Policyholder: K-TUBE CORPORATION

Group dental insurance for members elec epo

Your coverage renews every January 1
This summary was created on 10/22/2026 and shows benefits available at that time.

The State of California (CA) Department of Insurance is requiring all insurance carriers to provide the CA language assistance notice, non-discrimination notice and a summary of dental benefits and coverage disclosure matrix.

Attached are four separate documents for your employees:

1) Principal Life Insurance Company's dental benefit summary provides a brief outline of dental benefits.

2) California language assistance notice

3) California non-discrimination notice

4) California summary of dental benefits and coverage disclosure matrix required by the state.

   a) The group policyholder is required to provide this document to employees at:
      i) initial enrollment.
      ii) open enrollment.
      iii) renewal, and
      iv) if there are amendments to the dental benefits.

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Policyholder: K-TUBE CORPORATION

Group dental insurance
Benefit summary for members elec epo

Your coverage renews every January 1
This summary was created on 10/22/2026 and shows benefits available at that time.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility		
Eligible employees	All active, full-time employees	
	Calendar-year deductible	Coinsurance your policy pays
Preventive	$0	100%
Basic	$50	80%
Major	$50	50%
Orthodontia	$0	50%
Additional provisions		
Family deductible	3 times the per person deductible amount	
Combined deductible	Your deductibles for basic and major are combined.	
Combined maximums	Your calendar year maximum for preventive, basic, and major EPO in-network services are combined. In-network calendar year maximums are $1,500 per person.	
Orthodontia lifetime maximum	$1,000 maximum	
Maximum accumulation	Included	

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - If you’re on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you’re still considered actively at work, as long as you’re fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don’t, you’ll have to wait until the next open enrollment period, or qualifying event.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity)

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Twice per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 16)
Sealants	Covered only for dependent children under age 16 once on first and second permanent molars (1 per 36 months)
Harmful habit appliance	Covered only for dependent children under age 16
Basic	
Emergency exams	Subject to Routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to Routine cleaning frequency limit
Fillings	Replacement fillings every 24 months.
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontices, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quardrant per 36 months

Major	
Crowns	Each 84 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 84 months per tooth
Bridges	84 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations
Orthodontia	
Coverage	For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered.

Additional Benefits

Maximum accumulation	Some of your unused annual benefit maximum can be carried over to the next year. To qualify, you must have had a dental service performed within the calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the out-of-network maximum benefit or $1,000. If the qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effective dates will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.
Periodontal program	If you're pregnant, have diabetes or heart disease, or are menopausal, or are menopausal, you may receive scaling and root planning covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the First Dental Health EPO network. 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.

What are the limitations and exclusions of my coverage?

- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

What are the restrictions of my coverage?

Orthodontia	If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows: 1) The lifetime maximum under any prior group coverage has not been exceeded, 2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and 3) Ortho treatment has been continued while insured under this policy. Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit. You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.

There are additional limitations to your coverage. A complete list is included in your booklet.

BOOKLET-CERTIFICATE NOTICE
CONFIDENTIAL COMMUNICATIONS REQUEST

The state of California wants you to know you have the right to make a request to receive communications of confidential health care information from us by alternative means or at an alternative location.

To make this request, you must complete, sign, and submit a "Confidential Communications Request" form. This form, along with directions on how to complete and return it to us, can be found on our website at: https://www.principal.com/help/help-individuals/find-form under "Restrict access to Private Health Information".

If you need assistance locating the request form, you may contact us at 1-800-843-1371.

This notice is for your information only and does not become a part or condition of this booklet-certificate.

GH 198 CCR CA

principal.com

This is a summary of dental coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

California Language Assistance Notice

Principal Life Insurance Company
Des Moines, IA 50392-0002

Principal®

No Cost Language Services. You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only. For help, call us at the number listed on your ID card or 1-800-247-4695. For more help call the CA Dept. of Insurance at 1-800-927-4357.

