

Group benefits

# Understand your benefits

UNION WINE COMPANY  
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.

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

- Dental
- Vision
- Disability

As you complete the enrollment form, be sure to answer all questions. If items are left blank, your benefits could be delayed.





Mailing Address  
Des Moines, IA 50392-0002

Principal Life  
Insurance Company

Employee Enrollment  
& Waiver-OR

**PLEASE USE BLACK INK**  
**PLEASE ENTER DATES AS MM/DD/YYYY**

Company name UNION WINE COMPANY	Division level ALL MEMBERS	Account number/unit number
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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)	
Date employed full-time	Hours worked per week	Job occupation/class	Location
Email address		Phone number	

Do you have an eligible spouse or State Registered Domestic Partner or domestic partner or child(ren)?  
 yes  no

Salary amount (for owners, include business income)	Salary mode <input type="checkbox"/> yearly <input type="checkbox"/> weekly <input type="checkbox"/> hourly <input type="checkbox"/> monthly <input type="checkbox"/> bi-weekly
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Payroll mode <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly	Employer ZIP code 97062	Employer county WASHINGTON
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**Eligible Dependent Information** (Complete if you are electing benefits for your spouse or State Registered Domestic Partner or domestic partner <sup>or children</sup>)

Dependent name	Birth date	Gender <input type="checkbox"/> male <input type="checkbox"/> female	Social security number	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> State Registered Domestic Partner <input type="checkbox"/> domestic partner <input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Spouse <input type="checkbox"/> State Registered Domestic Partner <input type="checkbox"/> domestic partner
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled child**
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Child <input type="checkbox"/> foster child* <input type="checkbox"/> disabled 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 or physically disabled, reaches/exceeds the maximum age, an Application to Continue Disabled Child form must be completed and reviewed to determine eligibility.

Is your spouse or State Registered Domestic Partner or domestic partner employed by this company?

yes  no

Coverage	Employee	Spouse or State Registered Domestic Partner or Domestic Partner*	Child(ren)
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**NOTE: Employee coverage must be elected to elect any dependent coverage. If your dental coverage includes Pediatric Dental Essential Benefits, please refer to GP61845 for information about free language services that may be available to you.**

<b>Dental</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Vision</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
<b>Short Term Disability</b>	<input type="checkbox"/> Elect <input type="checkbox"/> Decline		

Input an amount in an increment of \$50. The minimum amount you can elect is \$100. Your maximum election cannot exceed 60% of your weekly earnings or \$1,000 per week.\*\*

\*\$

\*May be reduced by income from other income sources.

\*\*If you elect an amount higher than allowed, you will be enrolled for 60% of your weekly earnings rounded to the next lower increment.

<b>Long Term Disability</b>	<input checked="" type="checkbox"/> Elect
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\*NOTE: Domestic Partners can only be added if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60474).

**Declining Coverage**

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

- spouse's or State Registered Domestic Partner's or domestic partner's group coverage
- individual insurance
- other coverage offered by my employer
- other \_\_\_\_\_

**Employee Agreement (Read and sign)**

I understand and agree with the following statements:

- 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 or vision 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 I refuse life, disability, or critical illness coverage, I may apply later but I must show proof of good health and coverage will be subject to approval by Principal Life Insurance Company.
- 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





# UNION WINE COMPANY

## Dental

Estimated employee monthly premium amounts

End of rate guarantee period: 05/31/2021

Coverage	Premium
Employee only	34.09
Employee and spouse	66.27
Employee and child(ren)	86.36
Employee and family	124.81

## Vision

Estimated employee monthly premium amounts

End of rate guarantee period: 05/31/2021

Coverage	Premium
Employee only	6.18
Employee and spouse	12.27
Employee and child(ren)	13.91
Employee and family	21.54

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392

Cost is not the only thing to consider when purchasing insurance. These policies have limitations and exclusions. For coverage details, contact your employer or your Principal representative. Premium amounts are estimated and may vary due to rounding and other adjustments. ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.







# Your dental benefits



Dental insurance

# 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 Edge<sup>SM</sup> 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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GP50945-12 (Spanish SP942-08) | 08/2018 | © 2018 Principal Financial Services, Inc.



Policyholder: UNION WINE COMPANY

# Voluntary Dental PPO Benefit Summary

Effective Date: 06/01/2019

**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. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

This chart provides you a brief summary of the key benefits of the dental coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your dental coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility				
Job Class	ALL MEMBERS			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,000 per person. Non-network Calendar year maximums are \$1,000 per person.			
Prevailing Charge	When using non-network providers, you pay any amount over the allowable charge.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. 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. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			

**How Are Dental Procedures Covered?**

The list of common procedures shows what unit the procedure is included in and how often they are covered.

<p><b>Unit 1 – Preventive Procedures</b></p>	<ul style="list-style-type: none"> <li>• Routine exams - one per six months</li> <li>• Routine cleaning (prophylaxis) - one per six months (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 15)</li> <li>• Space maintainers - covered only for dependent children under age 15; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 15; one each tooth each 36 months</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 15</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<p><b>Unit 2 – Basic Procedures</b></p>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Emergency exams – one per six months</li> <li>• Fillings and stainless steel crowns</li> <li>• Composite fillings on molars</li> <li>• Simple Oral Surgery</li> <li>• 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.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> </ul>
<p><b>Unit 3 – Major Procedures</b></p>	<ul style="list-style-type: none"> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Complex Oral Surgical Procedures</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> <li>• Crowns – each 120 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth</li> <li>• Bridges - Initial placement / Replacement of bridges 120 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

## Understanding Your Dental Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee) (including a registered domestic partner) and children, including those of your registered domestic partner. Additional eligibility requirements may apply.

