

Policyholder: Illinois Wesleyan University

Benefits at a Glance for members in the PPO Dental Plan

Effective Date: 01/01/2024

This summary of dental coverage administered by Principal Life Insurance Company supplements any materials presented by your employer. This handout is for illustrative purposes. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails. For coverage details, please see your benefit booklet.

Predetermination of Benefits: Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan before treatment begins. 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	
	In - Network	Non - Network	In - Network	Non - Network	In - Network	Non - Network
Unit 1 – Preventive Procedures	\$0	\$0	100%	100%	\$1000 per person per calendar year	\$1000 per person per calendar year
Unit 2 – Basic Procedures	\$50	\$50	80%	80%	Combined with above	Combined with above
Unit 3 – Major Procedures	\$50	\$50	50%	50%	Combined with above	Combined with above
Additional Benefit Riders						
	Lifetime Deductible		Coinsurance (policy pays/you pay)		Lifetime Maximum Benefit	
	In - Network	Non - Network	In - Network	Non - Network	In - Network	Non - Network
Unit 4 - Orthodontia Benefits • Child	\$0	\$0	50%	50%	\$1000	\$1000

- Your family deductible maximum is 2 times the per person deductible amount.
- In-network deductibles for basic and major procedures are combined.
- Out-of-network deductibles for basic and major procedures are combined.
- Maximums for preventive, basic and major procedures are combined.

Schedule Of Dental Procedures

Unit 1 – Preventive Procedures

- Routine exams – two per calendar year
- Routine cleanings (prophylaxis) – two per calendar year
- Fluoride – two treatments 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 – Full mouth survey (one every 36 months), extraoral
- X-rays – Bitewing (one set every calendar year), occlusal, periapical
- Harmful Habit Appliance - covered only for dependent children under age 16

Unit 2 – Basic Procedures

- Periodontal prophylaxis – two per calendar year
- Emergency exams – two per calendar year
- Fillings
- General Anesthesia (covered only for specific procedures)/IV Sedation
- Simple Oral Surgery
- Complex Oral Surgical Procedures
- Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months
- Simple Endodontics (root canal therapy for anterior teeth)

- Complex Endodontics (root canal therapy for molar teeth)
- Occlusal Guards – one guard per 36 months
- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasings, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations

Unit 3 – Major Procedures

- Periodontal Surgical Procedures – one each quadrant each 36 months
- 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 – for dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances
- The Orthodontic maximum is a lifetime maximum

How do I know if my dentist participates with The Principal Plan?

Confirm Network participation with your provider when making your appointment. Always present your ID card. This tells your provider you're eligible for network benefits.

How often do I pay deductibles?

You must meet your deductibles each calendar year (January 1 to December 31) before the policy begins paying.

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.

The coverage does not pay for treatment or services: for veneers, anterior $\frac{3}{4}$ 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 coverage / 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 / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. This also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis / orthodontic treatment, service, appliance or bands provided prior to Ortho Procedures effective date / temporomandibular joint (TMJ) disorders.

IL Complaint Handling Procedures

A "complaint" is a written communication primarily expressing a grievance and is filed by a consumer, a healthcare provider, or their representative either directly with Principal Life Insurance Company or via the Illinois Insurance Department. Complaints may be handwritten or typed and may be transmitted electronically, by facsimile, or by U.S. Mail.

Regulator complaints are first recorded by the corporate complaint register and forwarded to Group Life and Health Compliance for assignment to a complaint handler. Non-regulator complaints are handled by the Group Life & Health compliance department, the local claim service center, or the administration or underwriting department assigned to the consumer's account.

Once a complaint is received, an acknowledgement letter is immediately sent identifying the name, address, and phone number of the person handling the complaint. An investigation is then made of the complaint. Within twenty-one (21) calendar days of the date of the Illinois Insurance Department's letter (or earlier, if specified by the Insurance Department), a substantive response is provided pursuant to instruction in the Illinois Insurance Department's cover letter. Within fifteen (15) working days from the receipt of a non-regulator complaint, a substantive response is provided to the complainant.

The response includes a description of how and when the consumer was covered with Principal Life, the policy provisions that govern the issues in question, what has transpired on the account, and an explanation of the decision either to uphold the original handling of the account or to take corrective action, why, and within what timing.

Principal Life maintains a complaint register that allows individual reconstruction of complaints as well as summary data.

Terms you should know-

Coinsurance: The percentage of covered charges you pay and the percentage of covered charges the coverage 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 coverage begins paying.

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

In-Network/Non-Network: If you choose a *Non-Network* dentist for dental treatment, your benefits may be paid at a lower level (you pay more) than if you choose an *In-Network* dentist

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.



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Note: This is a summary of group dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. Because this is a summary, it does not state all 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. The group policy or contract determines all rights, benefits, exclusions and limitations of the coverage described here. A more complete description is in the booklet that will be issued to each member. Ask your employer for details.

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