



Employers Dental Services

Understand your benefits

Dental enrollment and coverage guide
300N



Get affordable dental benefits



Here's good news:

You and your family now have access to high-quality dental care at a reduced cost. That's something to smile about!

When you enroll in this pre-paid dental plan

from Employers Dental Services (EDS), a Principal® company, you get coverage for both routine and specialized services. This plan is available in Arizona.

In addition, you benefit from:

- No deductibles, waiting periods, yearly maximums or claim forms
- Orthodontic benefits for children and adults
- Worldwide emergency dental benefits 24 hours a day

Who's eligible?

You can enroll in coverage after meeting your employer's eligibility requirements or during annual benefits enrollment. You can also cover family members (known as dependents).

Ask your employer for details about when you can enroll and which dependents are eligible. You must add dependents within 31 days of becoming eligible for coverage. And don't forget to remove dependent children when they're no longer eligible.

Enrolling is easy

It takes just three easy steps:

- 1 Get the details of your coverage by reading this book.
- 2 Choose a participating general dentist at employersdental.com. You and your dependents must use the same dentist.
- 3 Follow your employer's guidelines for enrolling.

After enrolling, you'll receive an ID card. And even though you won't need to show it at appointments, we know some people like to carry one.

Let's connect

Web: employersdental.com

Phone: Talk to English or Spanish speaking representatives.
Monday-Friday, 8 a.m. – 5 p.m.
(Arizona time)
Tucson: 520-696-4343
Phoenix: 800-722-9772
Statewide: 800-722-9772

Email: EDSCS@principal.com

Mail: Employers Dental Services
3430 East Sunrise Dr., Suite 160
Tucson, AZ 85718

Employers Dental Services

We're one of the largest pre-paid dental plans in Arizona. As a member, you have access to a high-quality dental network. Our providers meet rigorous credentialing requirements and undergo requalification every three years.

And whether you're more comfortable speaking English or Spanish, bilingual customer service and management teams in Arizona can help you out.

Your benefits

Seeing your dentist. Your dental care starts with the general dentist you select when you enroll. Make an appointment with your dentist after your coverage begins. At your first appointment, your dentist evaluates your oral health. Before any treatment begins, you can discuss your concerns and questions, and work together to achieve or maintain good dental health.

Be sure to ask your dentist which procedures they perform—not all dentists perform all procedures. For example, some dentists don't do extractions, or use amalgam (silver-colored) fillings. If your general dentist feels you need to see a specialist (like an endodontist, periodontist, or oral surgeon), you won't need a separate referral.

It's important to keep appointments since you may be charged a fee for missed appointments. Call your dental office at least 24 hours in advance if you're unable to keep a scheduled appointment.

Cost of services. Your EDS dentist may recommend some type of dental service. Once you have a treatment plan, staff at the dental office explain the costs you're responsible for. Need to see a specialist? With our network of dental specialists, you get up to **25% off** the office fees.

For each appointment, you're charged an office visit fee plus the cost for any services. Keep in mind, payment is due at the time you receive services.

You can check out your savings in the **covered services and cost** section in this book. It compares your cost to the average cost of a procedure without EDS benefits.

What's covered. With this coverage, many of the services you think should be covered are—like exams, cleanings and fillings. Plus, you get extra discounts on eyewear.

For a complete listing of covered dental services, refer to the **covered services and cost** section in this book.

Orthodontic benefits for children and adults. If you need orthodontic treatment (including braces), this coverage provides the extra care you need. And, you benefit from no waiting periods, no required referrals and no lifetime benefit maximums.

Visiting an EDS orthodontist means you save **25% off** the office fees. Keep in mind, to get this discount, you must have EDS coverage for the duration of treatment.

Orthodontists typically require you sign a contract for treatment. After signing it, you get a treatment plan and payment terms. If you already have orthodontia treatment in process, you're not eligible for this service.

Temporomandibular Joint Disorder (TMJ). Having TMJ (problems with your jaw and the muscles in your face that control it) can be difficult. If you have TMJ and need extra care, EDS covers procedures and services for that treatment. And, when you visit an EDS TMJ dentist, you save up to **25% off** the office fees. Plus, you don't need a referral.

Emergency care benefits. Sometimes, emergencies happen. Fortunately, your EDS plan covers the **temporary relief** of pain, bleeding, and acute infection.


For a dental emergency, you're reimbursed up to \$200 less any costs you'd normally be charged for treatment. If you have a dental emergency:

- 1 Contact your general dentist first. If you're unable to reach your dentist, you may seek care immediately from any licensed dentist.
- 2 Mail a copy of your paid, itemized receipt (in English) to EDS within 90 days, so you can be reimbursed.
- 3 Follow-up with your general dentist for additional care or treatment.

Covered services and cost

EDS 300N

These costs are for services provided by your EDS general dentists. When you visit an EDS specialist, you get up to 25% off the office fees. Plus, you don't need a referral. Specialists include endodontists, oral surgeons, pediatric dentists, periodontists, prosthodontists, and TMJ dentists.