Servicios de idiomas sin costo. Solicite un intérprete. Le pueden leer documentos y que le envíen algunos en español. Para obtener ayuda, llámenos al número que figura en su tarjeta de identificación o al 1-800-247-4695. Para obtener más ayuda, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

خدمات ترجمة بدون تكلفة. يمكنك الحصول على مترجم وقراءة الوثائق لك باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك أو على الرقم 1-800-247-4695. للحصول على المزيد من المعلومات، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

Անվճար Լեզվական Ծառայություններ: Դուք կարող եք թարգման ձեռք բերել և փաստաթղթերը ընթերցել տալ ձեզ համար հայերեն լեզվով: Օգնության համար մեզ զանգահարեք ձեր ինքնության (ID) տոմսի վրա նշված կամ 1-800-247-4695 համարով: Լրացուցիչ օգնության համար 1-800-927-4357 համարով զանգահարեք Կալիֆորնիայի Ապահովագրության Բաժանմունք: Armenian

免費語言服務。您可獲得口譯員服務，用中文把文件唸給您聽。欲取得協助，請致電您的保險卡所列的電話號碼，或撥打 1-800-247-4695 與我們聯絡。欲取得其他協助，請致電1-800-927-4357 與加州保險部聯絡。Chinese

Cov Kev Pab Txhais Lus Tsis Them Nqi. Koj yuav thov tau kom muaj neeg los txhais lus rau koj thiab kom neeg nyeem cov ntawv ua lus Hmoob. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-247-4695 . Yog xav tau kev pab ntxiv hu rau CA lub Caj Meem Fai Muab Kev Tuav Pov Hwm ntawm 1-800-927-4357 Hmong

मुफ़्त भाषा सेवा. आपको दुभाषिया की सेवा मिल सकती है. दुभाषिए आपको दस्तावेज़ पढ़वा कर सुना सकते हैं और कुछ आपको आपकी भाषा में दस्तावेज़ भेज देते हैं. लिखित अनुवाद सिर्फ़ स्पेनिश में उपलब्ध हैं. सहायता के लिए, अपने आई कार्ड पर दिए गए नंबर या 1-800-247-4695 पर कॉल करें. अधिक सहायता के लिए, 1-800-927-4357 पर CA डिपार्टमेंट ऑफ़ इंश्योरेंस से बात करें. Hindi

無料の言語サービス 日本語で通訳をご提供し、書類をお読みします。サービスをご希望の方は、IDカード記載の番号または 1-800-247-4695 までお問い合わせください。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese

សេវាកម្មភាសាឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានអ្នកបកប្រែភាសា និងអានឯកសារជូនអ្នកជា ភាសាខ្មែរ ។ សម្រាប់ជំនួយ សូមទូរស័ព្ទមកយើងខ្ញុំតាមលេខដែលមានបង្ហាញលើប័ណ្ណសំគាល់ខ្លួនរបស់អ្នក ឬលេខ 1-800-247-4695 ។ សម្រាប់ជំនួយបន្ថែមទៀត សូមទូរស័ព្ទទៅក្រសួងធានារ៉ាប់រងរដ្ឋកាលីហ្វ័រញ៉ា តាមលេខ 1-800-927-4357 Khmer

ບໍ່ມີຄ່າບໍລິການດ້ານພາສາ ທ່ານຈະມີນາຍແປພາສາໃຫ້. ທ່ານສາມາດເອົາເອກະສານເຜີ່ຍມາອ່ານເອງ ແລະ ບາງສ່ວນແມ່ນສົ່ງໃຫ້ທ່ານໂດຍເປັນພາສາຂອງທ່ານ.
ການແປພາສາທີ່ເປັນລາຍລັກອັກສອນນັ້ນ ຈະມີແຕ່ພາສາແອັດສະປາຍເທົ່ານັ້ນ.
ສໍາລັບຄວາມຊ່ວຍເຫຼືອ, ໂທຫາພວກເຮົາຕາມລາຍການເບີໂທທີ່ຢູ່ໃນ ID ຂອງທ່ານ ຫຼື 1-800-247-4695. ສໍາລັບຂໍ້ຄວາມຊ່ວຍເຫຼືອເພີ່ມເຕີມ ໃຫ້ໂທຫາພະແນກ CA ຂອງປະກັນໄພ ທີ່ເບີ 1-800-927-4357. Lao

무료 통역 서비스. 귀하는 한국어 통역 서비스를 받으실 수 있으며 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 귀하의 ID 카드에 나와있는 안내 전화: 1-800-247-4695 번으로 문의해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내 전화 1-800-927-4357번으로 연락해 주십시오. Korean

