

Group benefits

Understand your benefits

Northern California Conference of
Seventh-Day Adve
ALL MEMBERS

Enroll in your benefits today. It's easy.

Congratulations! As part of your benefits package, you can enroll in insurance from Principal®. It takes just three easy steps:



Evaluate the insurance you need to protect what's most important to you.



Get details about your coverage by reading the Benefit Summary for each coverage.



Complete and sign the Employee Enrollment and Waiver form.

Keep in mind, you need to elect or decline each coverage. If you decline, please indicate why. For the coverage(s) you elect, tell us how much you want, if applicable. And if electing coverage for dependents, include their names and birth dates.

In the following pages, you'll find information about:

- Dental

As you complete the enrollment form, pay special attention to these items. If they're left blank, your benefits could be delayed.

Dental – Note if you or your dependents had orthodontia coverage in the past 12 months.



Mailing Address
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee
Enrollment &
Waiver - CA

Company name Northern California Conference of Seventh-Day Adventist	Division level ALL MEMBERS	Account number/unit number H71978
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Employee Information

Name			Social security number	
Mailing address (street)			Birth date	<input type="checkbox"/> male <input type="checkbox"/> female
(city)	(state)	(ZIP code)	Do you have an eligible spouse/domestic partner or child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Date employed full-time	Hours worked per week	Job occupation/class	Location	
Salary amount	Salary mode <input type="checkbox"/> yearly <input type="checkbox"/> weekly <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly			
What is your payroll mode? <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly		Employer ZIP	Employer county	

Dental

Employee: Elect Decline Spouse/Domestic Partner: Elect Decline Children: Elect Decline

In the past 12 months, have you, the applicant, had continuous group orthodontia coverage (for yourself and/or your dependents) with a prior carrier? Yes No

Important! If declining any coverage for yourself or any dependent, give reason. Covered under:

spouse's or domestic partner's group coverage individual insurance
 other _____ other coverage offered by my employer

Eligible Dependent Information (Complete if you have elected benefits for your spouse/domestic partner or children)

Spouse/Domestic partner's name	Birth date	<input type="checkbox"/> male <input type="checkbox"/> female	Social security number	
Name(s) of child(ren)	Birth date	<input type="checkbox"/> male <input type="checkbox"/> female	Social security number	<input type="checkbox"/> foster child* <input type="checkbox"/> disabled or handicapped child **
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> foster child* <input type="checkbox"/> disabled or handicapped child **
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> foster child* <input type="checkbox"/> disabled or handicapped child **

* If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court? Yes No

** When your child, who is developmentally disabled or physically handicapped, reaches/exceeds the maximum age, an Application to Continue Handicapped Child form must be completed and reviewed to determine eligibility.

Is your spouse/domestic partner employed by this company? Yes No

Employee Agreement (Read and sign)

I understand and agree with the following statements:

GP54718-03

- My dependents are not eligible for coverages I don't have. My dependents, including step and foster children and any over the maximum age, are eligible based on plan provisions but those over the maximum age will be verified when a claim is filed.
- If I refuse dental coverage, I and my dependents may enroll later but this will affect the level of benefits.
- If I refuse coverage, I cannot enroll after retirement.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that he or she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- Explanation of Benefits reflecting claims payments for myself and my dependents will be sent to my home address. I also understand collection of social security numbers for myself and/or my dependents will be used by Principal Life only as allowed by law.

A copy of this form will be as valid as the original.

I declare that the information I have completed on this enrollment form is complete and true. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life.

Your signature X _____ **Date Signed** _____

Instructions

After this form is completed and signed, make two copies and send the original to Principal Life Insurance Company:

- One for the employee
- One for the employer



Your dental benefits

Enjoy a lifetime of healthy smiles

We've all heard sugar, coffee and soda are hard on our teeth. But not everyone's willing to give up their treats. Are you? That's why dental care is so important.

An ounce of prevention ... you know the rest. Dental cleanings remove the plaque that routine brushing misses, often leading to tooth decay. And finding tooth decay early can help protect your teeth – and your wallet from costly dental procedures.

