

Summary for New Jersey

Principal Dental Essential PlusSM Benefit Design

Benefit	Service	In-Network ¹		Non-Network ¹		In-Network Max OOP	Non- Network Max OOP
		Deductible ²	Coinsurance	Deductible ²	Coinsurance		
70AV	Preventive	\$25	90%	\$25	90%	\$350/700	N/A
	Basic	\$175	70%	\$175	70%		
	Major		40%		40%		
	Medically Necessary Ortho	\$0	50%	\$0	50%		

EHB Benchmark Plan

Children's Health Insurance Program – This dental benefit meets state essential health benefits (EHB) benchmark requirements under the Affordable Care Act (ACA). This coverage is exchange-certified.

Pediatric Essential Benefits

Covered services for any insured person under this group policy until the end of the month in which they turn age 19.

Maximum Out of Pocket

The annual maximum out-of-pocket (OOP) amount a member pays (deductible and coinsurance) before the policy pays 100% of remaining covered charges. Note: An annual maximum does NOT apply to pediatric dental essential benefits.

Principal Dental Essential Plus

The pediatric essential benefits are not in addition to the non-pediatric essential benefits. If a treatment or service is covered under both the pediatric and non-pediatric benefits, the greater of the two benefits will be paid.

Pediatric essential covered services

Diagnostic and preventive	Exams (1 per 6 months) Routine prophylaxis (1 per 6 months) Radiographs: Bitewing Panoramic/FMX film (1 per 36 months) Periapical Occlusal Fluoride application (1 per 6 months) Sealants for premolars and permanent molars Space maintainers
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Basic	Fillings Stainless steel crown Perio maintenance Limited oral evaluation Full mouth debridement Consultation with a specialist Emergency palliative treatment
Major	Endodontics Perio scaling and root planing Periodontal surgical procedures Simple and complex oral surgery Treatment of fractures and other repair procedures General anesthesia/IV sedation/nitrous oxide Management of temporomandibular joint dysfunctions Crowns Post and core Core buildup Inlays and onlays Bridges Complete or partial dentures (1 per 60 months) Maxillofacial prosthetics Occlusal guard Repairs to a crown, bridgework, complete or partial denture Relining and rebasing complete or partial denture Denture adjustment Recementing inlay/onlay, post and core, crown, fixed partial denture
Medically necessary orthodontia	Limited orthodontic treatment, for primary, transitional and adult dentition, interceptive orthodontic treatment for primary and transitional dentition, or comprehensive orthodontic treatment for adult dentition, including x-rays and other diagnostic procedures. Fixed and removable appliances. Harmful habit appliance.

¹ Claim payment for both in-network and non-network services are based on the provider negotiated fees.

² The family deductible is 3 times the per person deductible amount.

This dental insurance meets state benchmark requirements under the Affordable Care Act. This coverage is exchange-certified. This is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. Dental insurance from Principal® is issued by Principal Life Insurance Company, Des Moines, IA 50392-0002, principal.com.

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