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|--|---|--------------|-----------|
| <div style="text-align: center;">  </div> | | | |
| <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"> Want to see your savings? Compare your cost to the average cost of a procedure without EDS benefits. </div> | | | |
| <div style="background-color: #0056b3; color: white; padding: 5px;"> Diagnostic Procedures that aid the dentist in evaluating existing conditions and determining required dental care. </div> | | | |
| D9431 | Office visit – per patient/per visit | 50.00 | 3.00 |
| D0120 | Periodic oral evaluation – periodic oral evaluation – est patient | 61.00 | No charge |
| D0140 | Limited oral evaluation – problem focused | 94.00 | 15.00 |
| D0145 | Oral evaluation – new or established patient under age 3/counseling with primary caregiver | 85.00 | No charge |
| D0150 | Comprehensive oral evaluation – new or established patient | 96.00 | No charge |
| D0160 | Detailed and extensive oral evaluation – problem focused, by report | 149.00 | 55.00 |
| D0170 | Reevaluation – limited, problem focused (established patient; not post-op visit) | 81.00 | 13.00 |
| D0180 | Comprehensive periodontal evaluation new or established patient | 114.00 | No charge |
| D0190 | Screening of patient | 63.00 | No charge |
| D0191 | Assessment of patient | 87.00 | No charge |
| D0210 | Intraoral – complete series (including bitewings) | 146.00 | 20.00 |
| D0220 | Intraoral – periapical – first film | 34.00 | No charge |
| D0230 | Intraoral – periapical – each additional film | 27.00 | No charge |
| D0240 | Intraoral – occlusal film | 40.00 | No charge |
| D0270 | Bitewing – single film | 38.00 | No charge |
| D0272 | Bitewings – two films | 54.00 | No charge |
| D0273 | Bitewings – three films | 55.00 | No charge |
| D0274 | Bitewings – four films | 72.00 | No charge |
| D0277 | Vertical bitewings – 7 to 8 films | 100.00 | 30.00 |
| D0330 | Panoramic film | 127.00 | 20.00 |
| <div style="background-color: #0056b3; color: white; padding: 5px;"> Preventive Procedures that prevent the occurrence of oral diseases. </div> | | | |
| D0431 | Adjunctive prediagnostic test that aids in detection of mucosal abnormalities including pre alignment and malignant lesions, not to include cytology or biopsy procedures | 45.00 | 20.00 |
| D0460 | Pulp vitality tests | 46.00 | No charge |
| D0470 | Diagnostic casts | 117.00 | 7.00 |
| D1110 | Prophylaxis (cleaning) adult | 104.00 | 3.00 |
| D1120 | Prophylaxis (cleaning) child | 82.00 | 3.00 |
| D1206 | Topical Fluoride Varnish – therapeutic application for moderate to high caries risk patients | 56.00 | 13.00 |
| D1208 | Topical fluoride application – excluding varnish | 45.00 | No charge |
| D1310 | Nutritional counseling for control of dental disease | 24.00 | No charge |
| D1320 | Tobacco counseling for the control and prevention of oral disease | 66.00 | No charge |
| D1330 | Oral hygiene instructions | 95.00 | No charge |
| D1351 | Sealant – per tooth | 62.00 | 11.00 |
| D1510 | Space maintainer – fixed-unilateral | 363.00 | 130.00 |
| D1516 | Space maintainer – fixed-bilateral, upper | 538.00 | 155.00 |
| D1517 | Space maintainer – fixed-bilateral, lower | 564.00 | 155.00 |
| D1520 | Space maintainer – removable unilateral | 348.00 | 130.00 |
| D1526 | Space maintainer – removable bilateral | 440.00 | 155.00 |
| D1527 | Space maintainer – removable bilateral, lower | 440.00 | 155.00 |
| D1551 | Recementation of space maintainer | 78.00 | 20.00 |
| D1552 | Recementation of space maintainer – mandibular | 84.00 | 20.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|---|---|--------------|-------------|
| Restorative Services to restore and repair teeth. | | | |
| D2140 | Amalgam filling – one surface, primary or permanent | 177.00 | 11.00 |
| D2150 | Amalgam filling – two surfaces, primary or permanent | 210.00 | 15.00 |
| D2160 | Amalgam filling – three surfaces, primary or permanent | 253.00 | 21.00 |
| D2161 | Amalgam filling – four or more surfaces, primary or permanent | 236.00 | 26.00 |
| D2330 | Resin filling – one surface, anterior | 181.00 | 28.00 |
| D2331 | Resin filling – two surfaces, anterior | 222.00 | 37.00 |
| D2332 | Resin filling – three surfaces, anterior | 269.00 | 49.00 |
| D2335 | Resin – based composite-four or more surfaces(anterior) | 327.00 | 57.00 |
| D2390 | Resin based composite crown, anterior | 365.00 | 71.00 |
| D2391 | Resin filling – one surface, posterior | 200.00 | 34.00 |
| D2392 | Resin filling – two surfaces, posterior | 252.00 | 41.00 |
| D2393 | Resin filling – three surfaces, posterior | 308.00 | 51.00 |
| D2394 | Resin filling – four or more surfaces, posterior | 355.00 | 52.00 |
| D2510 | Inlay – metallic – one surface | 1046.00 | 220.00 |
| D2520 | Inlay – metallic – two surfaces | 1084.00 | 235.00 |
| D2530 | Inlay – metallic – three or more surfaces | 1030.00 | 255.00 |
| D2542 | Onlay – metallic – two surfaces | 1010.00 | 807.00 |
| D2543 | Onlay – metallic – three surfaces | 1357.00 | 855.00 |
| D2544 | Onlay metallic – four or more surfaces | 1376.00 | 792.00 |
| D2721 | Crown – resin with predominantly base metal | 1331.00 | 450.00 |
| D2722 | Crown – resin with noble metal | 1360.00 | 265.00 +Lab |
| D2740 | Crown – porcelain ceramic substrate | 1306.00 | 450.00 |
| D2750 | Crown – porcelain fused to high noble metal | 1015.00 | 265.00 +Lab |
| D2751 | Crown – porcelain fused to predominantly base metal | 929.00 | 445.00 |
| D2752 | Crown – porcelain fused to noble metal | 1156.00 | 265.00 +Lab |
| D2780 | Crown – 3/4 cast high noble metal | 1348.00 | 265.00 +Lab |
| D2781 | Crown – 3/4 cast predominantly base metal | 1298.00 | 450.00 |
| D2782 | Crown – 3/4 cast noble metal | 1448.00 | 265.00 +Lab |
| D2783 | Crown – 3/4 cast porcelain/ceramic | 1380.00 | 450.00 |
| D2790 | Crown – full cast high noble metal | 1295.00 | 265.00 +Lab |
| D2791 | Crown – full cast predominantly base metal | 1300.00 | 450.00 |
| D2792 | Crown – full cast noble metal | 1283.00 | 265.00 +Lab |
| D2794 | Crown – titanium | 1420.00 | 445.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|--|--------------|-----------|
| D2799 | Provisional crown-temporary restoration of at least six months | 567.00 | 36.00 |
| D2910 | Re-cement inlay, onlay, or partial coverage restoration | 125.00 | 17.00 |
| D2920 | Re-cement crown | 120.00 | 17.00 |
| D2930 | Prefabricated stainless steel crown – primary tooth | 280.00 | 55.00 |
| D2931 | Prefabricated stainless steel crown – permanent tooth | 329.00 | 55.00 |
| D2932 | Prefabricated resin crown | 458.00 | 75.00 |
| D2933 | Prefabricated stainless steel crown with resin window | 380.00 | 80.00 |
| D2940 | Sedative filling temporary filling to relieve pain | 132.00 | 19.00 |
| D2950 | Core buildup including pins | 301.00 | 36.00 |
| D2951 | Pin retention – per tooth, in addition to restoration | 92.00 | 36.00 |
| D2952 | Post and core in addition to crown, indirectly fabricated | 418.00 | 150.00 |
| D2953 | Each additional indirectly fabricated post-same tooth | 276.00 | 130.00 |
| D2954 | Prefabricated post and core in addition to crown | 344.00 | 60.00 |
| D2957 | Each additional prefabricated post – same tooth | 155.00 | 40.00 |
| D2960 | Labial veneer (resin laminate)-chairside | 821.00 | 285.00 |
| D2961 | Labial veneer (resin laminate)-laboratory | 922.00 | 535.00 |
| D2962 | Labial veneer (porcelain laminate) – laboratory | 1483.00 | 610.00 |
| D2980 | Crown repair, by report | 292.00 | 130.00 |

