



Dental Coverage

Making Informed Decisions About Your Dental Care

Understanding your dental coverage will help you make informed decisions about your dental care. As you proceed with dental treatment, it is helpful for you to know:

- What to do before treatment begins
- Which dental services are covered
- When benefits are payable
- When your annual enrollment period is and when late entrant benefits apply

Before treatment begins

Principal Life encourages you to ask your dental provider to submit a predetermination of benefits for certain treatments. The predetermination lets you and your dental provider know if the proposed services will be covered and what the anticipated benefit payment will be before treatment begins.

Knowing your treatment options and available coverage will help encourage an open discussion with your provider.

While not a complete list, predeterminations of benefits are typically submitted for complex services like:

- Crowns, bridges and dentures
- Scaling and root planing
- Crown buildups
- Surgical extractions

To request a predetermination, your dental provider can submit a dental claim form along with supporting documentation (e.g., X-rays) to Principal Life before treatment begins. The results will be communicated to both of you.

Determining benefits payable

Principal Life employs licensed practicing dentists to review covered services for dental necessity. Based on the review of a claim and supporting documentation (e.g., X-rays), a dental service may be allowed, an alternate benefit may be allowed or the claim may be disallowed.

Alternate course of treatment

Many dental conditions can be treated by two or more methods of treatment that vary in cost. When this occurs, the benefits payable under your dental coverage will be based on the most cost-effective procedure that provides professionally acceptable results. This determination is made based on nationally accepted dental practices.

For example, a cavity on a back tooth can be treated by:

Having a filling placed in the remaining tooth

or

Having a crown constructed to completely cover the tooth

While you and your dentist ultimately decide which treatment option is best for you, actual benefits paid will be based on the lower-cost option. A predetermination would be helpful for you to understand the benefits allowed.

Treatment decisions

It is important to note that benefit decisions are made based only on the terms of the dental coverage. They are not a decision about whether you or a family member should receive a specific treatment. That is a decision between you and your dental provider.

Annual enrollment/Late entrant benefits

An annual enrollment period is standard. During this time each year, eligible employees can enroll for benefits or switch between choice offerings without being subject to late entrant benefits.

When do late entrant benefits apply?

- Enrolling for coverage more than 31 days after becoming eligible
- Enrolling for coverage outside the annual enrollment period
- Re-enrolling for coverage after previously being on the coverage in the absence of a qualifying event

Late entrant benefits* include:

- Preventive services in the first 12 months
- Basic coverage after 12 months
- Full coverage after 24 months

*Late entrant benefits vary in certain states. Check with your employer.

FOR MORE INFORMATION

Refer to the information you received during enrollment or contact the number on your member ID card.



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