Having dental insurance increases the odds that you'll go to the dentist regularly. It also helps you control your out-of-pocket costs for qualifying basic and major dental care. You've probably had a friend tell you how expensive their crown was. Having dental insurance helps you budget for your care.

And a visit to the dentist may even detect serious illness. Regular check-ups can reveal signs of disease, such as osteoporosis and certain cancers, before you even know about them.



Tips for a healthy smile

Prevent gum disease and cavities by:

- Brushing twice a day with fluoride toothpaste and flossing
- Replacing your toothbrush every three months
- Not smoking or chewing tobacco
- Eating healthy foods and drinking water

Let's look at an example



Carla is married and has a young daughter. She tries hard to prepare healthy meals and keep her family active. But, Carla and her husband start each morning with their favorite coffee. And their daughter inherited her mom's sweet tooth. Carla's husband skipped routine dental exams in his 20's, which led to extensive dental work later.

Carla knows – first hand – the value of routine dental care. That's why she appreciates having access to dental insurance for her and her family through her employer. It's one more way she can help keep her family healthy.

Enrolling in **dental insurance** and getting preventive care are two easy ways to stay healthy. Want more information to make better decisions about oral health care? Check out Dental Health EdgeSM at <http://c3.go2dental.com/scontent/>.



[principal.com](https://www.principal.com)

Dental insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This is an overview of the benefits dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf. Colorado only: a network access plan is available at your request.

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The Principal Dental Coverage – Point of Service (POS)

Effective Date: 01/01/2020

This summary of dental coverage from Principal Life Insurance Company supplements any materials presented by your employer. You have been enrolled in the First Dental Health POS design that utilizes both the First Dental Health Exclusive Provider Organization (EPO) and the First Dental Health Preferred Provider Organization (PPO). Three levels of benefits are available with this type of design – EPO level, PPO level and non-network level. Your level of coverage varies by the provider you see for services. You’ll receive a benefit booklet with details about your coverage.

This handout is for illustrative purposes. You’ll receive a benefit booklet with details about your coverage. If there is a discrepancy between this handout and your benefit booklet, the benefit booklet prevails.

Predetermination of Benefits: Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company before treatment begins. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

Your Benefits at a Glance

Covered Charges	Calendar Year Deductible			Coinsurance (policy pays/you pay)			Calendar Year Maximum Benefit		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Unit 1 – Preventive Procedures	\$0	\$0	\$0	100%	100%	100%	\$2000 per person per calendar year	\$2000 per person per calendar year	\$2000 per person per calendar year
Unit 2 – Basic Procedures	\$0	\$25	\$50	90/10%	80/20%	80/20%	Combined with above	Combined with above	Combined with above
Unit 3 – Major Procedures	\$0	\$25	\$50	90/10%	50/50%	50/50%	Combined with above	Combined with above	Combined with above

Additional Benefit Riders

	Lifetime Deductible			Coinsurance (policy pays/you pay)			Lifetime Maximum Benefit		
	EPO	PPO	Non-Network	EPO	PPO	Non-Network	EPO	PPO	Non-Network
Unit 4 - Orthodontia Benefits • Child	\$0	\$0	\$0	50/50%	50/50%	50/50%	\$2000 Lifetime Maximum	\$2000 Lifetime Maximum	\$2000 Lifetime Maximum

- An annual enrollment applies. Members can enroll for dental coverage during the annual enrollment period and not be subject to the late entrant waiting period. Certain restrictions apply.
- Your family deductible maximum is 3 times the per person deductible amount.
- In-network deductibles for procedures are combined.
- Out-of-network deductibles for procedures are combined.
- Maximums for preventive, basic and major procedures are combined.
- The **Maximum Accumulation Plan** was elected. This allows for a portion of unused maximum benefit to carry over to next year’s maximum benefit amount. To qualify, a member 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 maximum benefit or \$1,000. If qualification is met, 50% of the threshold is carried over to next year’s maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member 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.

