



Policyholder: County of Sacramento - Retiree Plan
Voluntary Dental POS Benefit Summary

Effective Date: 01/01/2015

Group # 1029493

This summary provides you with a brief description of the key benefits of the dental coverage available from Principal Life Insurance Company. This handout is for illustrative purposes. A benefit booklet with details about your coverage is available on the County of Sacramento’s website. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.

The Principal Point of Service (POS) benefit design has three levels of benefits available - Exclusive Provider Organization (EPO) level, Preferred Provider Organization (PPO) level and non-network level. Your level of coverage varies by the provider you see for services.

All SCERS retirees and beneficiaries are eligible to participate in this coverage (See the Retiree Summary of Benefits for more on eligibility).

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. 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 (policy 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	\$0	80/20%	80/20%	60/40%	\$1500 per person per calendar year	\$1500 per person per calendar year
Unit 2 – Basic Procedures	\$25	\$25	\$25	60/40%	60/40%	60/40%	Combined with above	Combined with above	Combined with above
Unit 3 – Major Procedures	\$25	\$25	\$25	55/45%	55/45%	50/50%	Combined with above	Combined with above	Combined with above
Additional Benefit Riders									
Covered Charges	Lifetime Deductible			Coinsurance (policy pays/you pay)			Lifetime Maximum Benefit		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network	EPO	PPO	Non-Network
	Accident Coverage	\$0	\$0	\$0	100/0%	100/0%	100/0%	\$1000 Lifetime Maximum	\$1000 Lifetime Maximum

- EPO deductibles for basic and major procedures are combined.
- In-network deductibles for basic and major procedures are combined.
- Out-of-network deductibles for basic and major procedures are combined.
- Maximums for preventive, basic and major procedures are combined.

Schedule of Dental Procedures

Unit 1 -- Preventive Procedures	<ul style="list-style-type: none"> • Routine exams - two per calendar year • Routine cleaning (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 (covered only for dependent children under age 19) • Sealants--on first and second permanent molars for dependent children under age 19; one each tooth each 36 months • X-rays - Bitewing (two sets every calendar year), occlusal, periapical • X-rays--Full mouth survey (one every 60 months), extraoral
Unit 2 -- Basic Procedures	<ul style="list-style-type: none"> • 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.) • Emergency exams--subject to Routine exam frequency limit • Space maintainers - covered only for dependent children under age 19; repairs not covered • Harmful Habit Appliance - covered only for dependent children under age 19 • Fillings and stainless steel crowns
Unit 3 -- Major Procedures	<ul style="list-style-type: none"> • General Anesthesia/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--one each quadrant each 36 months • Simple Endodontics (root canal therapy for anterior teeth) • Complex Endodontics (root canal therapy for molar teeth) • Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations • Crowns--each 60 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - 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
Dental Accident Coverage	<ul style="list-style-type: none"> • Coverage for dental injuries caused by accidents • Services must be initiated within 180 days of dental accident • The Accident maximum is a lifetime maximum

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.

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.

HOW DO I FIND A PARTICIPATING PROVIDER?

Use the provider directory on www.principal.com to locate nearby EPO & PPO dentists to see if your dentist participates in one of these networks.

1	Visit our website at: www.principal.com .
2	Under the Quick Links heading on the left-hand side, click Provider Directory.
3	In the left-hand navigation under Providers/Networks, click Search For A Dental Provider.
4	Begin your search by picking the state where you would like to find a provider. For Point of Service (POS) plans, the state selected should be California. After selecting California, specify the Principal POS Plan.
5	Enter the name of the provider you are looking for (if known). If you are looking for a nearby dentist, enter the city and state and/or ZIP code. Be sure to indicate how far you are willing to travel.
6	Select the desired specialty or use the No Specialty Preference default. Click Continue.
7	EPO providers will be listed first. For additional dentists not contracted with the EPO, select Show PPO Providers. The EPO network is a subset of the PPO network, and all EPO providers are also contracted as PPO providers. The EPO network provides the greatest discounts and preferred benefit design coverage.

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 policy 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 policy.

The coverage does not pay for treatment or services: for veneers, anterior ¾ cast crowns, personalization or cosmetic reasons /implants/ 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 / temporomandibular joint (TMJ) disorders.

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

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.

EPO: Exclusive Provider Organization is a subset of PPO providers who have agreed to deeper discounts for their services.

PPO: Preferred Provider Organization is a broader panel of providers that have agreed to provide dental services at a discount contracted rate.

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.

If you have any questions regarding your benefits, please call 800-247-4695.

Discounts – Principal also offers a variety of discounts for participants. Go to www.principal.com to find out about health discounts, magazine discounts, hearing aid discounts, and others.



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Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

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 available to each member.