Carrier Name: Principal

Plan Name: Plan 1

In-Network Single Deductible: $50

In-Network Family Deductible: 3 times the per person deductible amount

Out-of-Network Single Deductible: $50

Out-of-Network Family Deductible: 3 times the per person deductible amount

In-Network Annual Maximum: $1,000

Out-of-Network Annual Maximum: $1,000

Frequencies Cleaning: two per calendar year

Frequencies Exam: two per calendar year

In-Network Cleanings: 100%

Out-of-Network Cleanings: 100%

In-Network Exams: 100%

Out-of-Network Exams: 100%

In-Network X-Rays: 100%

Out-of-Network X-Rays: 100%

In-Network Sealants: 100%

Out-of-Network Sealants: 100%

In-Network Fillings: 80%

Out-of-Network Fillings: 80%

In-Network Simple Extractions:

Out-of-Network Simple Extractions:

In-Network Root Canal: 80%

Out-of-Network Root Canal: 80%

In-Network Periodontal Gum Disease: 80%

Out-of-Network Periodontal Gum Disease: 80%

In-Network Oral Surgery: 80%

Out-of-Network Oral Surgery: 80%

In-Network Crowns: 50%

Out-of-Network Crowns: 50%

In-Network Dentures: 50%

Out-of-Network Dentures: 50%

In-Network Bridges: 50%

Out-of-Network Bridges: 50%

In-Network Implants:

Out-of-Network Implants:

In-Network Orthodontia:

Out-of-Network Orthodontia:

Orthodontia Lifetime Maximum:

Orthodontia Maximum Age:

Out of Network Explanation: Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.

Waiting Period for Major Services:

Plan Year:

Network Type: PPO

Network Name: Dental Preferred Provider Organization (PPO)

Member Website: [www.principal.com](http://www.principal.com)

Customer Service Phone Number: 1-800-832-4450