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.

### How Do I Find A Participating Provider?

Use the Provider Directory on [www.principal.com](http://www.principal.com) to locate nearby dentists or see if your dentist participates in your network.

1	Visit <a href="http://www.principal.com/dentist">www.principal.com/dentist</a> .
2	Begin your search by picking the <b>state</b> where you would like to find a provider. Next, specify a <b>network</b> . Depending on the network chosen, you may be transferred to a partner site.
3	Enter the <b>name of the provider</b> you are looking for (if known). If you are looking for a nearby dentist, enter the <b>city and state and/or ZIP code</b> . Be sure to indicate <b>how far you are willing to travel</b> .
4	Select the <b>desired specialty</b> or use the No Specialty Preference default. Click <b>Continue</b> .
5	Select a <b>language</b> if your preference is other than English. Click <b>Continue</b> .

You may nominate your dentist for inclusion in our network. Please submit the dentist's name, address, phone and specialty by calling 1-800-832-4450, or submit through [www.principal.com/refer-dental-provider](http://www.principal.com/refer-dental-provider).

### What Are The Restrictions Of My Coverage?

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of dental coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails. Oregon: GC 7100-1 (0415).

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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.



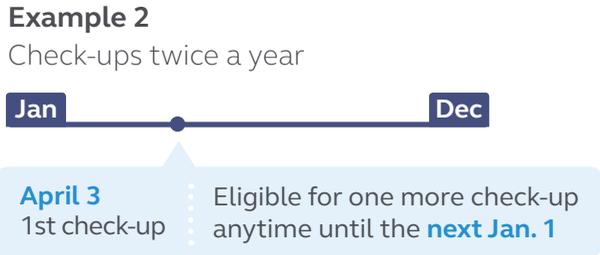
## Path 1: You need a routine visit

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](http://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](http://principal.com).

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Dental insurance

# 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 50% of your annual maximum, you can roll over 25% and accumulate up to 1x your annual maximum. 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 \$1,000 calendar-year maximum.**

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$1,000	\$500	\$450	\$250	\$250
Year 2	\$1,250	\$500	\$850	\$0	\$250
Year 3	\$1,250	\$500	\$450	\$250	\$500
Year 4	\$1,500	\$500	\$0	\$0	\$0
Year 5	\$1,000	\$500	\$450	\$250	\$250

\*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 — which is 50% of the maximum — 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://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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GP55911C-03 | 04/2018 | OR policy forms GC 7000 and GC 7100-1 (0415) | © 2018 Principal Financial Services, Inc.

# Save money with network dentists

You'll enjoy lower out-of-pocket costs and pay less for dental services when you visit a dentist in our large network.

When it comes to visiting a dentist, you want quality dentists to choose from and value for your money. That's where we can help. With dental coverage from Principal®, you have access to a preferred provider organization (PPO). These network dentists include general dentists and those who specialize in root canals, pulling teeth and more.

When you receive services from a dentist in our network, your cost may be lower. Why? Network dentists agree to lower their fees for dental services and not charge you the difference. But, if you use a non-network dentist, you're responsible for paying any fees above the amount most dentists charge for a dental service in the area.\* This means you may pay more for the same procedure if you visit a non-network dentist.

### Let's look at an example

Phil has an infected tooth that requires a root canal. His out-of-pocket expenses will be lower if he visits a network (PPO) dentist.

### Comparing out-of-pocket costs on a root canal

Phil visits a <b>network</b> dentist		Phil visits a <b>non-network</b> dentist	
Dentist charge	\$1,400	Dentist charge	\$1,400
Negotiated fee	\$980	Fee most dentists charge in area	\$1,370
Coinsurance 20% (\$980 x .20)	\$196	Coinsurance 20% (\$1,370 x .20)	\$274
Difference of dentist charge and negotiated fee. Phil <b>isn't responsible</b> for the difference because it's in-network.	\$420	Difference of dentist charge and fee most dentists charge in the area. Phil <b>is responsible</b> for the difference because it's non-network.	\$30
Coverage pays	\$784	Coverage pays	\$1,096
<b>Phil pays</b>	<b>\$196</b>	<b>Phil pays (\$274 + 30)</b>	<b>\$304</b>

Example is for illustrative purposes only.

\*The difference may also be determined by the amount agreed to by network dentists.

Find a network dentist

**Go to [principal.com/dentist](https://principal.com/dentist).** You can find a network dentist, listed by specialty. And if your favorite dentist isn't in the network, click the link to refer your provider.



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

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Your vision  
benefits



Vision insurance

## Focus on your eye health

Taking good care of your vision can be simple and affordable. And it's important — after all, you only have one pair of eyes. In fact, did you know healthy vision plays a big role in your overall health?



It's a digital world. For most of us, a day doesn't go by without using our eyes to read, scan or view a smart phone, tablet, laptop or computer screen. That can lead to eye strain and potential long-term vision problems. For this reason alone, vision care is more important than ever.

And healthy vision is also an important component of your overall wellness. Regular eye exams can help uncover serious health conditions, like diabetes, hypertension, high cholesterol, cancer, thyroid disorders and more.

That's what vision insurance is all about, helping you take control of your eye health – and your overall health. Being covered by insurance makes it more likely you'll make regular visits to your eye doctor and catch health issues early, when it matters most.

### Let's look at an example



In her job, Alisa deals with customer accounts, and that means she views names and numbers on her computer screen — all day, every day. And like many of us, she keeps in touch with her friends via social media on her smartphone.

It's safe to say she relies on her eyes in all areas of her life. So since glaucoma and diabetes run in the family, Alisa can't afford to let a year go by without a visit to the eye doctor. That's why access to vision insurance through her employer is important to her.

