

Policyholder: SPAN CONSTRUCTION

Group dental insurance

Benefit summary for all members

Your coverage renews every January 1

This summary was created on 11/15/2024 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		
	EPO	In-network	Out-of-network	EPO	In-network	Out-of-network
Preventive	\$0	\$0	\$0	100%	100%	100%
Basic	\$50	\$50	\$50	80%	80%	80%
Major	\$50	\$50	\$50	50%	50%	50%
Orthodontia	\$0	\$0	\$0	50%	50%	50%
Additional provisions						
Family deductible	3 times the person deductible amount.					
Combined deductible	Your in-network deductibles for basic and major 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 maximums	Your calendar year maximum for preventive, basic, and major EPO services are combined. Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. Calendar year EPO maximums are \$1,500 per person, calendar year PPO in-network maximums are \$1,500 per person, or calendar year PPO out-of-network maximums are \$1,500 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.					

Orthodontia lifetime maximum	\$2,500 EPO maximum / \$2,500 PPO in-network maximum / \$2,500 PPO out-of-network maximum
Plan type	Unscheduled

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - 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.
 - If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity)
- Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Two per calendar year
Routine cleanings	Twice per calendar year
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 16)
Sealants	Covered only for dependent children under age 16 once per tooth each 36 months
Emergency exams	Subject to Routine exam frequency limit
Harmful habit appliance	Covered only for dependent children under age 16
Basic	
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

Major

Periodontal surgical procedures	Once per quadrant per 36 months
Crowns	Each 60 months per tooth if tooth cannot be restored by a filling
Core buildup	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 80 th percentile of the usual and customary charges.
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 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.

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.

BOOKLET-CERTIFICATE NOTICE CONFIDENTIAL COMMUNICATIONS REQUEST

The state of California wants you to know you have the right to make a request to receive communications of confidential health care information from us by alternative means or at an alternative location.

To make this request, you must complete, sign, and submit a "Confidential Communications Request" form. This form, along with directions on how to complete and return it to us, can be found on our website at: <https://www.principal.com/help/help-individuals/find-form> under "Restrict access to Private Health Information".

If you need assistance locating the request form, you may contact us at 1-800-843-1371.

This notice is for your information only and does not become a part or condition of this booklet-certificate.

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What are the restrictions of my coverage?

Orthodontia

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:

- 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.

Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.

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.

There are additional limitations to your coverage. A complete list is included in your booklet.



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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