Policyholder: PRAIRIE COMMUNITY BANK

Group dental insurance
Benefit summary for
officers earning 30k or more

Your coverage renews every December 1
This summary was created on 10/21/2026 and shows benefits available at that time.

Network	Dental Preferred Provider Organization (PPO)
Network service area	Includes the Illinois counties of Adams, Alexander, Bond, Boone, Carroll, Champaign, Clark, Clinton, Coles, Cook, Cumberland, DeKalb, DeWitt, DuPage, Edgar, Effingham, Fayette, Ford, Franklin, Fulton, Greene, Grundy, Hardin, Henderson, Henry, Iroquois, Jackson, Jefferson, Jersey, Kane, Kankakee, Kendall, Lake, LaSalle, Lee, Livingston, Logan, Macon, Macoupin, Madison, McDonough, McHenry, McLean, Monroe, Montgomery, Morgan, Moultrie, Ogle, Peoria, Perry, Putnam, Randolph, Rock Island, St. Clair, Saline, Sangamon, Shelby, Stephenson, Tazewell, Union, Vermillion, Washington, Wayne, White, Whiteside, Will, Williamson, Winneabgo, Woodford.

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	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	$0	$0	100%	100%
Basic	$50	$50	80%	80%
Major	$50	$50	50%	50%
Orthodontia	$0	$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your in-network deductiblesfor basic and major services are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.			

Combined maximum	Your calendar year maximum for preventive, basic, and major in-network services are combined. Your calendar year maximum for preventive, basic, and major out-of-network services are combined. In-network calendar year maximums are $1,000 per person or out-of-network calendar year maximums are $1,000 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.
Orthodontia lifetime maximum	$1,000 PPO in-network maximum / $1,000 PPO out-of-network maximum
Maximum accumulation	Included
Plan type	Unscheduled

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
  - o 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.
  - o 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.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive	
Routine exams	Once per six months
Routine cleanings	Once per six months
Bitewing X-rays	Once per six months
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 19)
Sealants	Covered only for dependent children under age 19 once on first and second permanent molars (1 per each 36 months)

Basic	
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; once per six months
Fillings	Replacement fillings every 24 months
Composite (tooth colored)	Covered on posterior teeth

Oral surgery	Simple
Harmful habit appliance	Covered only for dependent children under age 19

Major	
Oral surgery	Complex
General anesthesia / IV sedation (covered only for specific procedures)	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics	Once per quadrant per 24 months (including scaling and root planing)
Periodontal surgical procedures	Once per quadrant per 36 months
Crowns	Each 120 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 120 months per tooth
Implants	Each 120 months per tooth
Bridges	120 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

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90th percentile of the usual and customary charges.
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

Emergency services	If you have a dental emergency and you can't see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider. You must provide information either with the claim or during an appeal that identifies the situation as an emergency.
Participating provider services	If you require treatment and you can't see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider. You must provide information either with the claim or during an appeal that informs Principal Life if there was no participating provider reasonably available.
Periodontal program	If you're pregnant, have diabetes or heart disease, or are menopausal, you may receive scaling and root planing 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 Principal Plan Dental network, with more than 117,000 dentists nationwide. 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.

How are complaints handled?

You, your provider, or your representatives can send a complaint in writing to us or to the Illinois Insurance Department.

When you send the complaint to us, we will let you know that we received your complaint and immediately start an investigation. A response will be sent to you within 15 working days from the receipt of the complaint.

When we receive a complaint from the Illinois Department of Insurance, we will send a response within 21 calendar days of the department's letter (unless specified earlier by the Insurance Department).

Our response will include a description of how and when you were covered with Principal Life, the policy provisions that we relied on, what has happened with your claim, and an explanation of the final decision.

We maintain a complaint register that allows individual reconstruction of complaints as well as summary data.

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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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