Enroll in [vision insurance](#) and make the most of a benefit that can help you protect your eyes and your overall health.



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

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# Voluntary Vision Benefit Summary

Effective Date: 06/01/2019

This chart provides you a brief summary of the key benefits of the vision coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your vision coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility		
Job Class	ALL MEMBERS	
Your Coverage with a VSP Preferred Provider		
Doctor Network	VSP Choice Network	
Covered Charges	Benefit	Frequency
Exams	\$10 copay	One exam every 12 months
Prescription Glasses	\$25 copay	Two lenses (one pair) every 12 months
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted 20-25% by VSP providers.*** \$130 allowance for a wide selection of frames; 20% off amount over allowance***	One set every 24 months
Elective Contacts	Up to \$60 copay for your elective contact lens exam (fitting and evaluation) \$130 allowance for elective contacts	Once every 12 months Contacts are instead of frames and lenses
Necessary Contacts**	\$25 copay Covered in full for members who have specific conditions	Once every 12 months Contacts are instead of frames and lenses
Additional Savings ***		
Glasses and Sunglasses	Members save an average of 20-25% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last covered vision exam	
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

VOLUNTARY VISION

Your Coverage with Other Providers (Non-Network)		
Covered Charges	Scheduled Benefit Amount	Frequency
Vision Exams	Up to \$45	One per 12 month period
Single Vision lenses	Up to \$30	One pair per 12 month period
Lined bifocal lenses	Up to \$50	One pair per 12 month period
Lined trifocal lenses	Up to \$65	One pair per 12 month period
Lenticular lenses	Up to \$100	One pair per 12 month period
Frames	Up to \$70	One set per 24 month period
Elective Contacts	Up to \$105	In lieu of lenses and frame benefits
Necessary Contacts**	Up to \$210	In lieu of lenses and frame benefits

\*VSP has agreements established with some Participating Retail Chain Providers that may also provide benefits for this covered service. Up to a \$70 allowance is given for a wide selection of frames from Costco. Please talk to your provider or contact VSP customer care for further details.

\*\* Necessary contact lenses are prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

\*\*\* Based on applicable laws; benefits may vary by doctor location.

There is Coordination of Benefits, which is a procedure for limiting benefits from two or more carriers to 100% of the claimant's covered expenses.

## Understanding Your Vision Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You must be enrolled for vision coverage before it can be offered to your dependents. Eligible dependents include your spouse (if not also enrolled as an employee), state registered domestic partner, civil union partner, and children, including those of your qualified or state registered domestic partner. Additional eligibility requirements may apply.

### How Do I Find a VSP Provider?

Use the Provider Directory on [www.vsp.com](http://www.vsp.com) to locate nearby VSP providers or to see if your current eye care professional participates in the VSP network. To speak to a representative by phone, please call 800-877-7195.

### How Do I Submit A Claim?

When visiting a VSP provider for services, the provider submits the claim for payment. If visiting a non-network provider for services, you are responsible for submitting the claim to VSP. Obtain a claim form by logging on to [vsp.com](http://vsp.com) or by calling 800-877-7195. Include a copy of your itemized receipt with your claim form and mail it to the following address.

Vision Service Plan  
P.O. Box 385018  
Birmingham, AL 35238-5018

**What Are The Restrictions Of My Coverage?**

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

<b>Late Entrant Waiting Period</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to coverage guidelines.
<b>Non-Medically Necessary Services</b>	The coverage does not pay for visual analysis or vision aids that are not medically necessary.
<b>Benefit Limitations</b>	The following items are excluded under this coverage: <ul style="list-style-type: none"> <li>• Two pairs of glasses instead of bifocals</li> <li>• Replacement of lenses, frames or contacts</li> <li>• Medical or surgical treatment</li> <li>• Orthoptics, vision training or supplemental testing</li> <li>• Plano lenses (lenses with refractive correction of less than <math>\pm .50</math> diopter)</li> </ul>
<b>Contact Lens Limitations</b>	The following items are not covered under the contact lens coverage: <ul style="list-style-type: none"> <li>• Insurance policies or service agreements</li> <li>• Artistically painted or non-prescription lenses</li> <li>• Additional office visits for contact lens pathology</li> <li>• Contact lens modification, polishing or cleaning</li> <li>• Refitting of contact lenses after the initial (90 day) fitting period</li> </ul>
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of vision coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of the rights, benefits, limitations or exclusions of the coverage. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails. OR policy form # GC 9000 (1013)

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# Set your sights on healthy eyes

Vision coverage that gives you choice of provider options for exams and eyewear

Everyone likes choices – especially when it comes to choosing your eye doctor and eyewear. Managed care vision insurance through Principal® and vision expert VSP® Vision Care puts you in the driver’s seat.

