

Group Dental Insurance
Marketing Guide

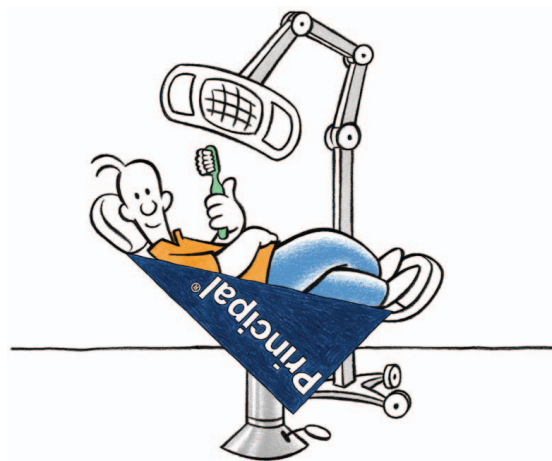


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We'll give you an edge[®]

Employers – especially small employers – rely on your advice when making employee benefit decisions. For you to recommend a dental carrier, that carrier should provide you with:

- A comprehensive dental product portfolio
- Industry leading flexibility
- Additional benefits that go beyond insurance
- Outstanding reputation and service
- A competitive compensation program

Dental insurance from Principal Life Insurance Company delivers on all counts.

We understand the advantages of good oral health and the effect it has on reducing significant health risks. For 40 years, Principal Life has been educating members to seek regular, preventive dental care.

A record of results

A leader in dental insurance, Principal Life is among the **10 top carriers overall**.¹ We serve 68,000 employers with more than **4.6 million members** covered by group insurance from Principal Life.

Principal Life's customer service garners high satisfaction levels from employers, employees and providers. **In fact, 90% of inforce employer groups are very satisfied or satisfied with our dental claims services.**²

OUTSTANDING SERVICE	
Claim Service Measures ³	
Dental Claims Processed in 2009	3,368,049
Claims Financial Accuracy	99.4%
Claims Processed Within 10 Business Days	94.1%
Claims Auto Payment	67%

¹ LIMRA New Sales and Inforce Report, 2008, based on new subscribers

² 2009 Annual Dental Employer Satisfaction Survey

³ 2009 Principal Life Internal Claims Data



Our comprehensive product

Unscheduled PPO

With one of the nation's largest Preferred Provider Organization (PPO) networks, Principal Life offers your clients substantial cost savings through building customized programs and offering different in- and non-network maximums.

- When an employee visits a PPO dentist, the maximum charge for each covered procedure is the amount agreed to by the PPO dentist.
- When an employee visits a non-PPO dentist, Principal Life pays the claim based upon the prevailing fee. If the non-PPO dentist charges more than the prevailing fee amount, the employee is responsible for paying the difference.

Scheduled/MAC PPO

Scheduled/Maximum Allowable Charge (MAC) PPO bases its payments for in-network and non-network services on the amount agreed to by PPO dentists.

- When an employee visits a PPO dentist, the maximum covered charge for each covered procedure is the amount agreed to by the PPO dentist.
- When an employee visits a non-PPO provider, the covered claim is paid based on the PPO negotiated fee schedule. If the non-PPO dentist charges more than the scheduled amount, the employee is responsible for paying the balance.

Programs can be customized by:

- Providing different levels of co-insurance percentage or deductibles between in-network and non-network services
- Encouraging employees to utilize network providers through higher reimbursement levels and lower out-of-pocket expenses

EPO

An Exclusive Provider Organization (EPO) is a discounted fee-for-service benefit with no out-of-network benefits. Our innovative EPO selects specific dental care providers based on their credentials for quality, cost-effective care. EPO has limited availability. Please check with your sales office to determine if EPO is available for you to market.

Point of Service

The Point of Service (POS) design offers three benefit levels – EPO, PPO and non-network. It allows employers to offer comprehensive benefits at a competitive price, and it offers members freedom of choice in selecting a provider. The benefit received is determined at the point of service, depending on the provider used for care. Please check with your local sales office to determine if POS is available for you to market.

Pre-paid dental

Available in select markets, there are no claim dollars paid by Principal Life with pre-paid dental plans. The provider receives a per employee, per month capitation fee whether or not the member receives services. The member is responsible for the total cost of the services received, but those services are charged at a deep discount to the member.

The Principal Plan Dental Network

Principal Life has an extensive nationwide provider network. Access to network providers helps employees save money on dental care, and it helps contain claim costs.

