

	Principal Dental PPO 1500 (High Plan) 99th UCR		Principal Dental PPO 1000 (Low Plan) Fee Schedule	
Individual Annual Deductible	\$50	\$50	\$50	\$50
Family Annual Deductible	\$150	\$150	\$150	\$150
Maximum (the sum of all Network and Non-Network benefits will not exceed Annual maximum)	\$1,500 per person per Calendar Year	\$1,500 per person per Calendar Year	\$1,000 per person per Calendar Year	\$1,000 per person per Calendar Year
New enrollee's waiting period	None		None	
COVERED SERVICES *	In-Network	Out-of-Network	In-Network	Out-of-Network
DIAGNOSTIC SERVICES				
Periodic Oral Evaluation	100%	100%	100%	100%
Radiographs	100%	100%	100%	100%
Lab and Other Diagnostic Tests	100%	100%	100%	100%
PREVENTIVE SERVICES				
Prophylaxis (Cleaning)	100%	100%	100%	100%
Fluoride Treatment (Preventative) Sealants	100%	100%	100%	100%
Space Maintainers	100%	100%	100%	100%
BASIC SERVICES				
Restorations, Amalgams or Composite (Anterior & Posterior)	80%	80%	100%	80%
Emergency Treatment/General Services Simple Extractions	80%	80%	100%	80%
Oral Surgery (incl. surgical extractions) Periodontics	80%	80%	100%	80%
Endodontics	80%	80%	100%	80%
MAJOR SERVICES				
Inlays/Onlays/Crowns	60%	50%	60%	50%
Dentures and Removable Prosthetics	60%	50%	60%	50%
Fixed Partial Dentures (Bridges)	60%	50%	60%	50%
ORTHODONTIA				
Coinsurance	50%	50%	Not Covered	Not covered
Maximum Benefit	\$1,500 Lifetime Max	\$1,500 Lifetime Max	\$0	\$0
2026 Rates per Paycheck				
Employee	\$24.31		\$20.61	
Employee + Spouse	\$39.52		\$39.52	
Employee + Child(ren)	\$47.73		\$47.73	
Family	\$71.93		\$71.93	