Whether you’re looking to visit an eye doctor or want to enjoy the convenience of online shopping, we’ve got you covered. Through an established network of providers, you’ll get access to the highest level of care and the lowest out-of-pocket costs.<sup>1</sup>

<p><b>VSP</b> Full-service locations with satisfaction guaranteed, offering a WellVision Exam® that can detect signs of eye and overall health conditions, such as diabetes. Plus, a wide selection of eyewear and 24-hour access to emergency care.</p>	<ul style="list-style-type: none"> <li>• Early morning, evening and weekend appointments offered by 91% of providers</li> <li>• Special savings on preferred frame brands, contact lens services and sunglasses</li> <li>• Integrated medical management with VSP’s Eye Health Management Program®</li> <li>• Extra \$20 to spend on featured frame brands, like bebe®, ck Calvin Klein®, Flexon®, Lacoste®, Nike®, Nine West® and more</li> <li>• 20% off any amount over the allowance for frames</li> </ul>
<p><b>Online shopping</b> With Eyeconic®, you get the convenience of shopping online plus the personal touch from a VSP® network doctor. Visit <a href="http://eyeconic.com">eyeconic.com</a>.</p>	<ul style="list-style-type: none"> <li>• Free shipping and returns</li> <li>• Virtual try on tool</li> <li>• Free frame adjustment or contact lens consultation</li> <li>• All-inclusive pricing</li> <li>• Average savings of \$220</li> </ul>
<p><b>Retail chains</b> 5,000 VSP doctor chain locations, plus 3,000 retail chain partner locations nationwide.</p>	<ul style="list-style-type: none"> <li>• Same benefits you’d receive if you visited a VSP doctor<sup>2</sup></li> <li>• No required forms – you pay only copays, costs over coverage amounts and/or for non-covered options</li> <li>• Providers report Eye Health Management Program data to VSP</li> <li>• Retail partners include Costco® Optical, Visionworks®, Wisconsin Vision, Heartland Vision, RxOptical®, Cohen’s Fashion Optical® and Pearle Vision.</li> </ul>
<p><b>Out-of-network</b> Coverage includes a reimbursement schedule for any out-of-network provider.</p>	<ul style="list-style-type: none"> <li>• Visit <a href="http://VSP.com">VSP.com</a> or call <b>800.877.7195</b> to submit claims.</li> <li>• Providers at Walmart® and Sam’s Club® locations can submit claims on your behalf.</li> </ul>

# How to access your vision benefits

It's as easy as 1-2-3 to look up your benefits, locate providers near you and use your benefits.

## 1 Access your benefits

- Visit **VSP.com** and click on “Create an account.”
- Follow the online Member Registration form using your member ID found on your vision ID card.

## 2 Search for providers

- Visit **VSP.com** or **principal.com/vsp**.
- Enter your ZIP code or address and click Search.

## 3 Use your benefits

- Schedule your appointment with your provider of choice.
- At your appointment, present your vision ID card and remind the provider to look up your benefits using the member ID on your card (not your Social Security number).

**Prefer to access your vision ID card on your mobile device? It's simple.**

1. Set up your username and password at **principal.com**.
2. Download Principal® Mobile from the App Store® or Google Play™.
3. Log in to the app using your principal.com username and password.



### Let's connect

Contact your employer or call the VSP member support line at **800.877.7195**.

<sup>1</sup> Based on your coverage options and national averages for comprehensive eye exams and most commonly purchased brands.

<sup>2</sup> Frame allowances can vary at participating retailers.



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

Managed care vision insurance is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392, and is administered by VSP. VSP is not a member of the Principal Financial Group.

This is an overview of the benefits vision insurance provides, but there are limitations and exclusions. For additional details, contact your employer.

VSP and WellVision Exam are registered trademarks of Vision Service Plan. Flexon is a registered trademark of Marchon Eyewear, Inc. All other company names and brands are trademarks or registered trademarks of their respective owners.

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# Your disability benefits



Group disability insurance

# Boost your financial safety net

Protecting your income may not be your first priority, but it should be. How long could you pay the bills if your income suddenly stopped?



Think of disability insurance as your personal safety net. If you're too sick or hurt to work, you can rely on it to replace a portion of your income. That means you can focus on taking care of yourself, instead of worrying about how you'll pay the bills.

Benefit checks are sent directly to you, helping you handle expenses and support your family while you're not able to work. Best of all, you decide how to spend your check – whether that's on a big ticket item, everyday expenses or anything in between.

## Protecting your income from injury or illness

You depend on your income for everything – the small things like groceries or a night out, and the big things like your home and car. What if an injury or illness affected your ability to work? Think you're covered by workers' compensation? Most disabilities aren't caused by accidents. Instead, illnesses – like heart disease or cancer – cause most long-term absences. Without an income, the money you've managed to save may need to be used for things like mortgage or rent and daily expenses.

### Let's look at an example



Curt's job requires him to drive long distances. And his income allows him to live comfortably in his hometown. When Curt was diagnosed with a chronic back injury, his doctor put a restriction on driving long distances.

Because Curt had disability insurance, he received disability benefits that replaced a portion of his income. This meant he could manage mortgage payments and keep his home while he was unable to work.

Plan ahead for what you hope won't happen – a disabling condition. Be proactive and enroll in [disability insurance](#).

## How much coverage do you need?

Protect your income against life's uncertainties. To figure out how much you need to help pay monthly expenses, use this table, or log on to [principal.com](http://principal.com) to use our online disability insurance calculator.

My disability coverage needs		Monthly
Part A	<b>Expenses</b>	
	Mortgage/rent	\$ _____
	Internet/utilities/cable	\$ _____
	Food/household supplies	\$ _____
	Car payments/expenses	\$ _____
	Credit card/loan payments	\$ _____
	Insurance premiums	\$ _____
	Childcare	\$ _____
	Other monthly expenses (clothes, entertainment, etc.)	\$ _____
<b>Total A</b>		\$ _____
Part B	<b>Income sources</b>	
	Other income sources (spouse take-home salary, rental income, etc.)	\$ _____
	Existing disability coverage	\$ _____
<b>Total B</b>		\$ _____

## Your disability coverage gap

<b>Part A expenses</b>		<b>Part B income sources</b>		<b>Disability coverage gap</b>
\$ _____	-	\$ _____	=	\$ _____

Your financial or tax advisor can help you determine your total need for disability coverage.

