

Dental

You can choose to enroll in the voluntary dental plan with Principal.

	Principal Life Insurance Company	
	In-Network Benefits	Out-of-Network Benefits
LIFETIME Deductible*		
Individual	\$100 on each covered individual	\$100 on each covered individual
Family	N/A	N/A
Waived for Preventive Care?	No	No
Combined Annual Benefit Maximum for All Services**		
Per Person / Family	\$1,000	\$1,000
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
Orthodontia		
Benefit Percentage	50%	50%
Dependent Child(ren)	Covered to age 19	Covered to age 19
Adults	Not Covered	Not Covered
Dependent Child(ren)	Covered to age 19	Covered to age 19
Lifetime Maximum	\$1,000	\$1,000
Benefit Waiting Periods	N/A	N/A

* Instead of an annual deductible, this plan has a "lifetime" deductible. Your deductibles that are In Network for Basic and Major services are combined. This also applies to Out of Network. Deductibles that are out of network for Basic and Major Services are combined.

** Combined maximums: lifetime maximums for preventive, basic and major services are combined.

Employee Contributions (Bi Weekly 26 per year)	
Employee	\$13.87
Employee & Spouse	\$27.74
Employee & Child(ren)	\$32.50
Family	\$47.24