

Simplify your dental care experience.

Let's face it, for many of us, visiting the dentist isn't our favorite activity. That's why the insurance side of the experience should be simple—and we get that.

This step-by-step guide can help you better understand your dental insurance journey.

Path 1: You need a routine visit.

They say an ounce of prevention is worth a pound of cure. Seeing your dentist regularly for routine care, which may include X-rays, helps you avoid problems down the line. So, how do you make it happen?

1 | Find a network dentist.

Your out-of-pocket costs could be lower.

Check your ID card for your network AND go to principal.com/dentist

OR

Give us a call: **800-247-4695**

2 | Confirm network participation.

When you schedule your appointment, confirm the provider is still in the network at your specific location.

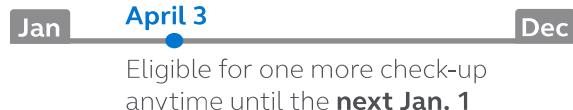
3 | Make sure you're eligible.

Depending on your policy, it may be too soon to schedule an appointment.

Example 1: One check-up every 6 months



Example 2: Check-ups twice a year



General X-ray guidelines

Your age and dental health profile determine how often you need X-rays and which type you'll receive. Although there is no one-size-fits-all answer, general guidelines include:

- Full set of X-rays⁽¹⁾ taken for new patients to establish a baseline. Changing dental offices? Request X-rays from previous providers be transferred to your new provider.
- Bitewing X-rays are generally taken every 12-24 months at routine visits.
- Periapical X-rays are not routinely taken and typically only necessary to diagnose a specific concern such as those addressed at an emergency visit.

Path 2: You need dental work.

When your teeth need special treatment, it's up to you and your dentist to decide what work needs to be done.

What are your next steps?

- 1 Talk to your dentist about submitting a **pre-determination**.
- 2 Remind your dentist to provide supporting documentation.
- 3 Plan for a processing period of 10 to 14 business days.
- 4 Call us with questions at 800-247-4695.

What's a pre-determination?

It's a review of the claim by a licensed dentist to determine if the procedure is dentally necessary and will be covered by your insurance.

Why do I need one?

- Prevents surprises about what will be paid
- Details the costs we cover and what you're responsible for, such as deductible, co-insurance, or non-covered services

Path 3: You need more information.

You're not in this alone. Have questions? We have answers.



Call us at
800-247-4695.



Send us a note via
[principal.com/
contact-us](http://principal.com/contact-us).

We'll get back
to you within
24-48 hours.



Download the
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with both Android and
Apple devices. Look for
it in Google Play or the
Apple App Store.



Log in or create an
account at principal.com.

⁽¹⁾ Typically only covered once in any 60 consecutive months.



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This is an overview of the benefits dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. Colorado and West Virginia residents: view your state mandated access plan at principal.com/accessplans or call 800-247-4695 to request a copy. Oregon policy form GC 7100-1 (0415).

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