major Services	$1,000 per person		$2,500 per person
Maximum Accumulation If you incur at least one covered claim, and the Plan spends less than the Threshold, the Rollover benefit will be applied to your next Calendar Year Maximum. You can earn a rollover each year, not to exceed the Account Limit.	$500 Threshold $250 Rollover $1,000 Limit		$1,000 Threshold $500 Rollover $2,000 Limit

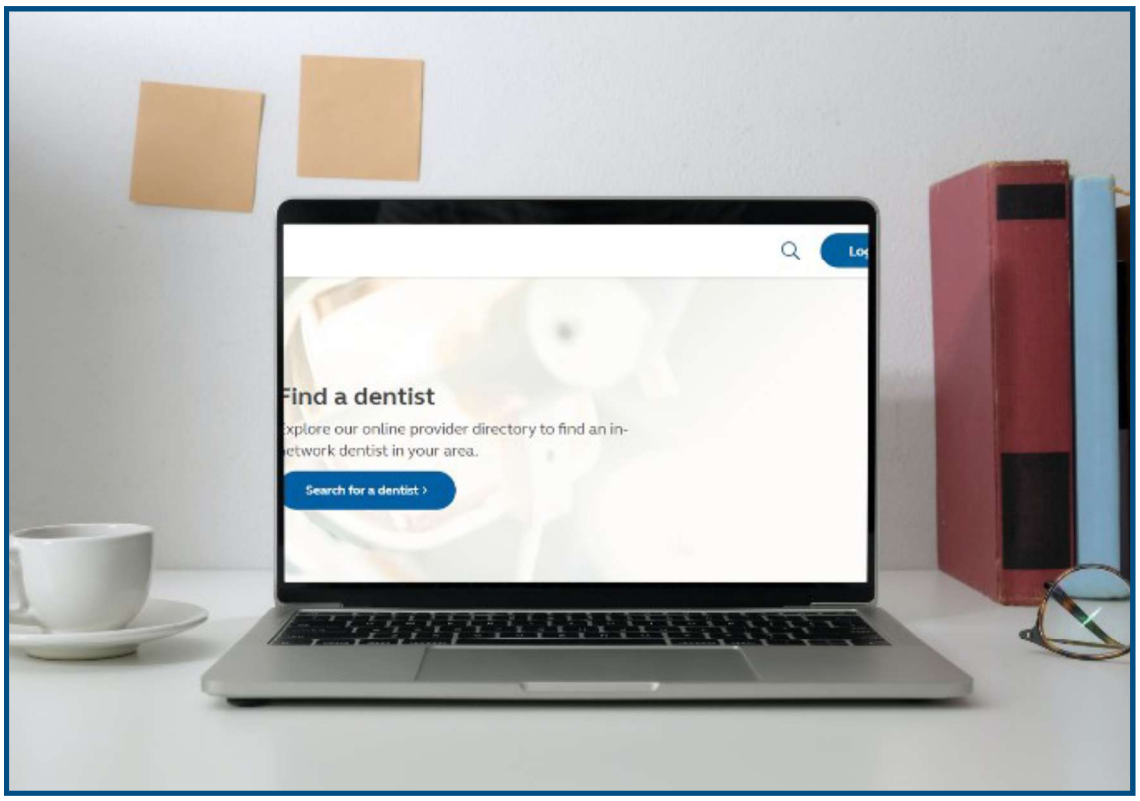
[1]Out-of-Network services are exposed to balance-billing.

Due to limitations, exclusions, frequency schedules and the Plan Maximum, we recommend you ask your provider for a pre-treatment estimate from Principal.

DENTAL - Principal

LOCATE A PARTICIPATING PROVIDER

- Call 1-800-247-4695
- Use the Principal app on your smart phone
- Visit principal.com and **Log in** as a registered member
- If you're not a registered member, visit principal.com and click on **Find a dentist,** then enter **zip code**



Costs Per Pay (26 Pays)	Low Plan	High Plan
Employee Only	$3.75	$11.93
Employee & Spouse	$10.45	$23.91
Employee & Child(ren)	$10.48	$36.57
Employee & Family	$17.81	$51.62