### [principal.com](http://principal.com)

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

This is an overview of the benefits disability insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your disability 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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Policyholder: UNION WINE COMPANY

# Voluntary Short Term Disability (STD) Benefit Summary

Effective Date: 06/01/2019

This chart provides you a brief summary of the key benefits of the short-term disability coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your short-term disability coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
Job Class	ALL MEMBERS
Eligible Members	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 40 hours per week
Benefits Payable	
Primary Weekly Benefit	\$50.00 increments between \$100.00 and \$1,000.00, not to exceed 60% of predisability earnings.
Benefit Amount	Primary Weekly Benefit less other income sources
Definition of Earnings	Base wage
Benefit Qualification	
Elimination Period	Benefits begin on the 15th day for accident and 15th day for sickness
Benefit Payment Period	Up to 11 weeks after the elimination period is satisfied
Maternity	Treated the same as any other disability
Additional Benefits	
Rehabilitation Incentive Benefit	5% increase in the primary weekly benefit
Limitations & Exclusions	
Pre-Existing Conditions	3 months prior/12 months insured
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.

## Understanding Your Short-Term Disability Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You will be considered actively at work if you are able and available for active performance of all of your regular duties. Short-term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered active work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

### How Do I Qualify For Benefits?

1) **Meet the Definition of Disability.** Disabilities must be solely and directly caused by sickness, injury, or pregnancy.

<b>During the elimination period and the benefit payment period, one of these situations must apply:</b>	<ul style="list-style-type: none"> <li>• You cannot perform the majority of the substantial and material duties of your own job.</li> <li>• You are performing the duties of your own job on a modified basis and lose at least 20% of the income you earned before becoming disabled.</li> <li>• You are performing the duties of any other job and lose at least 20% of the income you earned before becoming disabled.</li> </ul>
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2) **Satisfy the Elimination Period.** The amount of time you must be disabled before receiving benefits is called the elimination period. Benefits begin on the 15th day when due to injury and begin on the 15th day when due to sickness. The elimination period can be satisfied with days of total or partial disability.

### How Much Weekly Benefit Will I Receive?

Your benefits will be determined by using your base wage.

The benefit payment period is the length of time you will receive benefits for a qualifying disability after the elimination period is satisfied. When you are unable to work in any capacity during the benefit payment period, Your primary weekly benefit less income from other sources is the benefit amount you will receive. Your benefit amount will never be less than the \$15 minimum benefit.

**Benefits if Working** If you are able to work while disabled, you may still be eligible to receive a disability benefit.

## VOLUNTARY SHORT-TERM DISABILITY

If you are working during the benefit payment period, your benefit amount is the lesser of:

- 100% of your predisability earnings, less income from other sources, less current earnings; or
- Your primary weekly benefit, less income from other sources.

**Income you receive from other sources** can be deducted from your primary weekly benefit. For a complete list of other sources, please refer to your booklet. Other sources may include: All retirement or disability benefits that you and your dependents receive from Social Security or other government agencies/ Salary continuance, personal time off or sick pay / Workers' Compensation benefits / Income from state disability plans / Disability or retirement benefits the employee elects to receive paid by pension plans sponsored by the policyholder / Income received from no-fault auto laws / Severance pay / All payments for the month that the member receives under state unemployment laws.

### How Long Will I Receive My Benefits?

You are eligible to receive short-term disability benefits for 11 weeks after the elimination period is satisfied.

Your disability benefits will end when you: Recover / Cease to be under the regular and appropriate care of a physician / Fail to provide any required proof of disability / Fail to submit to a required medical examination / Fail to report income from other sources, or any other required earnings information / Fail to pursue Social Security disability benefits or Workers' Compensation benefits / Die.

If you recover and return to work for less than 30 continuous days during the benefit duration and then again become disabled from the same or related cause, you are not required to complete a new elimination period.

### What Additional Benefits Are Included?

<b>Work Incentive Benefit</b>	The Work Incentive Benefit is paid to you if you are disabled and you return to work on a limited or part-time basis. The Work Incentive Benefit equals the primary weekly benefit with no offset for work earnings unless the combination of work earnings, disability benefits and other income sources exceeds 100% of your predisability earnings. If this occurs, the Work Incentive Benefit will be reduced by the amount in excess of 100% of your predisability earnings.
<b>Rehabilitation Plan</b>	While disabled, you may qualify to participate in a rehabilitation plan. Our rehabilitation staff works with you, your physician(s) and your employer to create an individual rehabilitation plan to assist you in returning to work. If you are not disabled, but have a condition that could prevent you from performing the substantial and material duties of your own job, preventive rehabilitation services may be offered.
<b>Rehabilitation Incentive Benefit</b>	The Rehabilitation Incentive Benefit can increase the primary weekly benefit by 5% if you become totally disabled and participate in and satisfy the requirements of an individual rehabilitation plan.

**What Are The Restrictions Of My Coverage?**

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

<b>Pre-existing Conditions</b>	<p>A pre-existing condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none"> <li>• Received medical treatment, consultation, care or service; or</li> <li>• Were prescribed or took prescription medications</li> </ul> <p>In the event an investigation is necessary to determine if a disability is pre-existing, benefits may be payable for up to six weeks while The Principal is conducting its pre-existing condition investigation. Once the investigation is complete and if the disability is deemed to be a pre-existing condition, no further benefits will be payable. Benefits will not be paid beyond the date six weeks following the date of disability for disabilities resulting from pre-existing conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months. No benefits will be paid for a subsequent claim subject to a pre-existing condition investigation for the same condition.</p> <p>No benefits will be paid for any disability that is caused by, a complication of, or resulting from the same pre-existing condition that you had previously received benefits for.</p> <p>Pre-existing condition limitations also apply to benefit increases due to:</p> <ul style="list-style-type: none"> <li>• Policy amendments</li> <li>• Changes in earnings of 25% or greater</li> </ul>
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Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of life coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails.