Endodontics (root canal therapy)
Procedures for treating diseases of the dental pulp (nerve).

| | | | |
|-------|---|---------|--------|
| D3110 | Pulp cap – direct (excluding final restoration) | 97.00 | 5.00 |
| D3120 | Pulp cap – indirect (excluding final-restoration) | 88.00 | 5.00 |
| D3220 | Therapeutic pulpotomy (excluding final restoration) – removal of pulp coronal to the dentinocemental junction and application of medicament | 215.00 | 45.00 |
| D3221 | Pulpal debridement primary and permanent teeth | 264.00 | 50.00 |
| D3230 | Pulpal therapy (resorbable filling) – anterior, primary tooth (excluding final restoration) | 261.00 | 70.00 |
| D3240 | Pulpal therapy (resorbable filling) – posterior, primary tooth (excluding final restoration) | 310.00 | 85.00 |
| D3310 | Anterior (excluding final restoration) | 907.00 | 170.00 |
| D3320 | Bicuspid (excluding final restoration) | 1019.00 | 200.00 |
| D3330 | Molar (excluding final restoration) | 1312.00 | 295.00 |
| D3332 | Incomplete endodontic therapy; inoperable, unrestorable or fractured tooth | 550.00 | 75.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|---|--------------|-----------|
| D3346 | Retreatment of previous root canal therapy – anterior | 1226.00 | 315.00 |
| D3347 | Retreatment of previous root canal therapy – bicuspid | 1386.00 | 345.00 |
| D3348 | Retreatment of previous root canal therapy – molar | 1609.00 | 451.00 |
| D3351 | Apexification/recalcification – initial visit (apical closure/calcific repair of perforations, root resorption, etc.) | 155.00 | 85.00 |
| D3352 | Apexification/recalcification – interim medication replacement (apical closure/calcific repair of perforations, root resorption, etc.) | 278.00 | 85.00 |
| D3353 | Apexification/recalcification – final visit (includes completed root canal therapy-apical closure/calcific repair of perforations, root resorption, etc.) | 926.00 | 85.00 |
| D3410 | Apicoectomy/periradicular surgery – anterior | 934.00 | 160.00 |
| D3421 | Apicoectomy/periradicular surgery – bicuspid (first root) | 1045.00 | 160.00 |
| D3425 | Apicoectomy/periradicular surgery – molar (first root) | 1154.00 | 160.00 |
| D3426 | Apicoectomy/periradicular surgery – (each additional root) | 403.00 | 115.00 |
| D3430 | Retrograde filling – per root | 350.00 | 95.00 |
| D3450 | Root amputation – per root | 600.00 | 95.00 |
| D3920 | Hemisection (including any root removal) not including root canal therapy | 565.00 | 85.00 |

Periodontics

Procedures for treating diseases of the gingival tissues (gum) and periodontal membrane.

| | | | |
|-------|---|---------|--------|
| D4210 | Gingivectomy or gingivoplasty – four or more contiguous teeth or bounded teeth spaces-per quadrant | 825.00 | 215.00 |
| D4211 | Gingivectomy or gingivoplasty – one to three contiguous teeth or bounded teeth spaces -per quadrant | 454.00 | 140.00 |
| D4240 | Gingival flap procedures, including root planing – four or more contiguous teeth or bounded teeth spaces – per quadrant | 852.00 | 245.00 |
| D4241 | Gingival flap procedure, including root planing – one to three contiguous teeth or bounded teeth spaces – per quadrant | 543.00 | 195.00 |
| D4249 | Clinical crown lengthening – hard tissue | 935.00 | 245.00 |
| D4260 | Osseous surgery including flap entry & closure – four or more contiguous teeth or bounded teeth spaces – per quadrant | 1408.00 | 365.00 |
| D4261 | Osseous surgery including flap entry & closure – one to three contiguous teeth or bounded teeth spaces – per quadrant | 1358.00 | 295.00 |
| D4320 | Provisional splinting-intracoronal | 358.00 | 65.00 |
| D4321 | Provisional splinting-extracoronal | 377.00 | 70.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|---|--------------|-----------|
| D4341 | Periodontal scaling and root planing – four or more teeth per quadrant | 273.00 | 85.00 |
| D4342 | Periodontal scaling and root planing – one-three teeth per quadrant | 206.00 | 70.00 |
| D4346 | Scaling in presence of generalized gingival inflammation – full mouth, after oral evaluation | 224.00 | 180.00 |
| D4355 | Full mouth debridement to enable comprehensive periodontal evaluation and diagnosis | 190.00 | 75.00 |
| D4381 | Localized delivery of antimicrobial agents via a controlled release vehicle into diseased crevicular tissue, per tooth, by report | 139.00 | 24.00 |
| D4910 | Periodontal maintenance | 160.00 | 55.00 |

Prosthodontics

Procedures for providing artificial replacements of missing natural teeth.

