

Policyholder: Illinois Wesleyan University

# Benefits at a Glance for members in the PPO Dental Plan

This summary of dental coverage administered by Principal Life Insurance Company supplements any materials presented by your

[Redacted Table]

Covered Charges			In - N	etwork		
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
	\$50	\$50	50%	50%	Combined with above	Combined with above

Benefit Riders				pays/you	Lifetime Maximum Benefit	
Unit 4 - Orthodontia Benefits	\$0	\$0	50%	50%	\$1000	Network \$1000
• Child						

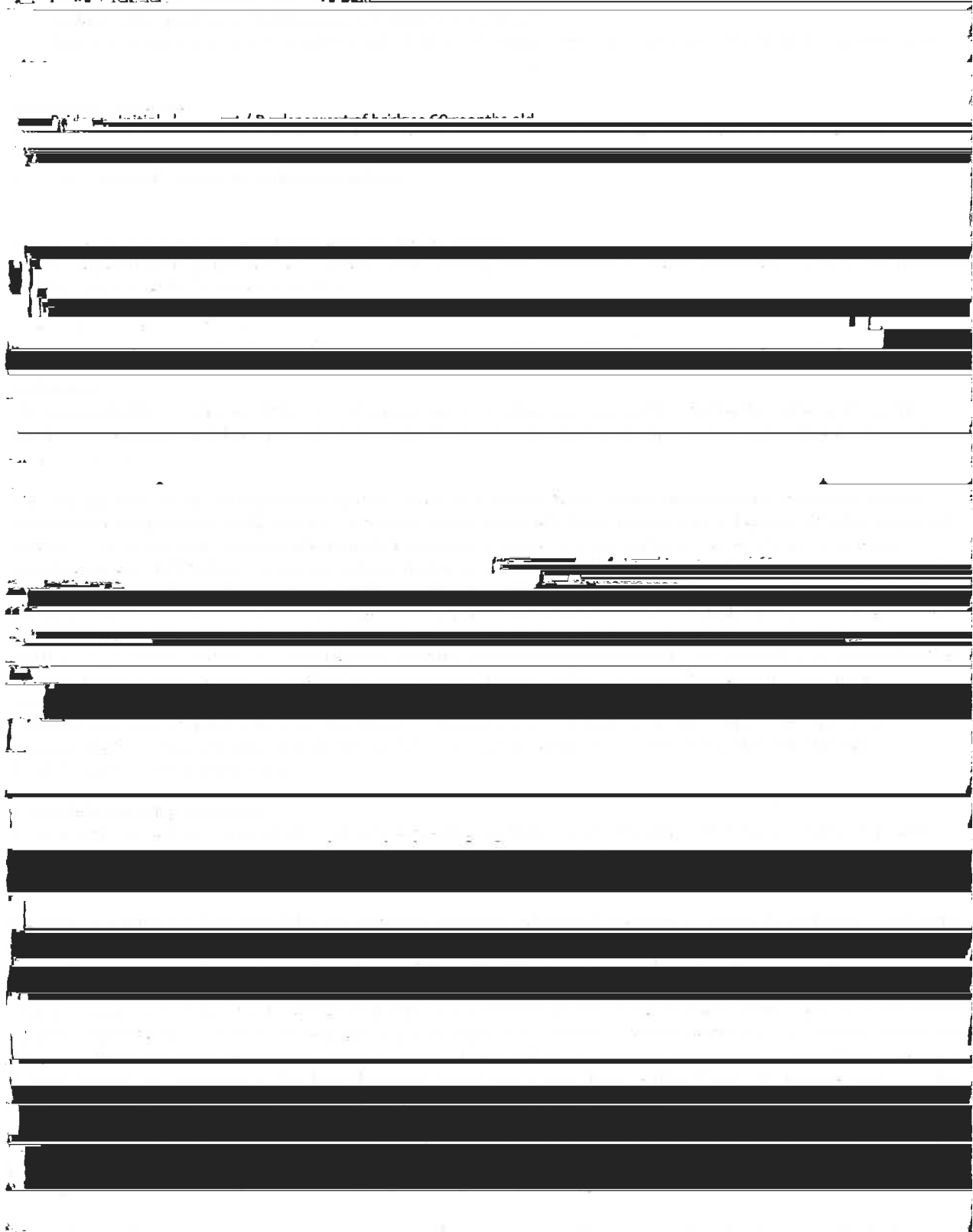
[Redacted Table]

- 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.

- Complex Endodontics (root canal therapy for molarteeth)
- Occlusal Guards – one guard per 36 months
- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, 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



**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.



Principal Life Insurance Company, One Mainway, Iowa 50202-0002, www.principal.com