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NEUSOFT MEDICAL SYSTEMS (1052641-10001)

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Dental Benefit Overview

Class Description	View Rates	Plan Year	Contribution Type
All Members	View Rates	061	Contributory

General Benefits

Eligibility Hours: 30 Hours Weekly

Annual Enrollment Effective Date: 04/01

Annual Enrollment From: 03/01

Annual Enrollment To: 03/31

Initial Member Waiting Period: Time Employed (Days Completed) = 0

Future Enrollments Waiting Period: Time Employed (Days Completed) = 30

Termination Date:Initial Members: 1st of Coinciding/Following Month

Termination Date:Future Members: 1st of Coinciding/Following Month

Calendar Year Deductible

Unit of Coverage	PPO Network	Non Network
Unit 1 Preventive & Routine Services	\$0	\$0
Unit 2 Basic Restorative	\$50*	\$50*
Unit 3 Major Restorative	\$50*	\$50*

***Denotes combined deductible for applicable units.**

The family deductible is 3 times the per-person deductible amount.

Coinsurance

Unit of Coverage	PPO Network		Non Network	
	Insurance Pays	Insured Pays	Insurance Pays	Insured Pays
Unit 1 Preventive & Routine Services	100%	0%	100%	0%
Unit 2 Basic Restorative	80%	20%	80%	20%

Unit 3 Major Restorative	50%	50%	50%	50%
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Calendar Year Maximum

Unit of Coverage	PPO Network	Non Network
Unit 1 Preventive & Routine Services	\$1,000	\$1,000
Unit 2 Basic Restorative	\$1,000	\$1,000
Unit 3 Major Restorative	\$1,000	\$1,000

* This Dental Plan has Maximum Accumulation Provision. See Booklet & Policy for details.

The information below is a summary of your benefits. Please refer to your benefit booklet for complete benefit information.

Provisions

Unit of Coverage	
Unit 1 Preventive & Routine Services	Routine Prophy (1 per 6 months) Fluoride (1 per Calendar Year for dependents under 14) Bitewing X-Rays (1 per Calendar Year)
Unit 2 Basic Restorative	Simple Oral Surgery Complex Oral Surgery Emergency Exams Perio Prophy Space Maintainers Sealants (1 per 36 months) Harmful Habit Appliances Full Mouth X-Rays (1 per 60 months) General Anesthesia/IV Sedation
Unit 3 Major Restorative	Non-Surgical Perio Surgical Perio Simple Endo Complex Endo Crowns (120 Month Replacement) Repairs to Bridges/Crowns/etc

Dental Treatment Plan

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.

Non-Network Claims

We process Non-Network claims using prevailing fees at the 90th percentile.

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Disclaimer:

The information and summaries shown here are intended for employer use only and are not for employee distribution. These summaries do not include all of the benefits, provisions, restrictions, and limitations that apply to the coverage and may not reflect current benefits. Please refer to the policy or benefit booklets for more complete benefit information.

Disclaimer:

Not all transactions needed to administer your company's employee benefits with The Principal are available through the Employee Benefits Service CenterSM. Only the services currently available over the Internet will be found here. The information displayed may not reflect the most current transactions.

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Principal Life Insurance Company, Des Moines, IA 50392-0001, USA.