| | | | |
|-------|--|---------|--------|
| D5110 | Complete denture – upper | 1657.00 | 555.00 |
| D5120 | Complete denture – lower | 1679.00 | 555.00 |
| D5130 | Immediate denture – upper | 1829.00 | 555.00 |
| D5140 | Immediate denture – lower | 1884.00 | 555.00 |
| D5211 | Upper partial-resin base (including any conventional clasps, rests and teeth) | 1326.00 | 470.00 |
| D5212 | Lower partial – resin base (including any conventional clasps, rests and teeth) | 1332.00 | 470.00 |
| D5213 | Upper partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 1772.00 | 495.00 |
| D5214 | Lower partial denture – cast metal framework with resin denture bases (including any conventional clasps, rests and teeth) | 1748.00 | 495.00 |
| D5282 | Removable unilateral partial denture – 1 piece cast metal (including clasps and teeth) – upper | 1059.00 | 300.00 |
| D5283 | Removable unilateral partial denture – one piece cast metal (including clasps and teeth) – lower | 1059.00 | 300.00 |
| D5410 | Adjust complete denture – upper | 92.00 | 31.00 |
| D5411 | Adjust complete denture – lower | 95.00 | 31.00 |
| D5421 | Adjust partial denture – upper | 92.00 | 31.00 |
| D5422 | Adjust partial denture – lower | 98.00 | 31.00 |
| D5511 | Repair broken complete denture base – lower | 226.00 | 65.00 |
| D5512 | Repair broken complete denture base – upper | 223.00 | 65.00 |
| D5520 | Replace missing or broken teeth – complete denture (each tooth) | 187.00 | 65.00 |
| D5611 | Repair resin partial denture base – lower | 168.00 | 65.00 |
| D5612 | Repair resin partial denture base – upper | 221.00 | 65.00 |
| D5621 | Repair cast framework – lower | 215.00 | 65.00 |
| D5622 | Repair cast framework – upper | 215.00 | 65.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|--|--------------|-------------|
| D5630 | Repair or replace partial denture broken clasp | 291.00 | 65.00 |
| D5640 | Replace partial denture broken teeth – per tooth | 202.00 | 65.00 |
| D5650 | Add tooth to existing partial denture | 220.00 | 65.00 |
| D5660 | Add clasp to existing partial denture | 274.00 | 65.00 |
| D5670 | Replace all teeth and acrylic on cast metal framework (upper) | 715.00 | 349.00 |
| D5671 | Replace all teeth and acrylic on cast metal framework (lower) | 715.00 | 349.00 |
| D5710 | Rebase complete upper denture | 580.00 | 65.00 |
| D5711 | Rebase complete lower denture | 527.00 | 65.00 |
| D5720 | Rebase upper partial denture | 824.00 | 65.00 |
| D5721 | Rebase lower partial denture | 824.00 | 65.00 |
| D5730 | Reline complete upper denture (chairside) | 408.00 | 65.00 |
| D5731 | Reline complete lower denture (chairside) | 426.00 | 65.00 |
| D5740 | Reline upper partial denture (chairside) | 303.00 | 65.00 |
| D5741 | Reline lower partial denture (chairside) | 381.00 | 65.00 |
| D5750 | Reline complete upper denture (laboratory) | 498.00 | 130.00 |
| D5751 | Reline complete lower denture (laboratory) | 506.00 | 130.00 |
| D5760 | Reline upper partial denture (laboratory) | 438.00 | 130.00 |
| D5761 | Reline lower partial denture (laboratory) | 469.00 | 130.00 |
| D5820 | Interim partial denture (upper) | 676.00 | 310.00 |
| D5821 | Interim partial denture (lower) | 730.00 | 310.00 |
| D5850 | Tissue conditioning, upper | 233.00 | 24.00 |
| D5851 | Tissue conditioning, lower | 272.00 | 24.00 |
| D6055 | Dental implant supported connecting bar | 473.00 | 225.00 |
| D6056 | Prefabricated abutment – includes placement | 680.00 | 425.00 |
| D6057 | Custom abutment – includes placement | 989.00 | 430.00 |
| D6058 | Abutment supported porcelain/ceramic crown | 1599.00 | 775.00 |
| D6059 | Abutment supported porcelain fused to metal crown-high noble metal | 1677.00 | 555.00 +Lab |
| D6060 | Abutment supported porcelain fused to metal crown – predominantly base metal | 1267.00 | 555.00 +Lab |
| D6061 | Abutment supported porcelain fused to metal crown-noble metal | 1472.00 | 555.00 +Lab |
| D6062 | Abutment supported cast metal crown-high noble metal | 1535.00 | 555.00 +Lab |
| D6063 | Abutment supported cast metal crown-predominantly base metal | 1686.00 | 755.00 |
| D6064 | Abutment supported cast metal crown-noble metal | 1688.00 | 555.00 +Lab |
| D6065 | Implant supported porcelain/ceramic crown | 1633.00 | 755.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|--|--------------|-------------|
| D6066 | Implant supported porcelain fused to metal crown (titanium, titanium alloy, high noble metal) | 1514.00 | 755.00 |
| D6067 | Implant supported metal crown (titanium, titanium alloy, high noble metal) | 1541.00 | 755.00 |
| D6068 | Abutment supported retainer for porcelain/ceramic FPD | 1514.00 | 545.00 |
| D6069 | Abutment supported retainer for porcelain fused to metal FPD (high noble metal) | 1503.00 | 545.00 |
| D6070 | Abutment supported retainer for porcelain fused to metal FPD (predominantly base metal) | 1929.00 | 545.00 |
| D6071 | Abutment supported retainer for porcelain fused to metal FPD (noble metal) | 1381.00 | 420.00 +Lab |
| D6072 | Abutment supported retainer for cast metal-high noble metal | 1992.00 | 420.00 +Lab |
| D6073 | Abutment supported retainer for cast metal FPD (predominantly base metal) | 1819.00 | 545.00 |
| D6074 | Abutment supported retainer for cast metal FPD (noble metal) | 1933.00 | 420.00 +Lab |
| D6075 | Implant supported retainer for ceramic FPD | 1897.00 | 545.00 |
| D6076 | Implant supported retainer for porcelain fused to metal FPD (titanium, titanium alloy, high noble metal) | 1183.00 | 545.00 |
| D6077 | Implant supported retainer for cast metal FPD (titanium, titanium alloy, high noble metal) | 1923.00 | 545.00 |
| D6080 | Implant maintenance procedures, including removal of prosthesis, cleansing of prosthesis and abutments and reinsertion of prosthesis | 1253.00 | 900.00 |
| D6090 | Repair implant supported prosthesis, by report | 2562.00 | 1450.00 |
| D6210 | Pontic – cast high noble metal | 786.00 | 265.00 +Lab |
| D6211 | Pontic – cast predominantly base metal | 1285.00 | 440.00 |
| D6212 | Pontic – cast noble metal | 1153.00 | 265.00 +Lab |
| D6240 | Pontic – porcelain fused to high noble metal | 1097.00 | 265.00 +Lab |
| D6241 | Pontic – porcelain fused to predominantly base metal | 890.00 | 440.00 |
| D6242 | Pontic – porcelain fused to noble Metal | 1057.00 | 265.00 +Lab |
| D6245 | Pontic – porcelain/ceramic | 1255.00 | 450.00 |
| D6250 | Pontic – resin with high noble metal | 1337.00 | 265.00 +Lab |
| D6251 | Pontic – resin fused to predominantly base metal | 1233.00 | 450.00 |
| D6252 | Pontic – resin with noble metal | 1273.00 | 265.00 +Lab |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|---|--------------|-------------|
| D6545 | Retainer – cast metal for resin bonded fixed prosthesis | 868.00 | 270.00 |
| D6720 | Crown – resin with high noble metal | 1349.00 | 265.00 +Lab |
| D6721 | Crown – resin fused to predominantly base metal | 1279.00 | 445.00 |
| D6722 | Crown – resin with noble metal | 1206.00 | 265.00 +Lab |
| D6740 | Crown – porcelain/ceramic | 1251.00 | 445.00 |
| D6750 | Crown – porcelain fused to high noble metal | 1083.00 | 265.00 +Lab |
| D6751 | Crown – porcelain fused to predominantly base metal | 951.00 | 445.00 |
| D6752 | Crown – porcelain fused to noble metal | 1055.00 | 265.00 +Lab |
| D6780 | Crown – 3/4 cast high noble metal | 1303.00 | 265.00 +Lab |
| D6781 | Crown – 3/4 cast predominantly base metal | 1303.00 | 450.00 |
| D6782 | Crown – 3/4 cast noble metal | 1210.00 | 270.00 +Lab |
| D6783 | Crown – 3/4 cast porcelain/ceramic | 1341.00 | 450.00 |
| D6790 | Crown – full cast high noble metal | 1169.00 | 265.00 +Lab |
| D6791 | Crown – full cast predominantly base metal | 1242.00 | 450.00 |
| D6792 | Crown – full cast noble metal | 1310.00 | 270.00 +Lab |
| D6920 | Connector bar FPD | 190.00 | 50.00 |
| D6930 | Re-cement fixed partial denture | 131.00 | 30.00 |
| D6940 | Stress breaker FPD | 455.00 | 130.00 |
| D6950 | Precision attachment FPD | 799.00 | 150.00 |
| D6980 | Fixed partial repair by report | 363.00 | 70.00 |

