

Policyholder: County of Imperial
Effective Date: 01/01/2009

The Principal Dental Insurance - Point of Service (POS)

This summary of dental coverage from Principal Life Insurance Company supplements any materials presented by your employer. You have been enrolled in the First Dental Health POS design that utilizes both the First Dental Health Exclusive Provider Organization (EPO) and the First Dental Health Preferred Provider Organization (PPO). Three levels of benefits are available with this type of design – EPO level, PPO level and non-network level. Your level of coverage varies by the provider you see for services. You'll receive a benefit booklet with details about your coverage.

This handout is for illustrative purposes. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.

Predetermination of Benefits: Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company before treatment begins. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment

Your Benefits at a Glance

Covered Charges	Calendar Year Deductible			Coinsurance (policy pays/you pay)			Calendar Year Maximum Benefit		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network	EPO	PPO	Non-Network
	Unit 1 – Preventive Procedures	\$0 ✓	\$0 ✓	\$0 ✓	100% ✓	100% ✓	100% ✓	\$2000 per person per calendar year ✓	\$1500 per person per calendar year ✓
Unit 2 – Basic Procedures	\$0 ✓	\$25 ✓	\$25 ✓	100% ✓	80/20% ✓	80/20% ✓	Combined with above ✓	Combined with above ✓	Combined with above ✓
Unit 3 – Major Procedures	\$0 ✓	\$25 ✓	\$25 ✓	70% ✓	50/50% ✓	50/50% ✓	Combined with above ✓	Combined with above ✓	Combined with above ✓



DENTAL

ADDITIONAL BENEFIT RIDERS									
	Lifetime Deductible			Coinsurance (policy pays/you pay)			Lifetime Maximum Benefit		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Unit 4 - Orthodontia Benefits	\$0 ✓	\$0 ✓	\$0 ✓	50/50% ✓	50/50% ✓	50/50% ✓	\$1000 Lifetime Maximum ✓	\$1000 Lifetime Maximum ✓	\$1000 Lifetime Maximum ✓
• Child EPO & PPO								50% to \$500 per calendar year/\$1,000 lifetime maximum ✓	50% to \$500 per calendar year/\$1,000 lifetime maximum ✓
• Adult EPO only	\$0 ✓			50/50% ✓			\$1000 Lifetime Maximum ✓		

- In-network deductibles for preventive, basic and major procedures are combined.
- Out-of-network deductibles for preventive, basic and major procedures are combined.
- Maximums for preventive, basic and major procedures are combined.

EPO Schedule Of Dental Procedures

Unit 1 – Preventive procedures

- Routine exams - two per 12 months
- Routine cleanings (prophylaxis) – two 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 each 12 months (covered only for dependent children under age 16)
- Space maintainers - covered only for dependent children under age 16; repairs not covered
- Sealants – on first and second permanent molars for dependent children under age 16; one each tooth each 36 months
- Harmful Habit Appliance - covered only for dependent children under age 16
- X-rays – Full mouth survey (one every 36 months), extraoral
- X-rays – Bitewing (one set every 12 months), occlusal, periapical

Unit 2 – Basic Procedures

- 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
- Fillings and stainless steel crowns
- Simple Oral Surgery
- Complex Oral Surgical Procedures



GP 54852-2

Principal Life Insurance Company
Des Moines, Iowa 50392-0002

Page 2 of 5
01/2008

DENTAL

- 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)

Unit 3 – Major procedures

- General Anesthesia/IV Sedation
- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
- Crowns – each 60 months per tooth if tooth cannot be restored by a filling.
- Inlays, Onlays, Cast Post and Core, Core Buildup - each 60 months per tooth
- Bridges - Initial placement / Replacement of bridges 60 months old.
- Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

Orthodontic procedures

- Orthodontic Procedures - x-rays and other diagnostic procedures, fixed and removable appliances
- The Orthodontic maximum is a lifetime maximum

PPO & Non-Network Schedule Of Dental Procedures

Unit 1 – Preventive procedures

- Routine exams and cleaning (prophylaxis) – two 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 each 12 months (covered only for dependent children under age 16)
- Space maintainers - covered only for dependent children under age 16; repairs not covered
- Sealants – on first and second permanent molars for dependent children under age 16; one each tooth each 36 months
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GP 54852-2

Principal Life Insurance Company
Des Moines, Iowa 50392-0002

Page 3 of 5
01/2008

DENTAL

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First Dental Health (FDH)

The Principal Life contracts with First Dental Health of San Diego, California, to give you access to a quality network of dental care providers. FDH's management team has over 10 years of experience in fee-for-service managed dental care.

FDH's selection of providers:

- Careful selection process to ensure a quality network of generalists and specialists.
- Periodic credentialing of providers to maintain quality of network.

Coordination of Benefits

As allowed by state law, this coverage coordinates coverage with other group policies. It may also have the right to recover benefit payments from another person or company liable for covering your dental loss. See your employer for details.

Dependent Coverage

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

Limitations

The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.



GP 54852-2

Principal Life Insurance Company
Des Moines, Iowa 50392-0002

Page 4 of 5
01/2008

The insurance does not pay for treatment or services: for veneers, anterior ¾ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a Covered Charge / that exceed prevailing charges / for implants / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections when not billed as part of a listed covered charge / instructions for plaque control, oral hygiene, diet control or nutritional counseling when billed as a separate treatment or service from examination / bite registration or occlusal analysis / orthodontic treatment, service, appliance or bands provided prior to Ortho. Procedures effective date / temporomandibular joint (TMJ) disorders.

Terms you should know:

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.

Calendar Year: A 12 month period starting January 1.

Calendar Year Deductible: The total amount you and/or your dependents pay in a calendar year before the insurance begins paying. If charges for covered Services received during the last 3 months of the Calendar year are applied to the deductible, the deductible for the next Calendar year will be reduced by that amount.

Calendar Year Maximum: The amount of payments for covered dental services that the insurance will make in a calendar year. Any amounts incurred during the year that are above the maximum are your responsibility.

Prevailing Charge: The price most providers in your area charge for a specific service. When using non-network providers, you pay any amount over the prevailing charge.

Point Of Service Design (POS): A Point-of-Service design is one that involves three levels of benefits. The benefit level is determined by the network membership of the provider used for care. This design utilizes both our Exclusive Provider Organization (EPO) and Preferred Provider Organization (PPO) networks.

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 booklet that will be issued to each member. Ask your employer for details.



GP 54852-2

Principal Life Insurance Company
Des Moines, Iowa 50392-0002

Page 5 of 5
01/2008