- Members can choose from more than 125,000 total provider access points across the country, and our dental network ranks #1 in size in many metropolitan statistical areas, according to 2009 Netminder data.
- Our network team reviews dentist billing and practice patterns, claim history, and credentials to determine dentists' eligibility to become network providers. Once they join the network, they agree to charge patients a negotiated fee.
- Principal Life's negotiated fee schedules saved members \$30 million in 2009.
- A team of network specialists located around the country focuses on the needs and satisfaction of our network dentists.
- A joint co-leasing arrangement with Ameritas allows us to meet customer demand in a competitive marketplace.

DID YOU KNOW? The average discount generated by our PPO networks is 25%. Savings of up to 26% can be realized by moving from an Unscheduled PPO to a Scheduled/MAC PPO.



Our industry-leading flexibility

Benefit flexibility

Our dental insurance products – Principal Dental Series II and PDS – offer a large range of deductibles, coinsurance and maximums. Please review the “Benefit flexibility” section (pages 8-9) for more information.

Provisional flexibility

The key advantage of PDS II/PDS is provisional flexibility. Provisional-level flexibility is the ability to have specific procedures moved between service categories or coverage units. Most carriers offer provisional flexibility through pre-packaged benefit options. At Principal Life, you have the opportunity to choose the provisional level that meets the needs of your local market or clients. And with PDS II, you can also change the frequency and age limits. Please review the “Provisional flexibility” section (pages 10-11) for more information.

Voluntary dental

Dental benefits from Principal Life can be offered on a voluntary basis. Through our low employee participation requirement of 25% (minimum of five employees enrolled), employers can offer a comprehensive dental benefit without increasing their employee benefits costs. Employees not only receive quality dental coverage at affordable group rates, but they can pay for coverage through a Section 125 plan that offers tax advantages to the employee and the employer.

Multiple price points

With a full range of products, benefit levels, provisional flexibility, voluntary and employee choice, Principal Life and PDS II/PDS offer dental alternatives to help your clients find the right balance between high quality and low cost employee benefits.

Employee Choice

Available to groups with 10 or more enrolled employees, employers can customize a program that offers multiple dental benefits. The employees then choose the benefits they need and can afford. Employee Choice is a great option for employers looking to manage benefit costs, but still offer quality benefits.

EMPLOYEE CHOICE SAMPLE DESIGNS	
LOW	HIGH
100/50/25 Coinsurance	100/80/50 Coinsurance
\$50 Deductible for Basic & Major	\$25 Deductible for Basic & Major
\$500 Maximum	\$1,000 Maximum
Employer-Paid Premium	Employee-Paid Premium
Scheduled PPO Network	Unscheduled PPO Network

CORE	BUY-UP
100% Coinsurance for Preventive only	100/80/50 Coinsurance
\$0 Deductible for Preventive only	\$50 Deductible for Basic & Major
\$250 Maximum	\$1,500 Maximum
Employer-Paid Premium	Employee-Paid Premium
Scheduled PPO Network	Unscheduled PPO Network

Periodontal Program

With our Periodontal Program, Principal Life encourages members at risk for health complications due to periodontal disease to seek extra dental care.

Members who are pregnant or who have diabetes or heart disease may receive scaling and root planning services covered at 100% of covered charges or an extra preventive (routine or periodontal) cleaning at no additional cost.

Cancer Treatment Oral Health Program

This program allows members undergoing chemotherapy or head/neck radiation therapy to receive extra dental care necessary to maintain good oral and overall health. Patients are eligible to receive up to three fluoride treatments every 12 months at 100% of covered charges and one additional routine cleaning per 12 months. The fluoride treatments must be administered at the time of a scheduled cleaning.

Only patients who have cancer and are receiving chemotherapy or head/neck radiation therapy can use this program.

Maximum Accumulation Plan

The Maximum Accumulation Plan is a popular feature that rewards employees who seek routine, preventive dental care by allowing a portion of the unused maximum benefit to roll over or increase the maximum benefit in the following year.

The rollover only applies to the Units 1-3 calendar year maximum and is determined at the claimant level.