Oral surgery

Procedures for treating non-restorable teeth and diseases or injury in the oral cavity

| | | | |
|-------|--|--------|--------|
| D7111 | Coronal remnants – deciduous tooth | 152.00 | 30.00 |
| D7140 | Extraction, erupted tooth or exposed root (elevation and/or forceps removal) | 189.00 | 55.00 |
| D7210 | Surgical removal of erupted tooth requiring elevation of mucoperiosteal flap and removal of bone and/or section of tooth | 317.00 | 60.00 |
| D7220 | Removal of impacted tooth – soft tissue | 357.00 | 85.00 |
| D7230 | Removal of impacted tooth – partially bony | 415.00 | 90.00 |
| D7240 | Removal of impacted tooth – completely bony | 508.00 | 110.00 |
| D7250 | Surgical removal of residual tooth roots (cutting procedure) | 340.00 | 70.00 |
| D7270 | Tooth reimplantation and/or stabilization of accidentally evulsed or displaced tooth and/or alveolus | 715.00 | 140.00 |
| D7280 | Surgical access of an unerupted tooth | 541.00 | 130.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|--|--------------|-----------|
| D7286 | Biopsy of oral tissue soft | 421.00 | 180.00 |
| D7310 | Alveoloplasty in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | 324.00 | 95.00 |
| D7311 | Alveoloplasty in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | 255.00 | 95.00 |
| D7320 | Alveoloplasty not in conjunction with extractions – four or more teeth or tooth spaces, per quadrant | 720.00 | 95.00 |
| D7321 | Alveoloplasty not in conjunction with extractions – one to three teeth or tooth spaces, per quadrant | 393.00 | 105.00 |
| D7471 | Removal of lateral exostosis (maxilla or mandible) | 703.00 | 370.00 |
| D7510 | Incision and drainage of abscess-intraoral soft tissue | 304.00 | 75.00 |
| D7961 | Frenulectomy – Buccal/Labial | 453.00 | 85.00 |
| D7962 | Frenulectomy – Lingual | 511.00 | 85.00 |
| D7971 | Excision of pericoronal gingiva | 191.00 | 85.00 |
| D7997 | Appliance removal (not by dentist who placed appliance), includes removal of archbar | 200.00 | 20.00 |

Other services

| | | | |
|-------|---|--------|-----------|
| D9110 | Palliative treatment of dental pain – per visit | 134.00 | 3.00 |
| D9210 | Local anesthesia not in conjunction with operative or surgical procedures | 69.00 | 25.00 |
| D9215 | Local anesthesia | 48.00 | 5.00 |
| D9222 | Deep sedation/general anesthesia – first 15 minutes | 238.00 | 145.00 |
| D9223 | Deep sedation/general anesthesia – each subsequent 15 minutes increments | 236.00 | 55.00 |
| D9230 | Analgesia, anxiolysis, inhalation of nitrous oxide | 96.00 | 24.00 |
| D9310 | Consultation (diagnostic service provided by a dentist other than requesting dentist) | 146.00 | 50.00 |
| D9430 | Office visit for observation during regularly scheduled hours – no other services performed | 78.00 | No charge |
| D9431 | Office visit-per patient/per visit | 50.00 | 3.00 |
| D9440 | Office visit-after regularly scheduled hours | 166.00 | 35.00 |
| D9450 | Case presentation, subsequent to detailed and extensive treatment planning | 93.00 | No charge |
| D9630 | Other drugs and/or medicaments, by report | 60.00 | UCR |
| D9630 | Other drugs and/or medicaments, Peridex | 60.00 | 11.00 |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|--|--------------|------------|
| D9910 | Application of desensitizing medicament-treatment for root sensitivity "per visit"; not to be used for bases, liners or adhesives used under restorations. | 101.00 | 20.00 |
| D9911 | Application of desensitizing resin for cervical and/or root surface-per tooth | 139.00 | 26.00 |
| D9920 | Behavior management, by report | 200.00 | 25.00 |
| D9944 | Occlusal guard – hard appliance, full arch | 610.00 | 80.00 +Lab |
| D9945 | Occlusal guard – soft appliance, full arch | 582.00 | 80.00 +Lab |
| D9946 | Occlusal guard – hard appliance, partial arch | 663.00 | 80.00 +Lab |

| ADA* Code | Procedure description-CDT | Average cost | Your cost |
|-----------|--|--------------|-----------|
| D9951 | Occlusal adjustment limited | 181.00 | 44.00 |
| D9952 | Occlusal adjustment complete | 262.00 | 115.00 |
| D9961 | Records transfer – duplication fee | 50.00 | UCR |
| D9970 | Enamel microabrasion (per treatment visit) | 223.00 | 31.00 |
| D9972 | External bleaching – per arch | 260.00 | 140.00 |
| D9973 | External bleaching – per tooth | 277.00 | 54.00 |
| D9974 | Internal bleaching – per tooth | 281.00 | 54.00 |
| D9988 | Missed appointment – first | 50.00 | 25.00 |
| D9988 | Missed appointment – additional | 50.00 | 20.00 |

* Current Dental Terminology © American Dental Association. All rights reserved.

