Dental POS

You always pay the deductible and coinsurance ($). The coinsurance (%) shows what you pay after the deductible. The deductible is waived for Diagnostic & Preventive.

	Principal Dental POS Plan		
	EPO Network	**Premier Network**	**Out-of-Network**
Annual Deductible	$0	$25 individual $75 family	
Annual Plan Maximum	$2,000	$1,500	$1,000
Waiting Period	None	None	None
Diagnostic & Preventive	100%	100%	100%
Basic Services Fillings Root Canals Periodontics	100%	20% after deductible 20% after deductible 20% after deductible	20% after deductible 20% after deductible 20% after deductible
Major Services	30% after deductible	50% after deductible	50% after deductible
Orthodontia Adult & Children	50%	50%	50%
Ortho Lifetime Max	$2,000	$2,000	$2,000

What you need to know about this plan

Features:	See any provider, but you'll pay more out of network
Am I restricted to in-network providers?	No
Do I have to select a primary dentist?	No
Can I use my FSA?	If you participate in a healthcare FSA, you can use your account to pay for dental expenses.
Where can I get more details?	Visit principal.com or call 800.986.3343