Examples

Employee 1

	Calendar Year Maximum	Threshold	Benefits Paid	Yearly Rollover Amount	Accumulated Rollover Amount	Total Maximum Available
Year 1	\$2,000	\$1,000	\$550	\$500	\$500	\$2,500
Year 2	\$2,000	\$1,000	\$850	\$500	\$1,000	\$3,000
Year 3	\$2,000	\$1,000	\$1,250	\$0	\$1,000	\$3,000
Year 4	\$2,000	\$1,000	\$725	\$500	\$1,500	\$3,500
Year 5	\$2,000	\$1,000	\$0	\$0	\$0	\$2,000
Year 6	\$2,000	\$1,000	\$600	\$500	\$500	\$2,500
Year 7	\$2,000	\$1,000	\$250	\$500	\$1,000	\$3,000

Employee 2

	Calendar Year Maximum	Threshold	Benefits Paid	Yearly Rollover Amount	Accumulated Rollover Amount	Total Maximum Available
Year 1	\$1,000	\$500	\$250	\$250	\$250	\$1,250
Year 2	\$1,000	\$500	\$750	\$0	\$250	\$1,250
Year 3	\$1,000	\$500	\$321	\$250	\$500	\$1,500
Year 4	\$1,000	\$500	\$0	\$0	\$0	\$1,500
Year 5	\$1,000	\$500	\$0	\$0	\$0	\$1,000
Year 6	\$1,000	\$500	\$450	\$250	\$250	\$1,250
Year 7	\$1,000	\$500	\$200	\$250	\$500	\$1,500

The amount rolled over or accumulated for the following year's maximum is 50% of the threshold amount, which is the lesser of 50% of the annual maximum or \$1,000. Members can accumulate up to four times the accumulation amount. However, if a member doesn't submit any claims in a year, the entire accumulated maximum benefit is forfeited.

DID YOU KNOW? Principal Life honors earned rollover from a takeover group's prior carrier.



Benefits beyond insurance

VSP Access Plan

When your clients' employees enroll for dental coverage from Principal Life, they have automatic access to a vision discount program – the VSP Access Plan. VSP Access offers enrolled employees and their dependents discounts on vision services offered through VSP doctors – at no additional cost. **This discount plan is not vision insurance.**

Principal Dental Health EdgeSM

The consumer dental health site provides access to the resources needed to make informed decisions about oral health. Members have access to comprehensive dental information, Dentistat-certified dentists that can answer oral health questions and a Dental Cost Estimator to help find approximate costs in a specific ZIP code. The site is also available in Spanish.

Other discounts

- Epic Dental – discount on Xylitol products
- Meredith Publishing – discount on *Diabetic Living* magazine
- Weight Watchers® – discount on weight-loss services
- American Hearing Benefits, Inc. – discount on hearing care
- National Lasik Network – discount on laser vision correction

Principal Employee Benefits Service Center

At www.principal.com, information specifically geared toward your clients with group dental insurance is just a click away. Employers can manage employee benefits in less time, with less paperwork and less hassle. Plus, employees can view benefits, access health information and find a network provider.

DID YOU KNOW? Nearly 86% of our policyholders would recommend Principal Life to another company searching for a dental carrier.¹

¹ 2009 Annual Dental Employer Satisfaction Survey

Value added discounts and services are not a part of the insurance contract and may be changed or discontinued at any time. **These discounts are not insurance coverage.** VSP, Epic Dental, Meredith Publishing, Weight Watchers®, American Hearing Benefits, Inc., and National Lasik Network are not members of the Principal Financial Group.

Benefit flexibility

PDS II

OPTIONS FOR NON-VOLUNTARY DENTAL AND VOLUNTARY DENTAL			
	CALENDAR/POLICY YEAR DEDUCTIBLE OPTIONS	COINSURANCE OPTIONS	CALENDAR/POLICY YEAR MAXIMUM OPTIONS
	PPO (in-network), PPO (non-network), EPO	PPO (in-network), PPO (non-network), EPO	PPO (in-network), PPO (non-network), EPO
PREVENTIVE	\$0-300*	10-100%	\$250-\$3,000
BASIC		10-100%	
MAJOR		10-100%	

*Deductibles of \$100 or more can also be lifetime.

