



Policyholder: City of Cleveland

Voluntary Dental PPO Benefit Summary

Effective Date: 01/01/2020

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. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental coverage 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 coverage benefits and restrictions, please refer to your booklet or contact your employer.

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

Option 1

Benefits Payable				
Job Class	Members Electing Dental High Plan			
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$1,000 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. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	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.

<p>Unit 1 – Preventive Procedures</p>	<ul style="list-style-type: none"> • Routine exams - one per six months • Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Second Opinion Consultation • Fluoride – one treatment each calendar year (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 • X-rays - Bitewing (one set every calendar year), 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; one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Emergency exams – one per six months • Harmful Habit Appliance - covered only for dependent children under age 16 • Fillings and stainless steel crowns • Composite fillings on molars • Simple Oral Surgery • 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.) • Simple Endodontics (root canal therapy for anterior teeth)
<p>Unit 3 – Major Procedures</p>	<ul style="list-style-type: none"> • General Anesthesia (covered only for specific procedures)/IV Sedation • Complex Oral Surgical Procedures • Periodontal Surgical Procedures – one each quadrant each 36 months • 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 • Implants – each 120 months • 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>Unit 4 - Orthodontic Procedures</p>	<ul style="list-style-type: none"> • For dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances

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.

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Option 2

Benefits Payable				
Job Class	Members Electing Dental Low Plan			
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Maximums	Maximums for preventive and basic procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$1,000 per person.			

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.

<p>Unit 1 – Preventive Procedures</p>	<ul style="list-style-type: none"> • Routine exams - one per six months • Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Second Opinion Consultation • Fluoride – one treatment each calendar year (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 • X-rays - Bitewing (one set every calendar year), 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; one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Emergency exams – one per six months • Harmful Habit Appliance - covered only for dependent children under age 16 • Fillings and stainless steel crowns • Composite fillings on molars • Simple Oral Surgery • 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.) • Simple Endodontics (root canal therapy for anterior teeth)

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.

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 (if not also enrolled as an employee) and children. Additional eligibility requirements may apply.

Open enrollment applies. Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.

How Do I Find A Participating Provider?

Use the Provider Directory on www.principal.com to locate nearby dentists or see if your dentist participates in your network.

1	Visit www.principal.com/dentist .
2	Begin your search by picking the state where you would like to find a provider. Next, specify a network . Depending on the network chosen, you may be transferred to a partner site.
3	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 .
4	Select the desired specialty or use the No Specialty Preference default. Click Continue .
5	Select a language if your preference is other than English. Click Continue .

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/refer-dental-provider.

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	
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.
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"> 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <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>
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

This is a summary of dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. 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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