



Principal Dental Plan

Effective date: 1/01/2026

Low Plan Option 2

	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Option 2 (all members electing low dn plan)			* NO WAITING PERIOD*	
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	60%	60%
Major	\$50	\$50	40%	40%

Additional provisions	
Family deductible	2 times per person deductible amount
Annual maximum	\$1000.00 per person
Maximum accumulation	Included (Rollover Benefit)
Plan type	Scheduled / MAC design: In and out-of-network claim payments are based on the amounts agreed to by network dentists, known as a negotiated fee schedule. If the submitted charge is more than the scheduled amount you may be responsible for paying the difference for out of network claims.

Covered Services	
Preventive	Exams, Cleanings (2/yr), X-rays, Fluoride (1/yr to age 14), Sealants to age 14)
Basic	Fillings, Emergency Exams, Periodontal Maintenance, Simple Oral Surgery, Composite Fillings
Major	Crowns, Dentures, Implants, Bridges, Surgical Periodontics, Anesthesia, Endo/Perio, Complex Oral Surgery

Coverage	Low
Employee Only	24.88
Employee and Spouse	46.45
Employee and child(ren)	60.07
Employee and Family	88.17

In-Network vs. Out-of- Network

Dentists have agreed to set a fee schedule for services.

- When you use an **In-Network** dentist, you're charged those discounted fees, and the plan pays its share (100% Preventative, 60% Basic, 40% Major).
- When you use an **Out-Of-Network** dentist, Principal still pays benefits, but only up to that same fee schedule. If the dentist charges more, you may have to pay the difference. Staying In-Network Saves you the most.

How do I find a network dentist?

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.