OPTIONS FOR NON-VOLUNTARY DENTAL AND VOLUNTARY DENTAL				
	LIFETIME DEDUCTIBLE OPTIONS	COINSURANCE OPTIONS		CALENDAR/POLICY YEAR MAXIMUM OPTIONS
	PPO (in-network), PPO (non-network), EPO	PPO (non-network), EPO	PPO (non-network), EPO	PPO (in-network), PPO (non-network), EPO
ACCIDENT	\$0	100%	100%	\$500-5,000
COSMETIC		25/50/80%	25/50/80%	\$500/750/1,000/1,500/ 2,000/5,000
IMPLANT		25/50/80%	25/50/80%	\$1,000-1,500
ORTHODONTIC		25-60%	25-60%	\$500/750/1,000/1,500/ 2,000/5,000
TMJ		25/50/80%	25/50/80%	\$500/ 750/1,000/1,500/ 2,000/5,000

Riders available

Dental accidents coverage for 100% of services necessary due to a dental injury.

Cosmetic services coverage for teeth bleaching, veneers, and anterior ¾ cast crowns.

Dental implants coverage for surgical placement of implant, body implant connecting bar, and implant repair and removal.

Orthodontia coverage for bands and appliances, any needed x-rays, children and adults (25+ lives required to elect adult ortho coverage).

TMJ treatment coverage for diagnostic X-rays (TMJ arthrogram, tempographic survey, other TMJ joint films), occlusal orthotic device, occlusal guard, occlusal analysis and occlusal adjustment.

PDS

OPTIONS FOR NON-VOLUNTARY DENTAL			
	CALENDAR YEAR DEDUCTIBLE OPTIONS	COINSURANCE OPTIONS	CALENDAR YEAR MAXIMUM OPTIONS
	PPO (in-network), PPO (non-network), EPO	PPO (in-network), PPO (non-network), EPO	PPO (in-network), PPO (non-network), EPO
PREVENTIVE	\$0-300	10-100%	\$200-\$3,000
BASIC		10-100%	
MAJOR		10-80%	
ORTHODONTIC (Lifetime Maximum)	\$0	25-60%	\$200-\$5,000

OPTIONS FOR VOLUNTARY DENTAL			
	CALENDAR YEAR DEDUCTIBLE OPTIONS	COINSURANCE OPTIONS	CALENDAR YEAR MAXIMUM OPTIONS
	PPO (in-network), PPO (non-network), EPO	PPO (in-network), PPO (non-network), EPO	PPO (in-network), PPO (non-network), EPO
PREVENTIVE	\$0-300	10-100%	\$250-\$3,000
BASIC		10-100%	
MAJOR		10-80%	
ORTHODONTIC (Lifetime Maximum)	\$0	25-60%	\$250-\$5,000

DEDUCTIBLE – CREDIT/CARRYOVER	<p>If an employer provides Principal Life with a list of employees and dependents who have already satisfied a portion of or all of their calendar year deductible, we will make the necessary adjustment.</p> <p>The Preventive/Basic/Major maximum starts over when a group becomes effective with Principal Life. (Uncommon in the industry, this benefit gives you an edge on the competition.)</p> <p>The orthodontia lifetime maximum is reduced by the amount used with the previous carrier.</p>
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Provisional flexibility

PDS II

ALL GROUPS			
UNIT	PROCEDURE	FREQUENCY	FLEXIBILITY
PREVENTIVE	Routine Oral Exams	Two every 12 months	
	Fluoride Treatments	One or two every 12 months	Age limit: 12+, adults
	Routine Prophylaxis (Cleanings)	Two or four every 12 months	
OPTIONAL IN EITHER PREVENTIVE OR BASIC	Bitewing X-ray ¹	One or two sets every 12 months	
	Full Mouth Survey X-ray ¹	Once every 24, 36 or 60 months	
	Sealants	Once every 24 or 36 months	Age limit: 12+, adults Optional: Not covered
	Emergency Exams	(See Routine Oral Exams)	<ul style="list-style-type: none"> Apply emergency exam frequency to the regular exam frequency limit Allow one emergency exam in addition to regular exam frequency limit
	Periodontal Prophylaxis (Periodontal Maintenance)	Two or four every 12 months	<ul style="list-style-type: none"> Apply perio prophy frequency to the routine prophy frequency limit Create separate frequency limit for perio prophy
	Harmful Habit Appliances		Age limit: 12+
	Space Maintainers		Age limit: 12+
BASIC	Fillings		
	Composite Fillings (White Fillings) on Molars		Optional: <ul style="list-style-type: none"> Covered in Basic Maximum benefit of amalgam fillings on molars
	Occlusal Guard		Optional: <ul style="list-style-type: none"> Covered in Basic Not covered
OPTIONAL IN EITHER BASIC OR MAJOR	Non-Surgical Periodontics ²		
	Surgical Periodontics		
	Simple Oral Surgery ³		
	Complex Oral Surgery		
	Simple Endodontics ⁴		
	Complex Endodontics		Endodontic procedures on molars as well as surgeries
	General Anesthesia/IV Sedation		
	Repairs to Partial Dentures, Bridges or Crowns		
	Crowns, Inlays, Onlays, Cast Post and Core, Core Buildup	60-, 84- or 120-month replacement	
	Porcelain Facings (for Crowns and Bridges on Molars) ¹		Optional: <ul style="list-style-type: none"> Covered Maximum benefit of cast metal
MAJOR	Bridges		
	Full and Partial Dentures	Once every 60 months	
	Dental Implants		Optional: <ul style="list-style-type: none"> Not covered Covered in Major Dental Implant Additional Benefit Rider

