

## Policyholder: PUTNAM COUNTY

### Group dental insurance

#### Benefit summary for all other members

Your coverage renews every January 1

This summary was created on 05/06/2025 and shows benefits available at that time.

#### What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
Calendar-year deductible			Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$25	\$25	80%	80%
Major	\$25	\$25	50%	50%
Orthodontia	\$0	\$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your in-network deductibles for basic and major services are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.			
Combined maximum	Your calendar year maximum for basic and major in-network services are combined. Your calendar year maximum for basic and major out-of-network services are combined. In-network calendar year maximums are \$2,500 per person or out-of-network calendar year maximums are \$2,500 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.			
Orthodontia lifetime maximum	\$2,000 PPO in-network maximum / \$2,000 PPO out-of-network maximum			
Preventive passport	Included			
Plan type	Unscheduled			

	Lifetime deductible		Coinsurance your policy pays		Lifetime maximum	
	In-network	Out-of-network	In-network	Out-of-network	In-network	Out-of-network
Cosmetic benefits	\$0	\$0	50%	50%	\$2,000	\$2,000
	<ul style="list-style-type: none"> <li>Teeth bleaching - once per 12 months</li> <li>Veneers and anterior 3/4 porcelain crown - each 60 months old per tooth</li> </ul>					
Temporomandibular joint syndrome (TMJ) benefits	\$0	\$0	50%	50%	\$1,000	\$1,000
	<ul style="list-style-type: none"> <li>Diagnostic X-rays - every 60 months</li> <li>Occlusal guard and adjustment - every 60 months</li> <li>Occlusal analysis - once per lifetime</li> </ul>					

### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

### Which procedures are covered, and how often?

Preventive	
Routine exams	Once per six months
Routine cleanings	Once per six months
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 19)
Sealants	Covered only for dependent children under age 19; once per tooth each 36 months
Basic	
Emergency exams	Subject to routine exam frequency limit

Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Harmful habit appliance	Covered only for dependent children under age 19

#### Major

Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 60 months per tooth
Implants	Each 60 months per tooth
Bridges	60 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

#### Orthodontia

Coverage	For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered.
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#### Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90 <sup>th</sup> percentile of the usual and customary charges.
Preventive passport	Benefits paid for preventive services will not be applied to your annual benefit maximum
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.

Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

### How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit [principal.com/dentist](https://principal.com/dentist) to find a dentist or call 800-247-4695.

### What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at [principal.com/refer-dental-provider](https://principal.com/refer-dental-provider).

### What are the limitations and exclusions of my coverage?

- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

### What are the restrictions of my coverage?

Orthodontia	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> <li>1) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and</li> <li>2) Ortho treatment has been continued while insured under this policy.</li> </ol> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
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There are additional limitations to your coverage. A complete list is included in your booklet.



[principal.com](https://principal.com)

This is a summary of dental coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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