

**PTS Services  
Dental & Vision Coverage  
Effective 02/01/2022**



**Principal Life Dental - PPO**

<u>Services</u>	<u>In Network</u>	<u>Out-Of-Network</u>
Preventive	100%	100%
Basic	80%	80%
Major	50%	50%
<b>Annual Plan Max</b>	\$3,000	
<b>Periodontal and Endodontics</b>	Covered at 80%	
<b>Oral Surgery</b>	Covered at 80%	
<b>Cosmetic Rider</b>	Annual Whitening / Veneers - \$1,000 Lifetime Max / Member	
<b>Composite Fillings</b>	Covered	
<b>Implant Coverage</b>	Covered	
<b>Waiting Period - Major Services</b>	None	
<b>Deductible for Basic and Major</b>	\$50 Individual / \$150 Family	
<b><u>Employee Semi-Monthly Payroll Deduction</u></b>		
<i>Employee Only</i>	\$18.88	
<i>Employee &amp; Spouse</i>	\$40.04	
<i>Employee &amp; Children</i>	\$37.76	
<i>Family</i>	\$60.87	

**Principal VSP Vision**

<u>Services &amp; Materials</u>	<u>Benefit</u>	<u>CoPay</u>
	Exam	\$10
	Material	\$25
	Retail Frame Allowance	<b>Coverage Amount</b> up to \$150
	Contact Lens	up to \$150
<b>Frequencies</b>	Exam	1x / 12 Months
	Lenses	1x / 12 Months
	Frames	1x / 12 Months
<b><u>Employee Semi-Monthly Payroll Deduction</u></b>		
<i>Employee Only</i>	\$4.11	
<i>Employee &amp; Spouse</i>	\$8.01	
<i>Employee &amp; Children</i>	\$8.42	
<i>Family</i>	\$11.71	