PDS

ALL GROUPS		
UNIT	PROCEDURE	FREQUENCY
PREVENTIVE	Routine or Oral Exams	Two every 12 months
	Fluoride Treatments	Under age 14, once every 12 months
	Prophylaxis (Cleanings)	Two every 12 months
OPTIONAL IN EITHER PREVENTIVE OR BASIC	Bitewing X-ray ⁵	Once every 12 months
	Full Mouth Survey ⁵	Once every 60 months
	Sealants ⁶	Under age 16 or 14, once every 36 months
	Emergency Exams ⁶	(See Routine or Oral Exams)
BASIC	Fillings	
OPTIONAL IN EITHER BASIC OR MAJOR	Non-Surgical Periodontics ²	Once per 24 months
	Surgical Periodontics	Once per 36 months
	Simple Oral Surgery ³ Complex Oral Surgery Endodontics	
MAJOR	Crowns, Inlays & Onlays	Option to cover once every 120, 84 or 60 months
	Bridges	Option to cover once every 120, 84 or 60 months
	Full and Partial Dentures	Once per 60 months

¹ Optional: Cover all X-rays in Preventive; cover all X-rays in Basic; or cover some in Preventive (Bitewing, Periapical and Occlusal X-rays) and all others in Basic

² If Surgical Periodontics is quoted in Basic, Non-Surgical Periodontics must also be quoted in Basic

³ If Complex Oral Surgery is quoted in Basic, Simple Oral Surgery must also be quoted in Basic

⁴ If Complex Endodontics is quoted in Basic, Simple Endodontics must also be quoted in Basic

⁵ Bitewing & Full Mouth Survey, combined, can be jointly moved to Basic when Non-Surgical & Surgical Periodontics, Simple & Complex Oral Surgery and Endodontics are in Major

⁶ Sealants & Emergency Exams, combined, can be jointly moved to Basic when Surgical Periodontics, Complex Oral Surgery and Endodontics are in Major

⁷ Principal Life Insurance Company Dental Claims Study, 2009

DID YOU KNOW? 95.2% of customers never use their entire annual maximum.⁷

Underwriting guidelines

CASE REQUIREMENTS	
YEARS IN BUSINESS	A group must have been in business for at least 12 months to provide a quote.
TAKEOVER BENEFITS	Groups with prior dental coverage for at least 12 months qualify for takeover benefits.
CASE LEVEL WAITING PERIODS	Start-up groups <i>may</i> elect a group waiting period of 12 months for Major or Orthodontic.
	Note: For PDS II, all groups can elect a Basic and/or Major/Rider waiting period of six, 12, 18 or 24 months.
GROUP SIZE	Minimum case size is five participating employees if stand-alone dental coverage is sold; three participating employees if multiple lines of coverage are sold.
VOLUNTARY DENTAL GROUP SIZE	Minimum case size is 10 eligible employees.
EMPLOYEE BENEFIT CHOICE GROUP SIZE	<p>Minimum case size is 10 enrolled employees. At least one employee must be enrolled in each benefit offering.</p> <ul style="list-style-type: none"> • Deductible, coinsurance, calendar year maximum, provisional level, prevailing fee and network options can vary between benefit options. • Selection of service category (preventive, basic and major) can vary between benefit options. • Consult with your representative for more information.
ORTHODONTIA	<p>Child Orthodontia</p> <ul style="list-style-type: none"> • Available to groups of 10 or more enrolled employees <p>Adult Orthodontia</p> <ul style="list-style-type: none"> • Available to groups of 25 or more enrolled employees