EPO Schedule Of Dental Procedures

Unit 1 – Preventive Procedures

- Routine exams - two per calendar year
- Routine cleanings (prophylaxis) – two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)
- Periodontal prophylaxis – if three months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit two per policy year four per policy year. (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)
- Second Opinion Consultation
- Fluoride – one treatment each calendar year (covered only for dependent children under age 14)
- Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months
- X-rays – Full mouth survey (one every 60 months), extraoral
- X-rays – Bitewing (one set every calendar year), occlusal, periapical

Unit 2 – Basic Procedures

- Emergency exams – two per calendar year
- Space maintainers - covered only for dependent children under age 14; repairs not covered
- Harmful Habit Appliance - covered only for dependent children under age 14
- Fillings and stainless steel crowns
- Simple Oral Surgery
- Complex Oral Surgical Procedures
- Non-surgical Periodontics, including scaling and root planing – once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)
- Periodontal Surgical Procedures – one each quadrant each 36 months
- Simple Endodontics (root canal therapy for anterior teeth)
- Complex Endodontics (root canal therapy for molar teeth)

Unit 3 – Major Procedures

- General Anesthesia (covered only for specific procedures)/IV Sedation
- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
- Crowns – each 120 months per tooth if tooth cannot be restored by a filling.
- Inlays, Onlays, Cast Post and Core, Core Buildup each 120 months per tooth
- Implants – each 120 months
- Bridges - Initial placement / Replacement of bridges 120 months old.
- Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

Orthodontic Procedures

- Orthodontic Procedures – for dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances
- The Orthodontic maximum is a lifetime maximum

PPO & Non-Network Schedule Of Dental Procedures

Unit 1 – Preventive Procedures

- Routine exams – two per calendar year
- Routine cleanings (prophylaxis) – two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning)
- Periodontal prophylaxis – if three months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit two per policy year four per policy year. (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning)
- Second Opinion Consultation
- Fluoride – one treatment each calendar year (covered only for dependent children under age 14)
- Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months
- X-rays – Full mouth survey (one every 60 months), extraoral
- X-rays – Bitewing (one set every calendar year), occlusal, periapical

Unit 2 – Basic Procedures

- Emergency exams – two per calendar year
- Space maintainers - covered only for dependent children under age 14; repairs not covered
- Harmful Habit Appliance - covered only for dependent children under age 14

- Fillings and stainless steel crowns
- Simple Oral Surgery
- Complex Oral Surgical Procedures
- Non-surgical Periodontics, including scaling and root planing – once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)
- Periodontal Surgical Procedures – one each quadrant each 36 months
- Simple Endodontics (root canal therapy for anterior teeth)
- Complex Endodontics (root canal therapy for molar teeth)

Unit 3 – Major Procedures

- General Anesthesia (covered only for specific procedures)/IV Sedation
- Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
- Crowns – each 120 months per tooth if tooth cannot be restored by a filling.
- Inlays, Onlays, Cast Post and Core, Core Buildup each 120 months per tooth
- Implants – each 120 months
- Bridges - Initial placement / Replacement of bridges 120 months old.
- Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old

Orthodontic Procedures

- Orthodontic Procedures – x-rays and other diagnostic procedures, fixed and removable appliances
- The Orthodontic maximum is a lifetime maximum

First Dental Health (FDH)

The Principal Life contracts with First Dental Health of San Diego, California, to give you access to a quality network of dental care providers. FDH's management team has over 10 years of experience in fee-for-service managed dental care.

FDH's selection of providers:

- Careful selection process to ensure a quality network of generalists and specialists.
- Periodic credentialing of providers to maintain quality of network.

Coordination of Benefits

As allowed by state law, this coverage coordinates coverage with other group policies. It may also have the right to recover benefit payments from another person or company liable for covering your dental loss. See your employer for details.

Dependent Coverage

You may be able to elect coverage for eligible dependents. See your employer for details on the definition of eligible dependent.

Limitations

The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.