UCR (usual customary and reasonable) – This fee is based on what providers in the area usually charge for the same or similar service as determined by EDS.

Lab fee – Fees charged by the dental laboratory to make certain dental products, including crowns, dentures or bridges. This fee varies depending on the dental laboratory and materials used.



employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718

This is an advertisement for a pre-paid dental plan. This plan is licensed by the Arizona Department of Insurance as a pre-paid dental plan. You and your dependents enroll in the plan for a monthly fee. You select a dentist that has contracted with EDS to charge a discounted fee for members. You agree to pay that fee at the time of service. Additional terms and conditions may apply. Available only in Arizona. EDS is a member of the Principal Financial Group®.

Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

GP60802-06 (Spanish SP1805-05) | 02/2024 | 3328561-022024 | © 2024 Principal Financial Services, Inc.

Exclusions and limitations

Although your EDS plan covers many dental services, there are some it doesn't cover. It's important you're aware of these before you get dental care.

1. Visits or services performed by a dentist, specialist or professional not contracted with Employers Dental Services except in connection with dental emergencies.
2. Any costs or expenses incurred in the event the member desires to be or is involuntarily hospitalized for any dental procedures or services, except in connection with dental emergencies.
3. Any dental services, other than emergency dental services, which are necessitated as a result of an intentionally self-inflicted condition.
4. If a member continually fails to follow prescribed course of treatment, the treating EDS dentist may refuse to continue that course of treatment at any time.
5. Programs or treatment, including prosthetics, which were in progress prior to the date any person became a member.
6. Any new services or procedures performed after the last day of the month during which any person ceased to be eligible for participation.
7. Any dental services which, in the judgment of the dentist, are not reasonable and necessary for the prevention, correction or improvement of a condition that is subject to treatment by the practice of dentistry.
8. Any dental services related to any sickness or injury arising out of, or in the course of any occupation or unemployment for remuneration or profit. Also, any dental services for which the member is reimbursed, entitled to reimbursement, or is in any way indemnified for such expenses by, or through any public, state, federal or local program, or any program of medical benefits sponsored and paid for by the federal, state, county or municipal government or any program of medical benefits sponsored and paid for by the federal government or any agency thereof.
9. Any dental service not specifically described in the covered services and costs.
10. Any dental services, other than emergency dental services, that are related to accidents or accidental injury.
11. Any dental services requiring, or pertaining to, cosmetic surgery for beautification, treatment of obesity and appliances or restoration necessary to increase vertical dimension, restore an occlusion or correct a congenital condition.
12. Dispensing of drugs or any prescription drug charges incurred for treatment of oral disease except as may be specifically provided for in the **covered services and costs**.
13. Oral surgery or extractions that are solely for orthodontic purposes or requiring the setting of fractures or dislocations.
14. Treatment of malignancies, cysts, neoplasm, or congenital defects.
15. Conditions affecting the temporomandibular joint (TMJ) including dysfunction and/or malocclusion, except as may be specifically provided for in the covered services and costs.
16. Any general anesthetic charges or services of an anesthetist or anesthesiologist.
17. Gold foil restoration.

Member rights and responsibilities

As an EDS member, you have certain **rights**.

Access to care

You have the right to:

- Have your first appointment (non-emergency) scheduled within 63 days of your request.
- Have access to emergency dental care 24 hours a day, 365 days a year.
- Get additional exams and cleanings as recommended by your dentist.

What to expect from your dentist

You have the right to:

- Have appropriate, considerate, and respectful care from all EDS dentists and staff in recognition of your dignity and need for privacy regardless of race, color, religion, sex, age, physical or mental handicap, or national origin.
- Be informed about your current dental health, treatment options, possible risks, and likely outcomes, and participate in decision-making with your EDS dentist. This may include, but isn't limited to, a second opinion from another EDS dentist.

Changing your dentist

You have the right to:

Change your EDS dentist by calling our customer service department or by submitting a request on employersdental.com. Changes received by the 24th of the month will be effective on the first day of the following month.

Your privacy and records

You have the right to:

- Know that information about your dental records and the dentist/patient relationship is kept confidential unless you've given us written permission to release this information, except if required or allowed by law.
- Review your dental records, treatment plan, and progress report on treatment that has already been provided, and have the information explained to you except when restricted by law.

Keeping coverage after leaving your employer

You have the right to:

Continue your EDS coverage upon termination through the Consolidated Omnibus Budget Reconciliation Act (COBRA) where available or the EDS Conversion Plan.

Policies affecting you

You have the right to:

- Give us your recommendations on policies, services and grievances about the care you receive from our company, or any EDS dentist. Customer service is here to help you with any issues.
- Receive information regarding our company's appeals, complaint and grievance process and receive a Formal Appeals and Grievance Brochure.
- Receive information on any changes to your benefits, your cost, or termination of any EDS dentist that may affect you.
- Know our company will provide you the necessary documents that explain your dental health care benefits, exclusions and limitations, our services, how to obtain dental health care services, and your member rights and responsibilities.

As an EDS member, you have certain **responsibilities**:

Information about your health

You're responsible for:

- Providing, to the extent possible, accurate information needed by your EDS dentist to provide care for your dental health, including past illnesses, medical history, and use of medicines.
- Providing a copy of any written directives from another healthcare provider to your EDS dentist.
- Contacting your EDS dentist for follow-up dental care instructions after any emergency dental treatment.

Your relationship with your dentist

You're responsible for:

- Selecting an EDS dentist with the goal of immediately establishing and maintaining an ongoing, well-communicated dentist/patient relationship.
- Following through with dental health care that's prescribed, or directed by your EDS dentist that you agree to, and is authorized by EDS.
- Showing courtesy, consideration and respect to your EDS dentist, their staff and EDS representatives.

Knowing your benefits and payment responsibilities

You're responsible for:

- Knowing what's covered and excluded from your dental benefit.
- Paying, at the time of service, your costs for dental procedures as listed in the covered services and cost.
- Following our guidelines as described in this enrollment and coverage guide. Failure to follow these guidelines will result in termination of your dental benefit.

Your minor children

You're responsible for:

Staying in the dental office with your minor dependent children while they receive dental treatment.

Canceling your appointment

You're responsible for:

Giving a 24-hour notice if you're unable to keep a scheduled appointment. Failure to notify the dentist office may result in a missed appointment fee.