CONTINUATION – DEATH OF INSURED	<p>With PDS, if an employee dies while insured, the dependent’s dental coverage will be continued without premium payment until the earlier of the:</p> <ul style="list-style-type: none"> • Date the group benefit terminates • Date insurance has been continued for three months <p>With PDS and PDS II, if the benefit is subject to COBRA or a state continuation law, this continuation period will be concurrent with the COBRA or state continuation period.</p>
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EMPLOYEE REQUIREMENTS	
ELIGIBILITY	Dental coverage is available to full-time employees actively working at least 30 hours per week.
DEPENDENT COVERAGE	Employees must be enrolled with dental coverage before it is offered to their dependents.
RETIREE COVERAGE	Dental benefits are available to retired members and dependents if the group elects to cover retirees. Retired members cannot exceed 15% of the participants in the group. Retiree coverage is not available for voluntary dental.
MULTI-SITE LOCATION	Employees need not be in the same location. Principal Life is able to offer dental insurance to employers with employees in multiple locations. PPO coverage is provided through our nationwide network that also offers reciprocal benefits. Therefore, even when traveling, enrollees can visit network providers.

TREATMENT OUTSIDE THE UNITED STATES	
DENTAL INSURANCE FROM PRINCIPAL LIFE COVERS TREATMENT OR SERVICES PROVIDED OUTSIDE THE UNITED STATES WHEN THE EMPLOYEE IS:	<ul style="list-style-type: none"> • Traveling, provided he or she is not securing health care diagnosis or treatment • On a business assignment • A full-time student, either attending an accredited school in a foreign country or participating in an academic program in a foreign country for credit from a school in the United States
	Note: PDS requires the member is traveling on a business assignment for six months or less.

PARTICIPATION/CONTRIBUTIONS	
EMPLOYER CONTRIBUTION	For dental coverage, employers must contribute at least 50% of the employee premium. Employers receive a 5% discount if they pay 100% of the employees' premium.
VOLUNTARY DENTAL CONTRIBUTION	Employers do not need to contribute any employee premium, but may contribute up to 49%.
PARTICIPATION	If employees contribute to the cost of insurance: <ul style="list-style-type: none"> • At least 75% of the eligible employees must participate. If employees do not contribute to the cost of insurance: <ul style="list-style-type: none"> • 100% of the eligible employees must participate.
VOLUNTARY DENTAL PARTICIPATION	Minimum of 25% of eligible employees or five participants (50% participation in NY). If a group's participation falls below 25% at policy anniversary, the group will not be renewed.
DENTAL CHOICE PARTICIPATION	Participation is determined on a combined basis between both designs in the choice offering. Standard participation guidelines apply.
ANNUAL ENROLLMENT	Standard for both employer-paid and voluntary dental groups in which members can enroll into the dental coverage during the annual enrollment period and not be subject to the late entrant waiting period. If annual enrollment is not elected, members can come on at any time but could be subject to the late entrant benefit waiting period.
LATE ENTRANT BENEFIT WAITING PERIOD	Applies to employees who enroll more than 31 days after the date they become eligible. <ul style="list-style-type: none"> • Provides preventive services in the first 12 months. • Basic services available after 12 months; full coverage available after 24 months.
WAIVERS	Waivers are needed on employer-paid dental. Valid waivers do not reduce participation. Invalid waivers reduce a group's participation rate. Examples of invalid waivers include cost, individual coverage, an employee who doesn't want coverage, etc. Not applicable to voluntary dental.

EXPERIENCE RATING	
GROUPS OVER 100 LIVES WITH PRIOR COVERAGE	<p>Provide experience information to the underwriter prior to releasing a quote, including:</p> <ul style="list-style-type: none"> • Current benefits • Paid premium • Paid claims • Current rates • Renewal rates
WHEN EXPERIENCE IS NOT AVAILABLE	<p>If experience is not available, a Benefit Rate Comparison (BRC) must be done.</p> <p>A preformatted spreadsheet is available, with the following information required:</p> <ul style="list-style-type: none"> • Current rates (or renewal rates) • Current benefit levels (co-insurance, deductibles, etc.) • Current provisional levels (procedures within coverage units) • Principal Life billed rates for a comparable benefit