Oregon: GC 4000-2 (0415) and GC 4100 OR (0116).

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# UNION WINE COMPANY

## Short-term disability

Estimated employee monthly premium amounts  
End of the rate guarantee period: 05/31/2021

Benefit amount	Minimum annual salary required	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$100	\$8,667	\$2.80	\$6.10	\$5.70	\$2.10	\$1.90	\$1.60	\$2.10	\$3.50	\$4.10	\$4.60	\$4.90
\$150	\$13,000	\$4.20	\$9.15	\$8.55	\$3.15	\$2.85	\$2.40	\$3.15	\$5.25	\$6.15	\$6.90	\$7.35
\$200	\$17,333	\$5.60	\$12.20	\$11.40	\$4.20	\$3.80	\$3.20	\$4.20	\$7.00	\$8.20	\$9.20	\$9.80
\$250	\$21,667	\$7.00	\$15.25	\$14.25	\$5.25	\$4.75	\$4.00	\$5.25	\$8.75	\$10.25	\$11.50	\$12.25
\$300	\$26,000	\$8.40	\$18.30	\$17.10	\$6.30	\$5.70	\$4.80	\$6.30	\$10.50	\$12.30	\$13.80	\$14.70
\$350	\$30,333	\$9.80	\$21.35	\$19.95	\$7.35	\$6.65	\$5.60	\$7.35	\$12.25	\$14.35	\$16.10	\$17.15
\$400	\$34,667	\$11.20	\$24.40	\$22.80	\$8.40	\$7.60	\$6.40	\$8.40	\$14.00	\$16.40	\$18.40	\$19.60
\$450	\$39,000	\$12.60	\$27.45	\$25.65	\$9.45	\$8.55	\$7.20	\$9.45	\$15.75	\$18.45	\$20.70	\$22.05
\$500	\$43,333	\$14.00	\$30.50	\$28.50	\$10.50	\$9.50	\$8.00	\$10.50	\$17.50	\$20.50	\$23.00	\$24.50
\$550	\$47,667	\$15.40	\$33.55	\$31.35	\$11.55	\$10.45	\$8.80	\$11.55	\$19.25	\$22.55	\$25.30	\$26.95
\$600	\$52,000	\$16.80	\$36.60	\$34.20	\$12.60	\$11.40	\$9.60	\$12.60	\$21.00	\$24.60	\$27.60	\$29.40
\$650	\$56,333	\$18.20	\$39.65	\$37.05	\$13.65	\$12.35	\$10.40	\$13.65	\$22.75	\$26.65	\$29.90	\$31.85
\$700	\$60,667	\$19.60	\$42.70	\$39.90	\$14.70	\$13.30	\$11.20	\$14.70	\$24.50	\$28.70	\$32.20	\$34.30
\$750	\$65,000	\$21.00	\$45.75	\$42.75	\$15.75	\$14.25	\$12.00	\$15.75	\$26.25	\$30.75	\$34.50	\$36.75
\$800	\$69,333	\$22.40	\$48.80	\$45.60	\$16.80	\$15.20	\$12.80	\$16.80	\$28.00	\$32.80	\$36.80	\$39.20
\$850	\$73,667	\$23.80	\$51.85	\$48.45	\$17.85	\$16.15	\$13.60	\$17.85	\$29.75	\$34.85	\$39.10	\$41.65
\$900	\$78,000	\$25.20	\$54.90	\$51.30	\$18.90	\$17.10	\$14.40	\$18.90	\$31.50	\$36.90	\$41.40	\$44.10
\$950	\$82,333	\$26.60	\$57.95	\$54.15	\$19.95	\$18.05	\$15.20	\$19.95	\$33.25	\$38.95	\$43.70	\$46.55
\$1,000	\$86,667	\$28.00	\$61.00	\$57.00	\$21.00	\$19.00	\$16.00	\$21.00	\$35.00	\$41.00	\$46.00	\$49.00

Rates are estimated due to rounding of numbers when calculated.

If your age changes to a different rate band during the guarantee period, your premium will change to reflect the new rate band effective on the next policy anniversary date.

Short Term Disability insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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# Long Term Disability (LTD) Benefit Summary

Effective Date: 06/01/2019

This chart provides you a brief summary of the key benefits of the long-term disability coverage available from Principal Life Insurance Company. Following the chart, you will find additional information to answer questions you may have. For a complete list of all your long-term disability coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
Job Class	<b>ALL MEMBERS</b>
Eligible Members	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 40 hours per week
Benefits Payable	
Primary Monthly Benefit	60% of your predisability earnings up to \$6,000.
Benefit Amount	Primary monthly benefit less other income sources
Definition of Earnings	Base wage
Benefit Qualification	
Elimination Period	90 days
Own Occupation Period	End of Benefit Duration
Maximum Benefit Payment Period	2 years
Additional Benefits	
Rehabilitation Incentive Benefit	5% increase in the monthly benefit percentage
Survivor Benefit	Three times your primary monthly benefit less other income sources to your survivor.
Limitations & Exclusions	
Pre-Existing Conditions	3 months prior/12 months insured
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.

## Understanding Your Long-Term Disability (LTD) Benefits

### Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible member and be considered actively at work.

You will be considered actively at work if you are able and available for active performance of all of your regular duties. Short term absence because of a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off is considered active work provided you are able and available for active performance of all of your regular duties and were working the day immediately prior to the date of your absence.