Report your concerns

You're responsible for:

Reporting any situation where you believe your rights have been violated to our customer service department.

Grievance and appeals

EDS members can ask EDS to review its decisions involving their requests for services or requests to have claims paid. EDS members have two levels of review available to them.* They are Standard Appeals Level 2 (formal appeal) and Level 3 (external independent dental review).

There are two types of appeals: an expedited appeal for urgent matters and a standard appeal. Each type of appeal has 3 levels. The appeals operate in similar fashion, except that expedited appeals are processed much faster because of a patient's condition.

| Levels | Expedited appeals For urgently needed services you haven't yet received | Standard appeals For non-urgent services or denied claims |
|--------|--|--|
| 1 | Expedited dental review | Informal reconsideration |
| 2 | Expedited appeal | Formal appeal |
| 3 | Expedited external independent dental review | External independent dental review |

How to submit a request for a formal appeal

Send a **written** request to:

EDS Grievance and Appeals Coordinator
3430 East Sunrise Dr., Suite 160
Tucson, AZ 85718

Phone: 800-722-9772

Need more information?

After you enroll, a complete Formal Grievance and Appeals brochure will be mailed to your home with your ID card. To receive a copy, call our customer service department at:

Tucson: 520-696-4343

Phoenix: 800-722-9772

Arizona statewide: 800-722-9772

* The Arizona state legislature has established six levels of review. Companies that perform utilization review activities after services are provided (EDS is in this category) are not required to provide the expedited appeals Level 1 (expedited dental review), Level 2 (expedited appeal) or Level 3 (expedited external independent dental review), or Standard Appeals Level 1 (informal reconsideration).

The group policy and/or the individual enrollment and coverage guide determines all of the rights, benefits, qualifications and exclusions of the insurance described here. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. This coverage is only available in Arizona.

If you leave your employer

If you terminate employment with your employer, you may continue your EDS coverage by converting to an EDS conversion plan. Call customer service for information.

Employers Dental Services

Immediate savings on eye care and eyewear with VSP[®] Vision Savings Pass[™]

Everybody loves a discount. Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your pre-paid dental plan from Employers Dental Services. And with 89,400 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

| Service and eyewear | Reduced prices and discounts* |
|--|---|
| Eye exam (once every calendar year) | \$50 with purchase of a complete pair of glasses. 20% off without purchase. |
| Prescription glasses or sunglasses | When you purchase a complete pair of glasses, you save on lenses and frames. <ul style="list-style-type: none"> • Single vision lenses \$40 • Lined bifocal lenses \$60 • Lined trifocal lenses \$75 25% savings off frames. |
| Lens enhancements | Average savings of 30% on lens enhancements such as progressive, scratch-resistant, and anti-reflective coatings. |
| Non-prescription sunglasses | 20% off unlimited sunglasses purchased within 12 months of last covered exam. |
| Contact lens exam | 15% savings on contact lens exam (fitting and evaluation). |
| Laser vision correction | Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities. |
| Retinal screening | Your eye doctor takes a high-resolution image of the inside of your eye to identify potential or existing vision and health problems. \$39 maximum fee. |

* Based on applicable laws, benefits may vary by location.

This discount program is not vision insurance.

Using VSP is easy. Just follow these steps.

Step 1 | Find a VSP eye doctor near you. Go to principal.com/vsp or call 800-877-7195.

Step 2 | Make an appointment. Identify yourself as a VSP member to receive the discount.

Step 3 | Let VSP take it from there. Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.

employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718, a member of the Principal Financial Group®.

The VSP Vision Savings Pass is not vision insurance. This discount is not a part of your pre-paid dental contract and may be changed or discontinued at any time. VSP is solely responsible for the goods and services provided through this program. VSP is not a member of the Principal Financial Group®.

VSP is a registered trademark, and Vision Savings Pass is a trademark of Vision Service Plan.

Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

Dental Benefit Enrollment & Change Form

Employers Dental Services



| | |
|-----------------|----------------|
| Contract number | Effective Date |
|-----------------|----------------|

| | | |
|------------------|---|--|
| New Enrollment | Change address (complete sections 1, 2, 3, 9) | Name change (complete sections 1, 2, 9) |
| Cancel coverage | Add dependent(s) (complete sections 1, 2, 9, 11) | Former name: _____ |
| COBRA enrollment | Delete dependent(s) (complete sections 1, 2, 9, 11) | Change dental office (complete sections 1, 2, 3, 4, 9) |

| | | |
|----------------------------|---------------|--------------------|
| (1) Employer/ Company name | Date employed | (7) Home telephone |
|----------------------------|---------------|--------------------|

| | |
|---|--------------------|
| (2) Your name (last, first, middle initial) | (8) Work telephone |
|---|--------------------|

| | | |
|---------------------------|----------|----------------------------|
| (3) Mailing address, city | ZIP Code | (9) Social security number |
|---------------------------|----------|----------------------------|

| | |
|---|--------------------|
| (4) Dental office selection for you and your enrolled dependents: ID number: _____ Name of office: _____ | (10) Date of birth |
|---|--------------------|

| | | |
|--|------------------------|--|
| (5) Total number of dependents you are enrolling | (6) Your email address | Sex |
| | | <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary |

(11) List all eligible dependents you wish to enroll: Attach additional cards if necessary

| Last name (if different) | First name | Middle initial | Date of birth |
|--------------------------|------------|----------------|---------------|
| Spouse | | | |
| Child | | | |
| Child | | | |
| Child | | | |
| Child | | | |

Eligibility: You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent. All newly eligible dependents must be added within 31 days of change. Dependent children must be removed from enrollment when they are no longer eligible.

Benefits are available at an EDS contracted dental facility ONLY.

I hereby apply for coverage under EMPLOYERS DENTAL SERVICES for which I am now entitled or may become entitled under the provisions of the Master Agreement. I authorize deductions from my earnings at the required contributions toward the cost of the coverage. I certify that I am eligible to participate and that the above information is correct. I authorize any dentist or other dental care provider to furnish any representative of Employers Dental Services any and all records pertaining to dental history, services, or treatment of anyone enrolled for purposes of review, investigation, or evaluation of an application or claim. A photocopy of this authorization shall be valid as the original. This authorization shall remain valid for so long as my coverage remains in force. My authorized representative or myself are entitled to receive a copy of the authorizations form.

Date _____ Signature _____



THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group dental expense, group vision care expense, group hospital indemnity and/or group critical illness insurance with us (“insurance”). As used in this Notice, the term “health information” means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective August 1, 2022.

