

Dental

Policyholder: Severino Trucking Co., Inc.

Indemnity Dental Insurance

This summary of dental coverage from Principal Life Insurance Company supplements any materials presented by your employer. You'll receive a benefit booklet with details about your coverage.

Predetermination of Benefits: When charges for a period of dental treatment (other than emergency treatment) are expected to exceed \$300 for you or any one of your dependents, you should file a dental treatment plan with Principal Life Insurance Company before treatment begins.

Your benefits at a glance

Covered Charges	Calendar-year Deductible**	Coinsurance (policy pays you pay)	Maximum Benefit***
Unit 1 Preventive Procedures which include, but are not limited to: <ul style="list-style-type: none"> • Routine exams (every 6 months) • Teeth cleaning (every 6 months) • Fluoride treatments (one every 12 months for dependent children under age 16) • Bitewing x-rays (one set every 6 months for dependent children under age 18, otherwise one set every 12 months) • Full mouth/Panoramic x-rays (one every 60 months) • Sealants (once per 1st and 2nd permanent molar every 36 months for dependent children under age 16) 	\$0	100%	\$1000 per person per calendar year
Unit 2 Basic Procedures which include, but are not limited to: <ul style="list-style-type: none"> • Oral surgery (includes extraction of impacted teeth) • Root canal therapy • Fillings • Periodontal prophy (once every 12 months if 3 months following active periodontal treatment) • Periodontal scaling and root planing (once every 24 months per quadrant) • Biopsy of oral tissue 	\$25	80%/20%	Combined with above
Unit 3 Major Procedures which include, but are not limited to: <ul style="list-style-type: none"> • Inlays, onlays, and crowns • Replacement of inlays, onlays, and crowns (once per tooth every 84 months) • Periodontal surgery • Repairs to bridges and partial or full dentures 	\$25	50%/50%	Combined with above
Unit 4 Orthodontic procedures which include, but are not limited to: <ul style="list-style-type: none"> • Formal, full-banded retention • Removable or fixed appliances • Orthodontia (children only) 	\$25	50%/50%	\$1000 lifetime maximum

*Your family deductible maximum is 3 times the per person deductible amount. Deductibles for basic and major procedures are combined.

**Maximums for preventive, basic, and major procedures are combined.

Coordination of Benefits

This coverage coordinates coverage with other group policies. This coordination gives us the right to recover benefit payments from another person or company liable for covering your dental loss. See your employer for details.

Your policy is insured, which means Principal Life assumes the risk for all covered dental claims.

Dependent Coverage

You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent.

Limitations and Exclusions

Dental insurance from Principal Life does not cover treatment or services:

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| <ul style="list-style-type: none">• paid for by group medical insurance, or• for which there would be no cost in the absence of insurance, or• performed by an immediate family member, or• for personalization or cosmetic reasons, or• for replacing tooth structure lost from abrasion or attrition, or• which are not expected to successfully correct the dental condition for a period of at least three years, or• for provisional and permanent splinting, or• for implants, or• to alter or maintain vertical dimension or restore occlusion, or• provided outside the United States, unless<ol style="list-style-type: none">1. traveling, provided the trip is not for the purpose of securing dental care diagnosis treatment and is less than six months in length.2. on a business assignment of less than six months in length.3. a full-time student, either attending an accredited school or participating in an academic program in a foreign country for credit from the student's school in the U.S., or | <ul style="list-style-type: none">• that are temporary, or• covered by Workers Compensation or similar coverage, or• paid for by the U.S. government or its agencies (except Medicaid), or• resulting from voluntary participation in criminal activities; or war or acts of war, or• for duplicating or replacing lost or stolen appliances. <p>The insurance also does not cover:</p> <ul style="list-style-type: none">• drugs or medicines other than antibiotic injections, or• instructions for plaque control, oral hygiene or diet, or• benefits payable for orthodontic treatment received within 24 months after coverage is effective, unless the appliance or bands were inserted on or after the effective date, or• any charges that exceed prevailing charges, or• the initial placement of bridges, partials, and dentures if those teeth were missing prior to the effective date of this policy. |
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Terms you should know

Calendar-year Deductible: The total amount you and/or your dependents pay in a calendar year before the insurance begins paying.

Coinsurance: The percentage of covered charges you pay and the percentage of covered charges the insurance pays after you and your dependents satisfy your calendar-year deductible.

Maximum Benefit: The maximum benefit you will receive.

Note: This announcement supplements any materials presented by your employer. It does not state all insurance 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. A more complete description is in the benefit booklet that will be issued to each member. Ask your employer for details.



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