### How Do I Qualify For Benefits?

1) **Meet the Definition of Disability.** Disabilities must be solely and directly caused by injury or sickness (including pregnancy).

<b>During the elimination period and the benefit payment period, one of the situations must apply:</b>	<ul style="list-style-type: none"> <li>You cannot perform the majority of the substantial and material duties of your own occupation.</li> <li>You are performing the duties of your own occupation on a modified basis or any occupation and are unable to earn more than 80% of your indexed predisability earnings.</li> </ul>
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2) **Satisfy the Elimination Period.** The amount of time you must be disabled before receiving benefits is called the elimination period. Long-Term Disability benefits begin after you have been disabled for 90 days. The elimination period can be satisfied with days of total or partial disability.

If you recover and return to work during the elimination period and become disabled again, you may not have to satisfy a new elimination period. If you become disabled again, your elimination period will pick up at the point where it was left off when you recovered. You have a period twice as long as the elimination period to satisfy the required number of days of disability.

### How Much Monthly Benefit Will I Receive?

Your benefits will be determined based on your Base wage.

When you are unable to work in any capacity during the benefit payment period, your **monthly benefit** equals your primary monthly benefit, less income from other sources.

**Your primary monthly benefit** is equal to 60% of your predisability earnings, but will not exceed \$6,000.

Your monthly benefit will not be less than the minimum monthly benefit of \$100.

## LONG-TERM DISABILITY

### Benefits if Working

If you are able to work while disabled, you may still be eligible to receive a disability benefit.

If you are working during the benefit payment period, your monthly benefit for the 12 month work incentive period is the lesser of:

- 100% of the indexed earnings you received before becoming disabled, less income from other sources, less current earnings; or
- Your primary monthly benefit, less income from other sources.

After the work incentive period, your monthly benefit equals your primary monthly benefit, less income from other sources and multiplied by your income loss percentage.

**Income you receive from other sources** can be deducted from your primary monthly benefit. Other sources include: All retirement or disability benefits that you and your dependents receive from Social Security, or other government agencies /Salary continuance, personal time off or sick pay / Workers' Compensation benefits / Income from state disability plans / Payments from policies that provide coverage for time away from work, if paid in part by or deducted from payroll by the policyholder / Income from other group disability coverage policies / Disability or retirement benefits the employee elects to receive paid by pension plans sponsored by the policyholder / Income received from no-fault auto laws / Renewal commissions received from the policyholder / Severance pay / All payments for the month that the member receives under state unemployment laws / Any income you receive for services rendered prior to your Date of Disability will not be considered Other Income Sources.

## How Long Will I Receive My Benefits?

The benefit payment period is the length of time you'll receive benefits for a qualifying disability after the elimination period is satisfied. Your age at the time disability occurs determines the length of time you are eligible to receive disability benefits.

Age Disability Occurs	Benefits are Payable:
Under age 69	<i>Until the earlier of reaching age 70 or 24 months</i>
At or over age 69	<i>12 months</i>

**Your disability benefits will end when you:** Recover / Cease to be under the regular and appropriate care of a physician / Fail to provide any required proof of disability / Fail to submit to a required medical examination / Fail to report income from other sources, or any other required earnings information / Fail to pursue Social Security disability benefits or Workers' Compensation benefits / Die.

If you recover and return to work for six months or less during the benefit payment period and then again become disabled from the same or related cause, you are not required to complete a new elimination period.

**LONG-TERM DISABILITY**

**What Additional Benefits Are Included?**

<b>Work Incentive Benefit</b>	The Work Incentive Benefit is paid to you if you are disabled and you return to work on a limited or part-time basis. To receive benefits, you must be working. The Work Incentive Benefit equals the primary monthly benefit with no offset for work earnings unless the combination of work earnings, disability benefits and other income sources exceeds 100% of your predisability earnings. If this occurs, the Work Incentive Benefit will be reduced by the amount in excess of 100% of your predisability earnings.
<b>Survivor Benefit</b>	The Survivor Benefit is a lump sum payment issued to your survivors, should you die while receiving disability benefits. The benefit payment is equal to three times your primary monthly benefit less other income sources.
<b>Accelerated Survivor Benefit</b>	If you are diagnosed with a terminal illness and your life expectancy is 12 months or less, you may elect to receive the survivor benefit on an accelerated basis. You may receive the full amount of the survivor benefit before death. Survivor benefits paid on an accelerated basis may affect eligibility for public assistance and may be taxable. You should consult your tax advisor with any questions.
<b>Rehabilitation Plan</b>	While disabled, you may qualify to participate in a Rehabilitation Plan. Our rehabilitation staff works with you, your physician(s) and your employer to create an individual rehabilitation plan to assist you in returning to work. If you are not disabled, but have a condition that could prevent you from performing the substantial and material duties of your own occupation, preventive rehabilitation services may be offered.
<b>Rehabilitation Incentive Benefit</b>	The Rehabilitation Incentive Benefit can increase the benefit percentage by 5% if you become totally disabled and participate in and satisfy the requirements of an individual rehabilitation plan.

**What Are The Restrictions Of My Coverage?**

This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

<b>Preexisting Conditions</b>	<p>A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the three months prior to your effective date under this policy, for which you:</p> <ul style="list-style-type: none"> <li>• Received medical treatment, consultation, care or service; or</li> <li>• Were prescribed or took prescription medications</li> </ul> <p>Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.</p>
<b>Treatment of Mental Health Conditions and Drug and Alcohol Abuse Conditions</b>	<p>A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition if the disability is caused by one of these condition(s) and not by other disabling conditions.</p> <p>Maximum benefit payment periods for:                  Mental health conditions – 24 months                  Alcohol, drug or chemical abuse conditions – 24 months</p> <p>The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.</p> <p>However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.</p>



Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [www.principal.com](http://www.principal.com)

This is a summary of life coverage underwritten by or with administrative services provided by Principal Life Insurance Company. This benefit summary is for administrative purposes and is not a complete statement of benefits and restrictions. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails. Principal, Principal and symbol design and Principal Financial Group are trademarks and service marks of Principal Financial Services, Inc., a member of the Principal Financial Group.