Tengx nzie weih faan waac bun muangx se maiv zuqc feix zinh nyaanh. Meih haih lorx longc mienh liouh tengx faan waac. Meih corc haih zipv benx sou-nzangc liouh dorh mingh doqc mangc aengx caux maaih deix yaac duqv faan benx meih nyei fingz waac. Dungh fiev benx sou-nzangc faan daaih nyei waac se kungx zoux benx janx Spanish nduqc fingz waac hnangv oc. Liouh lorx mienh tengx nzie naaiv diuc jauv-louc nor, douc waac daaih lorx taux yie mbuo gan gu'ndiev norm finx-gorn dungh fiev hietv meih nyei ID fangx-daan wuov a'fai 1-800-247-4695. Aengx zoiz qiemx longc tengx jaa camv faaux nyei jauv-louc nor douc waac lorx taux CA gunv goux beu weih sou-gorn domh gorn zangc yiem njiec naaiv 1-800-927-4357. Mien

خدمات مجانی مربوط به زبان. میتوانید از خدمات یک مترجم شفاهی استفاده کنید و بگوئید مدارک به زبان فارسی برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است و یا این شماره 1-800-247-4695 تماس بگیرید. برای دریافت کمک بیشتر، به CA Dept. of Insurance (اداره بیمه کالیفرنیا) به شماره 1-800-927-4357 تلفن کنید. Persian

ਮੁਫ਼ਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਭਾਸ਼ੀਏ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਕੁਝ ਦਸਤਾਵੇਜ਼ ਤੁਹਾਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਭੇਜੇ ਜਾ ਸਕਦੇ ਹਨ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ ਜਾਂ 1-800-247-4695 'ਤੇ ਸਾਨੂੰ ਫ਼ੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫ਼ੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ਼ ਇਨਸ਼ੋਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫ਼ੋਨ ਕਰੋ। Punjabi

Бесплатные услуги перевода. Вы можете воспользоваться услугами переводчика, и ваши документы прочтут для вас на русском языке. Если вам требуется помощь, звоните нам по номеру, указанному на вашей идентификационной карте, или 1-800-247-4695 . Если вам требуется дополнительная помощь, звоните в Департамент страхования штата Калифорния (Department of Insurance) по телефону 1-800-927-4357. Russian

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng interpreter o tagasalin at maipababasa mo sa Tagalog ang mga dokumento. Para makakuha ng tulong, tawagan kami sa numerong nakalista sa iyong ID card o sa 1-800-247-4695 . Para sa karagdagang tulong, tawagan ang CA Dept. of Insurance sa 1-800-927-4357 Tagalog

[illegible] Thai

Безплатні послуги з перекладу. Ви можете скористатися послугами усного перекладача. Вам прочитають, а в деяких випадках і надішлють документи вашою мовою. Письмовий переклад наявний лише для іспанської мови. За довідкою телефонуйте за номером, вказаним на вашій ідентифікаційній картці, або 1-800-247-4695. За додатковою інформацією телефонуйте до Департаменту страхування в Каліфорнії за номером 1-800-927-4357. Ukrainian

Các Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí. Quý vị có thể được nhận dịch vụ thông dịch và được người khác đọc giúp các tài liệu bằng tiếng Việt. Để được giúp đỡ, hãy gọi cho chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc 1-800-247-4695 . Để được trợ giúp thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.

California Nondiscrimination Notice

Principal Life Insurance Company
Des Moines, IA 50392-0002

Discrimination is against the law. Principal Life Insurance Company (Principal Life) follows State and Federal civil rights laws. Principal Life does not unlawfully discriminate, exclude people, or treat them differently because of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation in connection with the group dental and vision care insurance benefits provided to customers.

No Cost Language Services

Principal Life provides access to no cost language services for people whose primary language is not English. You can get an interpreter. You can get documents read to you and some sent to you in your language. Written translations are available in Spanish only.

Relay Services for the hearing impaired

Principal Life is approved to assist customers using any Federal Communications Commission (FCC) approved relay service provider. Relay services include Video Relay Service (VRS) which allows the hearing impaired to place and receive calls with a professional American Sign Language (ASL) interpreter via a videophone and a high-speed internet connection. VRS and videophone calls are free to the hearing impaired.

A list of FCC approved relay service providers can be accessed at: https://www.fcc.gov/general/internet-based-trs-providers.