The coverage does not pay for treatment or services: for veneers, anterior $\frac{3}{4}$ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a Covered Charge / that exceed prevailing charges / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of coverage / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. This coverage also does not cover: drugs or medicines other than antibiotic injections when not billed as part of a listed covered charge / instructions for plaque control, oral hygiene, diet control or nutritional counseling when billed as a separate treatment or service from examination / bite registration or occlusal analysis / orthodontic treatment, service, appliance or bands provided prior to Ortho Procedures effective date / temporomandibular joint (TMJ) disorders.

Terms you should know:

Coinsurance: The percentage of covered charges you pay and the percentage of covered charges the coverage pays after you and your dependents satisfy your calendar year deductible.

Calendar Year: A 12-month period starting January 1.

Calendar Year Deductible: The total amount you and/or your dependents pay in a calendar year before the coverage begins paying.

Calendar Year Maximum: The amount of payments for covered dental services that the coverage will make in a calendar year. Any amounts incurred during the year that are above the maximum are your responsibility.

Prevailing Charge: The price most providers in your area charge for a specific service. When using non-network providers, you pay any amount over the prevailing charge.

Point Of Service Design (POS): A Point-of-Service design is one that involves three levels of benefits. The benefit level is determined by the network membership of the provider used for care. This design utilizes both our Exclusive Provider Organization (EPO) and Preferred Provider Organization (PPO) networks.



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

Note: This is a summary of group dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. Because this is a summary, it does not state all contract provisions, restrictions of coverage, benefits, conditions, limitations, or provisions required by state or federal law. If any provision presented here is found to be in conflict with state or federal law, that provision will be applied to comply with state or federal law. The group policy or contract determines all rights, benefits, exclusions and limitations of the coverage described here. A more complete description is in the booklet that will be issued to each member. Ask your employer for details.

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Simplify your dental care experience

Let's face it, for many of us, visiting the dentist isn't always our favorite activity. That's why the insurance side of the experience should be simple – and we get that.

This handy step-by-step guide can help you better understand your dental insurance journey.



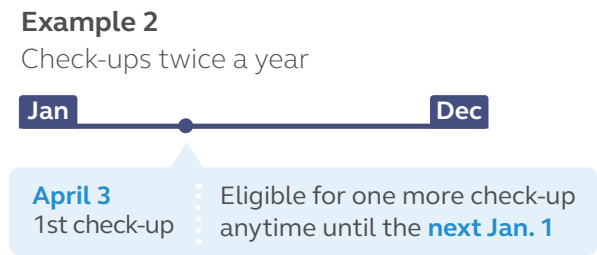
Path 1: You need a routine visit

They say an ounce of prevention is worth a pound of cure. Seeing your dentist regularly for routine care helps you avoid problems down the line. **So, how do you make it happen?**

Find a network dentist.
 Your out-of-pocket costs will be lower and you may even qualify for in-network discounts. How?
 Check your ID card for your network **and** Go online to principal.com/dentist **or** Give us a call: **800-247-4695**

Confirm network participation.
 When you schedule your appointment, confirm the provider is still in the network.

Make sure you're eligible.
 Depending on your policy, it may be too soon to schedule an appointment.



Path 2: You need dental work

When your teeth need special treatment, it's up to you and your dentist to decide what work needs to be done.

What are your next steps?

- 1 Talk to your dentist about submitting a **pre-determination**.
- 2 Remind your dentist to provide **supporting documentation**.
- 3 Plan for a processing period of 10 to 14 business days.
- 4 Call us with questions at 800-247-4695.

What's a pre-determination?

It's a review of the claim by a licensed dentist to determine if the procedure is dentally necessary and will be covered by your insurance.

Why do I need one?

- Prevents surprises about what will be paid
- Details the costs we cover and what you're responsible for, such as deductible, co-insurance or non-covered services

Path 3 – You need more information

You're not in this alone. Have questions? We have answers.



Call us at
800-247-4695.



Send us a note via
[principal.com/
contact us](mailto:principal.com/contact-us).

We'll get back
to you within
24-48 hours.



Download the Principal
Mobile smart phone app!

It's free and compatible
with both Android and
Apple devices. Look for
it in Google Play or the
Apple App Store.



Visit us on the web at
[principal.com/individuals/
insure/get-started](http://principal.com/individuals/insure/get-started).