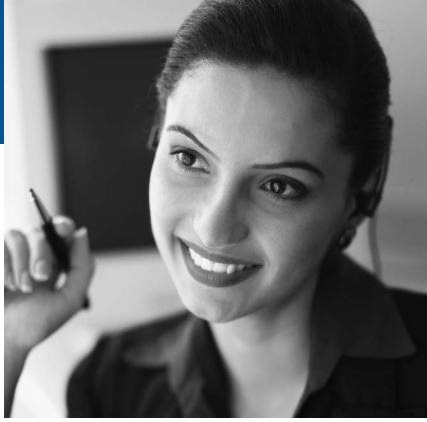
PREVAILING FEE (USUAL AND CUSTOMARY)	
THE PREVAILING FEE CHARGE IS THE AMOUNT MOST DENTISTS WITHIN A GEOGRAPHICAL AREA CHARGE FOR A TREATMENT OR SERVICE. ANY AMOUNT OVER THE PREVAILING FEE CHARGE MAY BE BALANCE BILLED TO THE EMPLOYEE.	<p>Our standard level of screening is the 80th percentile (meaning 80% of the charges submitted for particular services within a given geographical area are the same amount [the 80th percentile amount] or less for that service).</p> <ul style="list-style-type: none"> • Groups may also choose 99th, 95th, 90th, 85th, 75th, 70th, 60th or 50th percentile for a rate adjustment from our standard 80th percentile screening. <p>We screen a charge based on the following information:</p> <ul style="list-style-type: none"> • Provider ZIP code • Date of service • Procedure code <p>Our screening data are updated every six months.</p> <ul style="list-style-type: none"> • Principal Life uses its own data plus data from Ingenix to screen charges. • Ingenix collects charges from many insurance companies, which gives more credibility to our own statistics.

GUARANTEE OPTIONS	
RATE GUARANTEE	<ul style="list-style-type: none"> • One-year guarantee is standard for all dental products. • Two-year option available.

DID YOU KNOW? Prevailing fee data for our most popular procedure codes is available upon request.

Claims reference

<p>MISSING TOOTH PROVISION</p>	<p>Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under Principal Life policy. When our coverage replaces coverage under a prior carrier, continuous coverage under the prior insurance may be applied to our missing tooth provision requirement. (See “Replacement of prior plan.”)</p>
<p>REPLACEMENT OF PRIOR PLAN PROVISION</p>	<p>The “replacement of prior plan provision,” also referred to as a “No Loss of Coverage” provision by some carriers, applies to takeover or transfer business from one carrier to another.</p> <ul style="list-style-type: none"> • It assures the initially covered persons and their dependents won’t be deprived of coverage due to a change in carriers. However, the provision doesn’t guarantee that coverage levels will be the same. • It applies to only those persons and their dependents who were covered under the prior coverage on the date of its termination and who are eligible and enrolled under our policy on its date of issue. • It waives the missing tooth provision (provided that missing tooth was extracted while the covered person was insured under the prior coverage). (See “Missing Tooth Provision.”)
<p>COORDINATION OF BENEFITS (COB)</p>	<p>Procedure for limiting benefits from two or more carriers to 100% of the claimant’s covered expenses. Most group insurance contains a COB provision. The most common type of COB provision provides guidelines enabling two or more carriers to determine their liability and pay all covered expenses without allowing the member to make a profit.</p>
<p>PREDETERMINATION</p>	<p>A claim will not be denied just because predetermination of benefits was not submitted. Benefits will still be paid and charges will be subject to the coverage provisions. However, if the employee does not obtain predetermination of benefits, he/she is waiving the right to be informed about how much of the claim will be paid. The employee will be liable if the benefit does not pay for – or only partially pays for – treatment.</p> <p>For estimated dental charges for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, an employee’s dentist should submit an itemized treatment plan to Principal Life before treatment begins. This helps the dentist and employee determine what the coverage will pay and any remaining amount the employee will pay. This process does not apply to emergency treatment.</p>



Compensation programs

The key to our success comes from establishing the best working relationship with you. You work hard for us and we reward you with a competitive compensation program that offers graded and flat commissions, and bonuses.

Flat commissions

Flat commissions are available subject to state limitations.

Graded scale commissions

	PREMIUM	PERCENT
First	\$5,000	10.0%
Next	\$5,000	8.0%
Next	\$15,000	6.0%
Next	\$25,000	4.0%
Next	\$100,000	3.0%
Next	\$350,000	2.5%
More than	\$500,000	1.6%

Non-Medical Bonus Program

Our Non-Medical Bonus Program rewards you for placing and maintaining group non-medical insurance business with Principal Life.