If you need these services, contact Principal Life between 7:30 am and 6:00 pm (CST) by calling the number on your ID card or 1-800-247-4695.

HOW TO FILE A GRIEVANCE

If you believe that Principal Life has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with Principal Life's Office of the General Counsel. You can file a grievance by phone, in writing, or electronically at:

Principal Life Insurance Company
Office of the General Counsel
711 High Street
Des Moines, IA 50392-0300
Phone: 515-247-6498
E-mail: CSDClaims@exchange.principal.com

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CALIFORNIA DEPARTMENT OF INSURANCE

You can also file a civil rights complaint with the California Department of Insurance by phone, in writing, or electronically:

- By phone: Call **1-800-927-4357**. If you cannot speak or hear well, please call **TDD 1-800-482-4833.**

- In writing: Fill out a complaint form or send a letter to:
  California Department of Insurance
  Consumer Services and Market Conduct Branch
  Consumer Services Division
  300 South Spring Street, South Tower
  Los Angeles, CA 90013

  Complaint forms are available at:
  http://www.insurance.ca.gov/01-consumers/101-help/

  Electronically: Visit the Getting Help page at http://www.insurance.ca.gov/01-consumers/101-help/

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- By phone: Call **1-800-368-1019**. If you cannot speak or hear well, please call **TTY/TDD 1-800-537-7697**.

- In writing: Fill out a complaint form or send a letter to:

  U.S. Department of Health and Human Services 200 Independence Avenue, SW
  Room 509F, HHH Building
  Washington, D.C. 20201

  Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

- Electronically: Visit the Office for Civil Rights Complaint Portal at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

Summary of Dental Benefits and Coverage Disclosure Matrix (SDBC)

Part I: GENERAL INFORMATION

Insurer Name: Principal Life Insurance Company

Plan Name: K-TUBE CORPORATION MEMBERS ELEC EPO

Policy Type: EPO

Insurer Phone #: 1-800-843-1371

Your coverage renews every January 1

Insurer Website: www.principal.com

THIS MATRIX IS INTENDED TO BE USED TO HELP YOU COMPARE COVERAGE BENEFITS AND WHAT YOU WILL PAY FOR COVERED SERVICES. THIS IS A SUMMARY ONLY AND DOES NOT INCLUDE THE PREMIUM COSTS OF THIS DENTAL BENEFITS PACKAGE. PLEASE CONSULT YOUR EVIDENCE OF COVERAGE AND DENTAL CONTRACT FOR DETAILED DESCRIPTION OF COVERAGE BENEFITS AND LIMITATIONS. FOR MORE INFORMATION ABOUT YOUR COVERAGE, VISIT THE INSURER WEBSITE AT WWW.PRINCIPAL.COM OR CALL 1-800-843-1371.

THIS MATRIX IS NOT A GUARANTEE OF EXPENSES OR PAYMENT.

Part II: DEDUCTIBLES

Deductible	In-Network	Out-of-Network
Dental	Preventive & Diagnostic None 3 times the per individual amount Basic $50 per individual 3 times the per individual amount Major $50 per individual 3 times the per individual amount	Not covered
Orthodontia	$0	Not covered

- **The deductible applies to all services as noted above.**
- A **deductible** is the amount you are required to pay for covered dental services each policy year before the insurer begins to pay for the cost of covered dental treatment.
- **In-network services** are dental care services provided by dentists or other licensed dental care providers that contract with your insurer for alternative rates of payment for dental services.
- **Out-of-network services** are dental care services provided by dentists or other licensed dental care providers that have not contracted with your insurer for alternative rates of payment.

Part III: MAXIMUMS POLICY WILL PAY

Maximum	In-Network	Out-of-Network
Annual Maximum	$1,500 per individual	Not covered
Lifetime or Annual Maximum for Orthodontia	$1,000 per individual per lifetime	Not covered

- **Annual maximum** is the maximum dollar amount your policy will pay towards the cost of dental care within a specific period of time, usually a consecutive 12-month or calendar year period. Not all services accrue to the annual maximum.
- **Lifetime maximum** means the maximum dollar amount your policy providing dental benefits will pay for the life of the enrollee. Lifetime maximums usually apply to specific services, such as orthodontic treatment.

Part IV: WAITING PERIODS

Waiting Periods: No waiting period.