Dental insurance from Principal® is issued by Principal Life Insurance Company, Des Moines, Iowa 50392-0002, principal.com.

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See the rewards of making healthy dental choices

Be prepared for big dental expenses with Maximum Accumulation



Like most of us, you know how important it is to take care of your teeth by getting regular dental check-ups. Preventive care can help you avoid the big stuff when it comes to your teeth. But it's not foolproof.

What happens when your dentist delivers the news that you need costly dental procedures? Dental insurance can be a significant help financially, but there's a limit on how much it'll pay each calendar year. It's called your maximum benefit.

That's where Maximum Accumulation comes in.

How does Maximum Accumulation work?

You likely won't use all your maximum benefit every year. So where does that money go? If you visit your dentist during the year, you may be eligible to roll over a portion of your unused maximum benefit to increase your maximum benefit for the following year. It's available when you have dental coverage for preventive, basic and major services.

- **Preventive** — Exams, cleanings and sometimes x-rays
- **Basic** — X-rays, extractions, fillings and sometimes crowns
- **Major** — Crowns, inlays, onlays, bridges and dentures

How do you know if you're eligible to carry benefits over to the next year? If your dental benefits paid are less than \$1,000, you can roll over \$500 and accumulate up to \$2,000. The amount accumulated is added to your annual maximum for the next year.

Let's look at an example of how the rollover amount is calculated assuming a \$2,000 calendar-year maximum.

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$2,000	\$1,000	\$450	\$500	\$500
Year 2	\$2,500	\$1,000	\$1,200	\$0	\$500
Year 3	\$2,500	\$1,000	\$450	\$500	\$1,000
Year 4	\$3,000	\$1,000	\$0	\$0	\$0
Year 5	\$2,000	\$1,000	\$450	\$500	\$500

*Calendar-year maximum, plus accumulated rollover from the prior year.

You can see that in year 2, where benefits paid were more than the yearly claim limit of \$1,000, there was no rollover. And in year 4, where there were no claims at all, your accumulated amount went back down to zero. That's why it pays to visit the dentist regularly for preventive care.

With Maximum Accumulation, you won't leave money for costly dental procedures on the table. See the rewards of making healthy choices for your teeth — all it takes is making regular visits to your dentist.

[principal.com](https://www.principal.com)

Group dental insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

This is an overview of the benefits dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal is contracted to administer the coverage on your employer's behalf.

For members with split maximums, the accumulation amount is based on the non-network maximum. If your dental coverage is effective in October, November or December, you're eligible to start qualifying for rollover beginning in January. The amount you accumulate will be added to your maximum the following January.

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Discounts and services

Save money while improving your life

Everybody loves a discount! Use these to help improve your life — financially, mentally and physically. Offered by some of the most trusted companies in the U.S., these discounts and services are available through your group benefits from Principal[®]. **These discounts are not insurance.**

Laser Vision Correction	Imagine your life free from glasses and contacts. You, your spouse and dependent children save \$800 off LASIK through the National Lasik Network, administered by LCA-Vision, Inc. principallasik.com 888-647-3937
Hearing Aid Program	Protect your hearing health to improve your quality of life. You, your spouse, children, parents and grandparents can get exclusive discounts on hearing aids, with a 60-day trial to ensure your full satisfaction. You can also receive a free hearing consultation at any of their 3,000+ locations nationwide. principal.com/hearingbenefits/ahb 877-890-4694

Available with your dental insurance

Vision Care	Protect and improve your family's vision. You, your spouse and dependent children can get discounts on LASIK surgery from a nationwide network of VSP providers. You'll also receive discounts on eye exams, prescription glasses and lenses, and contact lens evaluations and fittings through VSP. principal.com/vsp 800-877-7195
Dental Health EdgeSM	Get the information you need to make better decisions about oral health care. You can go online and submit a dental care question and get a response from a dentist in one business day. A dental cost estimator shows approximate costs in a ZIP code. And you can access articles about dental health topics plus get information about how dental coverage works. http://c3.go2dental.com/scontent/

principal.com

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. For group policies issued in New York: Travel Assistance, Will & Legal Document Center, Identity Theft Kit and Beneficiary Support are not available; Laser Vision Correction and Hearing Aid Program are only available with dental or vision insurance. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.

