



Policyholder: New Haven Youth and Family Services

Dental POS Benefit Summary

Effective Date: 10/01/2010

This chart provides you a brief summary of the key benefits of the dental insurance available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental insurance benefits and restrictions, please refer to your booklet or contact your plan administrator.

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.

Eligibility	
Benefit Choice	Eligible members may select ONE OF THE TWO BENEFIT OPTIONS outlined below

Option 1

Benefits Payable						
Job Class	Members Electing POS Low					
Network	Dental Point of Service (POS)					
	Calendar Year Deductible			Coinsurance (Policy Pays)		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Unit 1 – Preventive	\$0	\$0	\$50	100%	100%	50%
Unit 2 – Basic	\$25	\$50	\$50	90%	80%	50%
Unit 3 – Major	\$25	\$50	\$50	60%	50%	50%
Family Deductible Maximum	3 times the per person deductible amount					
Combined Deductible	EPO Deductibles for basic and major procedures are combined. PPO Deductibles for basic and major procedures are combined. Non-network deductibles for preventive, basic, and major procedures are combined.					
Combined Maximums	Maximums for preventive, basic, and major procedures are combined for EPO, PPO and Non-Network. Calendar year EPO maximums are \$1,500 per person. Calendar year PPO maximums are \$1,500 per person. Calendar year non-network maximums are \$1,500 per person.					
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. You can accumulate no more than four times the carry over amount.					

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Additional Benefits						
	Lifetime Deductible			Coinsurance (Policy Pays)		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Cosmetic Benefits Lifetime Maximum: EPO \$2,000 PPO \$1,000 Non-Network: \$1,000	\$0	\$0	\$0	50%	50%	50%
Implant Benefits Lifetime Maximum: EPO \$2,000 PPO \$1,000 Non-Network: \$1,000	\$0	\$0	\$0	50%	50%	50%

How Are Dental Procedures Covered Under Option 1?

The list of common procedures shows what unit the procedure is included in and how often they are covered.

EPO Schedule Of Dental Procedures

<p>Unit 1 – Preventive Procedures</p>	<ul style="list-style-type: none"> • Routine exams - two per 12 months • Routine cleaning (prophylaxis) - four per 12 months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a 12 month period.) • Second Opinion Consultation • Fluoride – one treatment[s] each 12 months (covered only for dependent children under age 14) • Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months • X-rays - Bitewing (one set[s] every 12 months), occlusal, periapical • X-rays – Full mouth survey (one every 60 months), extraoral
<p>Unit 2 – Basic Procedures</p>	<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 12 month period.) • Emergency exams – subject to Routine exam frequency limit • Space maintainers - covered only for dependent children under age 14; repairs not covered • Harmful Habit Appliance - covered only for dependent children under age 14 • Fillings and stainless steel crowns • Simple Oral Surgery • Complex Oral Surgical Procedures
<p>Unit 3 – Major Procedures</p>	<ul style="list-style-type: none"> • General Anesthesia/IV Sedation • 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 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
<p>Cosmetic Procedures</p>	<ul style="list-style-type: none"> • Bleaching – once per 12 months • Veneers – Initial placement / Repairs for veneers 120 months old
<p>Implant Procedures</p>	<ul style="list-style-type: none"> • Surgical placement of implant body • Implant connecting bars • Implant removal and replacement of non-serviceable implants 120 months old

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.

PPO & Non-Network Schedule Of Dental Procedures

<p>Unit 1 – Preventive Procedures</p>	<ul style="list-style-type: none"> • Routine exams - two per 12 months • Routine cleaning (prophylaxis) - four per 12 months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a 12 month period.) • Second Opinion Consultation • Fluoride – one treatment[s] each 12 months (covered only for dependent children under age 14) • Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months • X-rays - Bitewing (one set[s] every 12 months), occlusal, periapical • X-rays – Full mouth survey (one every 60 months), extraoral
<p>Unit 2 – Basic Procedures</p>	<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 12 month period.) • Emergency exams – subject to Routine exam frequency limit • Space maintainers - covered only for dependent children under age 14; repairs not covered • Harmful Habit Appliance - covered only for dependent children under age 14 • Fillings and stainless steel crowns • Simple Oral Surgery • Complex Oral Surgical Procedures
<p>Unit 3 – Major Procedures</p>	<ul style="list-style-type: none"> • General Anesthesia/IV Sedation • 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 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
<p>Cosmetic Procedures</p>	<ul style="list-style-type: none"> • Bleaching – once per 12 months • Veneers – Initial placement / Repairs for veneers 120 months old
<p>Implant Procedures</p>	<ul style="list-style-type: none"> • Surgical placement of implant body • Implant connecting bars • Implant removal and replacement of non-serviceable implants 120 months old

