

**ARCHDIOCESE OF GALVESTON-HOUSTON
DENTAL BENEFITS AT A GLANCE
EFFECTIVE JANUARY 1, 2011**

This summary does not contain all of the provisions or limitations which apply to your Dental coverage. For coverage details, see your benefit booklet. Upon receipt of your benefit booklet, please discard this summary, as benefits are subject to change.

DENTAL EXPENSE COVERAGE	
Calendar Year Deductible Basic, Major, and Orthodontia Procedures combined Per Person Per Family	\$50 \$150
Maximum Payment Limits Preventive, Basic, Major, and Orthodontia Procedures (combined)	\$1,000 per calendar year
Procedure Categories Preventive Basic Major Orthodontia	100% 80% 50% 50%

The group coverage(s) described above are self-funded by your employer with administrative services provided by the National Accounts Division of Principal Life Insurance Company. This means Principal Life does not assume any of the risk for any dental claims. Because this material is a summary, it does not state all coverage provisions, restrictions of coverage, benefits, conditions, limitations, or provisions required by federal law. If any provision presented here is found to be in conflict with federal law, that provision will be applied to comply with federal law. The group plan determines all rights, benefits, exclusions and limitations of the coverage described above.