We are required by law to maintain the privacy of our members’ and dependents’ health information and to provide notice of our legal duties and privacy practices with respect to their health information. We are required to abide by the terms of this Notice as long as it remains in effect. We reserve the right to change the terms of this Notice as necessary and to make the new Notice effective for all health information maintained by us. Copies of revised Notices will be mailed to plan sponsors for distribution to the members then covered by our insurance. You have the right to request a paper copy of the Notice, although you may have originally requested a copy of the Notice electronically by e-mail.

Uses and Disclosures of Your Health Information

Authorization. Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. Once we receive your request, a form to revoke an authorization will be sent to your attention for completion.

Disclosures for Treatment. We may disclose your health information as necessary for your treatment. For instance, a doctor or healthcare facility involved in your care may request your health information in our possession to assist in your care.

Uses and Disclosures for Payment. We will use and disclose your health information as necessary for payment purposes. For instance, we may use your health information to process or pay claims, for subrogation, to provide a pre-determination of benefits or to perform prospective reviews. We may also forward information to another insurer in order for it to process or pay claims on your behalf. Unless we agree in writing to do otherwise, we will send all mail regarding a member’s spouse or dependents to the member, including information about the payment or denial of insurance claims.

Uses and Disclosures for Health Care Operations. We will use and disclose your health information as necessary for health care operations. For instance, we may use or disclose your health information for quality assessment and quality improvement, credentialing health care providers, premium rating, conducting or arranging for medical review or compliance. We may also disclose your health information to another insurer, health care facility or health care provider for activities such as quality assurance or case management. We participate in an organized health care arrangement with the health plan of a member’s employer. We may disclose your health information to the health plan for certain functions of its health care operations. This Privacy Notice does not cover the privacy practices of that plan. We may contact your health care providers concerning prescription drug or treatment alternatives.

Other Health-Related Uses and Disclosures. We may contact you to provide reminders for appointments; information about treatment alternatives; or other health-related programs, products or services that may be available to you.

Information Received Pre-enrollment. We may request and receive from you and your health care providers health information prior to your enrollment under the insurance. We will use this information to determine whether you are eligible to enroll under the insurance and to determine the rates. We will not use or disclose any genetic information we obtain about you or provided from your family history. If you do not enroll, we will not use or disclose the information we obtained about you for any other purpose. Information provided on enrollment forms or applications will be utilized for all coverages being applied for, some of which may be protected by the state, not federal, privacy laws.

Business Associate. Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of

your health information. Principal Life Insurance Company may itself be a business associate of your health plan or health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

Plan Sponsor. When permitted by law, we may disclose to the plan sponsor the minimum necessary amount of your health information that it needs to perform administrative functions on behalf of the plan (if any), provided that the plan sponsor certifies that the information will be maintained in a confidential manner and will not be utilized or disclosed for employment-related actions and decisions or in connection with any other benefit or employee benefit plan of the plan sponsor.

Family, Friends, and Personal Representatives. With your approval, we may disclose to family members, close personal friends, or another person you identify, your health information relevant to their involvement with your care or paying for your care. If you are unavailable, incapacitated or involved in an emergency situation, and we determine that a limited disclosure is in your best interests, we may disclose your health information without your approval. We may also disclose your health information to public or private entities to assist in disaster relief efforts.

Other Uses and Disclosures. We are permitted or required by law to use or disclose your health information, without your authorization, in the following circumstances:

- For any purpose required by law;
- For public health activities (for example, reporting of disease, injury, birth, death or suspicion of child abuse or neglect);
- To a governmental authority if we believe an individual is a victim of abuse, neglect or domestic violence;
- For health oversight activities (for example, audits, inspections, licensure actions or civil, administrative or criminal proceedings or actions);
- For judicial or administrative proceedings (for example, pursuant to a court order, subpoena or discovery request);
- For law enforcement purposes (for example, reporting wounds or injuries or for identifying or locating suspects, witnesses or missing people);
- To coroners and funeral directors;
- For procurement, banking or transplantation of organ, eye or tissue donations;
- For certain research purposes;
- To avert a serious threat to health or safety under certain circumstances;
- For military activities if you are a member of the armed forces; for intelligence or national security issues; or about an inmate or an individual to a correctional institution or law enforcement official having custody; and
- For compliance with workers' compensation programs.

We will adhere to all state and federal laws or regulations that provide additional privacy protections. We are prohibited from using or disclosing protected health information that is genetic information of an individual for purposes of determining eligibility for coverage, the amount of benefits or premiums or discounts, including rebates, payments in kind, or other premium or benefit differential mechanisms in return for activities such as completing a health risk assessment or participating in a wellness program. We will not request, use or disclose psychotherapy notes without your authorization (except to defend ourselves in a legal action brought by you.) We will not sell your protected health information or use or disclose it for marketing purposes without your authorization, except as permitted by law. We are required by law to maintain the privacy of protected health information, to provide individuals with notice of our legal duties and privacy practices with respect to protected health information, and to notify affected individuals following a breach of unsecured protected health information.

Your Rights

Restrictions on Use and Disclosure of Your Health Information. You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

Receiving Confidential Communications of Your Health Information. You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests.

Access to Your Health Information. You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. A fee will be charged for copying and postage.

Amendment of Your Health Information. You have the right to request an amendment to your health information to correct inaccuracies. We are not required to grant the request in certain circumstances.

Accounting of Disclosures of Your Health Information. You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

Exercising your rights

To exercise any of the above rights, you must submit a written request indicating which rights you are requesting to: Compliance Privacy Consultant, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines IA 50392-0002. Once we receive your request, a form(s) will be sent to your attention for completion.

Complaints. If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Specialty Benefits Division (SBD) Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002 or to the Secretary of the U.S. Department of Health and Human Services. There will be no retaliation for filing a complaint.

If you have any questions or need any assistance regarding this Notice or your privacy rights, you may contact the Group Call Center at Principal Life Insurance Company at (800) 843-1371.



employersdental.com

Pre-paid dental plan offered by Employers Dental Services, Tucson, AZ 85718.

This is an advertisement for a pre-paid dental plan. This plan is licensed by the Arizona Department of Insurance as a pre-paid dental plan. You and your dependents enroll in the plan for a monthly fee. You select a dentist that has contracted with EDS to charge a discounted fee for members. You agree to pay that fee at the time of service. Additional terms and conditions may apply. Available only in Arizona. EDS is a member of the Principal Financial Group®.

Principal®, Principal Financial Group® and the Principal logo design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

GP62116G-02 (Spanish SP1904G-01) | 12/2021 | 1942290-122021 | © 2021 Principal Financial Services, Inc.