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Option 2

Benefits Payable						
Job Class	Members Electing POS High					
Network	Dental Point of Service (POS)					
	Calendar Year Deductible			Coinsurance (Policy Pays)		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Unit 1 – Preventive	\$0	\$0	\$50	100%	100%	100%
Unit 2 – Basic	\$25	\$50	\$50	100%	90%	80%
Unit 3 – Major	\$25	\$50	\$50	70%	60%	50%
Family Deductible Maximum	3 times the per person deductible amount					
Combined Deductible	EPO Deductibles for basic and major procedures are combined. PPO Deductibles for basic and major procedures are combined. Non-network deductibles for preventive, basic, and major procedures are combined.					
Combined Maximums	Maximums for preventive, basic, and major procedures are combined for EPO, PPO and Non-Network. Calendar year EPO maximums are \$1,500 per person. Calendar year PPO maximums are \$1,500 per person. Calendar year non-network maximums are \$1,500 per person.					
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. You can accumulate no more than four times the carry over amount.					
Additional Benefits						
	Lifetime Deductible			Coinsurance (Policy Pays)		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Cosmetic Benefits Lifetime Maximum: EPO \$5,000 PPO \$2,000 Non-Network: \$2,000	\$0	\$0	\$0	50%	50%	50%
Implant Benefits Lifetime Maximum: EPO \$5,000 PPO \$2,000 Non-Network: \$2,000	\$0	\$0	\$0	50%	50%	50%

How Are Dental Procedures Covered Under Option 2?

The list of common procedures shows what unit the procedure is included in and how often they are covered.

EPO Schedule Of Dental Procedures

<p>Unit 1 – Preventive Procedures</p>	<ul style="list-style-type: none"> • Routine exams - two per 12 months • Routine cleaning (prophylaxis) - four per 12 months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a 12 month period.) • Second Opinion Consultation • Fluoride – one treatment[s] each 12 months (covered only for dependent children under age 14) • Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months • X-rays - Bitewing (one set[s] every 12 months), occlusal, periapical • X-rays – Full mouth survey (one every 60 months), extraoral
<p>Unit 2 – Basic Procedures</p>	<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 12 month period.) • Emergency exams – subject to Routine exam frequency limit • Space maintainers - covered only for dependent children under age 14; repairs not covered • Harmful Habit Appliance - covered only for dependent children under age 14 • Fillings and stainless steel crowns • Simple Oral Surgery • Complex Oral Surgical Procedures
<p>Unit 3 – Major Procedures</p>	<ul style="list-style-type: none"> • General Anesthesia/IV Sedation • 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 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
<p>Cosmetic Procedures</p>	<ul style="list-style-type: none"> • Bleaching – once per 12 months • Veneers – Initial placement / Repairs for veneers 120 months old
<p>Implant Procedures</p>	<ul style="list-style-type: none"> • Surgical placement of implant body • Implant connecting bars • Implant removal and replacement of non-serviceable implants 120 months old

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PPO & Non-Network Schedule Of Dental Procedures

Unit 1 – Preventive Procedures	<ul style="list-style-type: none"> • Routine exams - two per 12 months • Routine cleaning (prophylaxis) - four per 12 months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a 12 month period.) • Second Opinion Consultation • Fluoride – one treatment[s] each 12 months (covered only for dependent children under age 14) • Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months • X-rays - Bitewing (one set[s] every 12 months), 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 12 month period.) • Emergency exams – subject to Routine exam frequency limit • Space maintainers - covered only for dependent children under age 14; repairs not covered • Harmful Habit Appliance - covered only for dependent children under age 14 • Fillings and stainless steel crowns • Simple Oral Surgery • Complex Oral Surgical Procedures
Unit 3 – Major Procedures	<ul style="list-style-type: none"> • General Anesthesia/IV Sedation • 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 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
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Understanding Your Dental Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse, qualified domestic partner and unmarried minor children, including those of your qualified domestic partner. Additional eligibility requirements may apply.

How Do I Find A Participating Provider?

Use the Provider Directory on www.principal.com to locate nearby PPO & EPO dentists or 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.

You may nominate your dentist for inclusion in our network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through www.principal.com.

What Are The Restrictions Of My Coverage?

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

Limitations & Exclusions	
Late Entrant Provision	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
Missing Tooth	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
Prevailing Charge	When using non-network providers, you pay any amount over the allowable charge.
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



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This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

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