Part V: WHAT YOU WILL PAY

All copayments and coinsurance costs shown in this chart apply after your deductible has been met, if a deductible applies. The Common Dental Procedures fit into one of the following applicable categories: Preventive & Diagnostic, Basic or Major. The Benefit Limitations and Exclusions column includes common limitations and exclusions only. For a full list, see the full disclosure document referenced in the Benefit Limitations and Exclusions column.

Common Dental Procedures	Category	In-Network	Out-of-Network	Benefit Limitations and Exclusions[1]
Oral Exam	Preventive & Diagnostic	0%	Not covered	2 per year
Bitewing X-ray	Preventive & Diagnostic	0%	Not covered	Only one set will be covered in any year
Cleaning	Preventive & Diagnostic	0%	Not covered	2 per year
Filling	Basic	20%	Not covered	Amalgam or resin-based (composite)

Extraction, Erupted Tooth or Exposed Root	Basic	20%	Not covered	There will be no separate benefit payable for bone grafting of an extraction site.
Root Canal	Basic	20%	Not covered	Complex endodontics (root canal therapy for molar teeth)
Scaling and Root Planing	Basic	20%	Not covered	Covered once each quadrant every 24 months.
Ceramic Crown	Major	50%	Not covered	1 per 84 months if tooth cannot be restored by a filling
Removable Partial Denture	Major	50%	Not covered	1 per 84 months
Extraction, Erupted Tooth with Bone Removal	Basic	20%	Not covered	There will be no separate benefit payable for bone grafting of an extraction site.
Orthodontia	Orthodontia	50%	Not covered	Child

[1]**Refer to the Description of Benefits, Schedule of Dental Procedures in the certificate for a full list of limitations and exclusions.**

Part VI: COVERAGE EXAMPLES

THESE EXAMPLES DO NOT REPRESENT A COST ESTIMATOR OR GUARANTEE OF PAYMENT. The examples provided represent commonly used services in the categories of Diagnostic and Preventive, Basic, and Major Services for illustrative purposes and to compare this policy to other dental policies you may be considering. Your actual costs will likely be different from those shown in the chart below depending on the actual care you receive, the prices your providers charge and many other factors. Focus on the cost sharing amounts (deductibles, copayments and coinsurance) and the summary of excluded services under the plan.

Dana Has a Dental Appointment with a New Dentist		Sam Needs a Tooth Filled		Maria Needs a Crown	
New patient exam, x-rays (FMX) and cleaning		Resin-based composite - one surface, posterior		Crown - porcelain/ceramic substrate	
Dana's Visit	**Dana's Cost**	**Sam's Visit**	**Sam's Cost**	**Maria's Visit**	**Maria's Cost**
Total Cost of Care	In-network: $400.00 Out-of-network: $550.00	Total Cost of Care	In-network: $150.00 Out-of-network: $200.00	Total Cost of Care	In-network: $1,300.00 Out-of-network: $1,750.00
Deductible	In-network: $0.00 Out-of-network: Not covered	Deductible	In-network: $50.00 Out-of-network: Not covered	Deductible	In-network: $50.00 Out-of-network: Not covered
Annual Maximum (Plan will pay)	In-network: $1,500.00 Out-of-network: Not covered	Annual Maximum (Plan will pay)	In-network: $1,500.00 Out-of-network: Not covered	Annual Maximum (Plan will pay)	In-network: $1,500.00 Out-of-network: Not covered
Patient Cost (coinsurance)	In-network: $0.00 Out-of-network: Not covered	Patient Cost (coinsurance)	In-network: $7.80 Out-of-network: Not covered	Patient Cost (coinsurance)	In-network: $317.00 Out-of-network: Not covered
In this example, Dana would pay (includes coinsurance and deductible, if applicable):	In-network: $0.00 Out-of-network: $450.00	**In this example, Sam would pay (includes coinsurance and deductible, if applicable):**	In-network: $118.80 Out-of-network: $200.00	**In this example, Maria would pay (includes coinsurance and deductible, if applicable):**	In-network: $983.00 Out-of-network: $1,750.00

Summary of what is not covered or subject to a limitation	2 per year Out-of-network: Not covered	Summary of what is not covered or subject to a limitation	In-network: Based on amalgam filling Out-of-network: Not covered	Summary of what is not covered or subject to a limitation	In-network: Not Covered Based on prcelain fused to noble metal Out-of-network: Not covered