If your benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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Principal and its affiliates are not responsible for any loss, injury, claim, liability or damages related to the use of the discounts and services.

Protect and improve your family's vision

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 dental or vision coverage from Principal[®]. And with 77,000 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

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

This discount program is not vision insurance.

Service and eyewear	Reduced prices and discounts*
Eye exam	\$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 • Lenticular lenses \$75 25% off frames
Lens enhancements	Average 20-25% off 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% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-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

Keep this card.

You don't need to give it to your VSP eye doctor. But you may want to keep it as a reminder of the discounts.

Using VSP is easy

Step 1 | Find a VSP eye doctor near you – Go to principal.com/vsp and select the VSP Choice network 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.

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 and select the VSP Choice network 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.



principal.com

Dental and vision insurance from Principal® are issued by Principal Life Insurance Company, Des Moines, Iowa 50392

The VSP Vision Savings Pass is not vision insurance. This discount is not a part of any Principal policy or 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®. If your vision benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer’s behalf.

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Service and eyewear	Reduced prices and discounts*
Eye exam	\$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, save: Lenses – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75 Frames – 25% off
Lens enhancements	Average 20-25% off 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% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening	\$39 maximum fee

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



Your benefit resources

Group benefits

Check your benefits when, where and how you want to

It's easy to keep track of your benefits from Principal® anytime — online or on your mobile device



Start by creating your account

- 1 | From your favorite browser, go to **principal.com**, select Log In, then Personal. Or, download the **Principal app** for free from the App Store or Google Play.
- 2 | Select **Create an account**.
- 3 | Enter personal information such as your date of birth and identification number.
- 4 | **Create a username** and password, and provide an email address.
- 5 | You'll receive an email within a few minutes to confirm your account is ready to go. You can access your account information anytime, 24/7, with the username and password you've just set.



Manage your benefits on Principal.com and the Principal mobile app

After logging in, you can manage your benefits and other Principal products you have when, where and how it's convenient for you. Depending on your coverages, you can:

- View and manage claims
- Get a 24-month history of your explanation of benefits (EOB)
- Access your summary of benefits, as well as benefit booklets
- Find a list of covered dependents
- View and print your dental ID card
- Search for and contact a network dentist
- Find discounts and services
- Calculate coverage needs and more



Keeping your account safe

Your information is important to us. That's why we use verification codes to prevent others from accessing your account — even if they have your password. The first time you log in — on Principal.com or the mobile app — you'll need to choose how you'll receive the codes, either by text or email.

If you log in from an unrecognized device, forget your password or we notice anything out of the ordinary, the codes help us confirm it's really you accessing your account. You can choose to receive a code every time you log in or only when we detect unusual activity.



Need help setting up your login, or have other questions? Call us at **800-986-3343**.
We're happy to help.



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You have the right to receive, free of charge, a paper copy of your benefit booklet and any changes at any time. Please contact your employer if you'd like to request a paper copy.

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Notice of Privacy Practices for Health Information

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 medical expense, group dental expense and/or group vision care expense 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 November 1, 2017.

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: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, Des Moines, IA 50392-0002. A form to revoke an authorization can be obtained from the Health Information Protection Analyst.

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 perform a hospital admission review to determine whether services are for medically necessary care 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. To request a restriction, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a restriction can be obtained from the Health Information Protection Analyst. 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. To request a confidential communication, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a confidential communication can be obtained from the Health Information Protection Analyst.

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. To request access to your information, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request access to your health information can be obtained from the Health Information Protection Analyst. 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. To request an amendment, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an amendment to your health information can be obtained from the Health Information Protection Analyst. 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. To request an accounting, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an accounting of your health information can be obtained from the Health Information Protection Analyst. 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.

Complaints. If you believe your privacy rights have been violated, you can send a written complaint to us at Grievance Coordinator, Group 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.



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