For more information

To learn more about our compensation programs, please contact your local sales representative.

Note: Principal Life may change or terminate commission scales or bonus programs at any time without prior notice.



Successful enrollments

After you've convinced your client that dental insurance can be affordable and an important addition to a comprehensive employee health care program, your focus changes to your client's employees and the enrollment process. Improve employee participation by following these steps.

ENROLLMENT STEPS	
EDUCATE	<p>Educate your client. Engaged and enthusiastic clients boost employee participation.</p> <ul style="list-style-type: none"> • Make sure your client understands the type of dental benefit they are providing. • Use provider statistics or directories when applicable. • Claimant and provider satisfaction results can build confidence in the carrier. • Review the benefits and limitations of common dental claims with your client – such as cleanings, exams, X-rays, fillings and crowns.
ENCOURAGE	<p>Encourage your client to support mandatory enrollment meetings at work on company time.</p>
PROMOTE	<p>Promote your enrollment meeting. Have the employer communicate the value of dental coverage prior to the enrollment meeting through payroll stuffers, postcards or posters.</p>
DISCUSS	<p>Try to sit down with employees one-on-one. Discuss the benefits of enrolling:</p> <ul style="list-style-type: none"> • Cost-effective group premiums. • Comprehensive benefits – covering not only the employee but family members. • Importance of preventive care and the insurance benefits designed around it – typically no deductibles and 100% coinsurance. • Relationship of dental health to overall health. • Out-of-pocket considerations without dental benefits – employees may not realize the cost of common procedures like root canals and crowns, and wouldn't want to pay 100% of that unexpected expense.
OUTLINE	<p>Use enrollment and marketing material intended for the employee – including a benefit summary – to outline the dental benefits and how those benefits work.</p>

<p>AGE 65+ COVERAGE</p>	<p>Medicare specifically excludes dental treatment, so unless benefit specifications indicate otherwise, dental coverage will be continued for active members or dependents age 65 and over with no change in the provisions of the benefit. Note: Dental benefits are available to retired members and dependents if the group is eligible and elects to cover retirees.</p>
<p>ID CARDS</p>	<p>Employees usually receive ID cards within one month after their effective date, assuming Principal Life receives accurate and complete information prior to the group's effective date.</p> <p>If an employee goes to the dentist before receiving an ID card, a claim form is filled out and sent in by either the employee or the dentist (usually the dentist). Principal Life claims department manually determines if the employee is eligible based on enrollment cards, and determines the level of benefits based on sold case material.</p>
<p>NEWBORN COVERAGE</p>	<p>A dependent may be enrolled up to 31 days after the child's third birthday without penalty (i.e., three-year open enrollment period for newborns).</p>

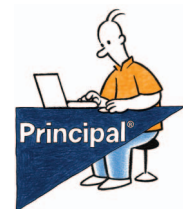
DID YOU KNOW? You can use your secure login at www.principal.com/financialprofessional to access typical fees charged for dental procedures in your area.

Marketing materials

Marketing materials and enrollment packets are provided to you for free when you are enrolling employees of a Principal Life policyholder. Samples of our materials are available through www.principal.com, your local Principal Life representative or by calling 800-554-3392.

FOR MORE INFORMATION

Contact your local sales representative to learn more or visit www.principal.com.



Optional pieces for insertion

Double the Resources (Ameritas relationship)	GP 51661
Employee Choice at a Glance	GP 52592
Grow Your Dental Business	GP 53292
Healthy Smile, Healthy You	GP 53183
Maximum Accumulation Plan	GP 55232
Non-Medical Products & Services Guide	GP 51699
PPO Facts at a Glance (local PPO numbers)	GP xxxxx (form numbers vary)
Principal Dental Series II	GP 54934
Value-Added Services for Non-Medical Coverages	GP 54893
Voluntary Dental at a Glance	GP 50511



WE'LL GIVE YOU AN EDGE®

Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

This brochure is intended for broker use only. It provides general information about group dental insurance available from Principal Life. It is not an insurance contract or complete statement of the provisions, benefits, limitations, exclusions and restrictions of the insurance. Some provisions are not available in all states. Contact your local sales representative for more information, including availability of specific products in your state, costs and a proposal outlining the coverage.

Please remember to abide by the company's policy on disclosure of compensation. You can obtain more information as well as a sample disclosure form at <http://www.principal.com>. Insurance products and plan third party administrative services are provided by Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, IA 50392.