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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.**

<b>Laser Vision Correction</b>	<p><b>Imagine your life free from glasses and contacts.</b> You, your spouse and dependent children receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network, administered by LCA-Vision, Inc.</p> <p><a href="http://principallasik.com">principallasik.com</a>   888-647-3937</p>
<b>Hearing Aid Program/AHB</b>	<p><b>Consider how hearing loss affects the entire family.</b> That’s why you, your spouse, children, parents and grandparents can receive free annual hearing consultations and a 60-day trial on hearing aids through American Hearing Benefits, Inc. (AHB). Plus, you all get discounts on hearing aids through their nationwide network of 3,000+ hearing professionals.</p> <p><a href="http://principal.com/hearingbenefits/ahb">principal.com/hearingbenefits/ahb</a>   877-890-4694</p>
<b>Hearing Aid Program/EPIC</b>	<p><b>Take care of your family’s hearing.</b> You and your family have access to a large network of audiologists and ear, nose and throat (ENT) physicians through Ear Professionals International Corporation (EPIC). All of you get up to 60% off major brand hearing aids. Follow-up care and batteries for one year are included for hearing aids purchased through EPIC.</p> <p><a href="http://principal.com/hearingbenefits/epic">principal.com/hearingbenefits/epic</a>   866-956-5400 and identify yourself as a Principal customer</p>

Available with your dental and vision insurance

<b>Vision Care</b>	<p><b>Protect and improve your family’s vision.</b> 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.</p> <p><a href="http://principal.com/vsp">principal.com/vsp</a> and select the VSP Choice Network   800-877-7195</p>
<b>Dental Health Edge<sup>SM</sup></b>	<p><b>Get the information you need to make better decisions about oral health care.</b> 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.</p> <p><a href="http://c3.go2dental.com/scontent/">http://c3.go2dental.com/scontent/</a></p>

Available with your disability insurance

<b>Employee Assistance Program</b>	<p><b>Count on help to be there when you need it.</b> From concerns like decreasing stress to more complex issues such as divorce, your Employee Assistance Program provides recommendations and information to help you with life’s everyday, and not so everyday, challenges. You and your immediate family have access to free, confidential service, as well as referrals to supportive and community resources, from Magellan Healthcare.</p> <p><a href="http://MagellanHealth.com/member">MagellanHealth.com/member</a>   800-450-1327</p>
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[principal.com](http://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: Employee Assistance Program, Travel Assistance, Will & Legal Document Center, Identity Theft Kit and Beneficiary Support are not available; Laser Vision Correction and Hearing Aid Programs 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<sup>®</sup> Vision Savings Pass<sup>™</sup>

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<sup>®</sup>. 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*
<b>Eye exam</b>	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
<b>Prescription glasses or sunglasses</b>	When you purchase a complete pair of glasses, you save on lenses and frames. <ul style="list-style-type: none"> <li>• Single vision lenses \$40</li> <li>• Lined bifocal lenses \$60</li> <li>• Lined trifocal lenses \$75</li> <li>• Lenticular lenses \$75</li> </ul> 25% off frames
<b>Lens enhancements</b>	Average 20-25% off enhancements such as progressive, scratch-resistant and anti-reflective coatings
<b>Non-prescription sunglasses</b>	20% off unlimited sunglasses purchased within 12 months of last covered exam
<b>Contact lens exam</b>	15% off
<b>Laser vision correction</b>	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
<b>Retinal screening</b>	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](http://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](http://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](http://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: <b>Lenses</b> – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75   <b>Frames</b> – 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.

Group disability insurance



# Help handling life's ups and downs

Life can be unpredictable. And it's not always easy. So it's a big deal to know there's help available when you need it. That's what the Employee Assistance Program (EAP), provided by Magellan Healthcare, is all about.



With an EAP, you and your immediate family have access to free, confidential resources to help handle life's everyday — and not so everyday — challenges.

## Services for you and your family

Your EAP offers these services to help you and your family deal with the big and little things:

- LifeMart Discount Center, with savings on a variety of products and services
- Self-assessments for identifying issues with stress, depression or substance use
- Health and wellness articles, guides, webinars, podcasts and calculators
- Online assistance with eldercare, child care and other family life resources
- Help with teen and adolescent issues, including eating disorders and relationships
- Tips on parenting and grandparenting
- 24/7 phone consultation with licensed mental health professionals and referrals to supportive resources\*
- Ongoing personal coaching sessions with scheduled telephonic appointments

## Help when and where you need it — day or night

Life's challenges don't always happen during regular business hours. That's why you and your family have 24/7 access to your EAP.



**800-450-1327**

International: 800-662-4504  
TTY: 800-456-4006



**MagellanHealth.com/member**

\* You're responsible for any fees resulting from referrals outside the EAP, including those associated with medical benefits.

Help is just a click or phone call away

**Online:** MagellanHealth.com/member

**Toll-free:** 800-450-1327

**TTY for hearing impaired:** 800-456-4006

**International access only:** 800-662-4504

**Magellan**  
HEALTHCARE<sup>SM</sup>

Your Employee Assistance Program is provided by Magellan Healthcare.



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

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

Principal has arranged with Magellan Healthcare to make its Employee Assistance Program available to employees with disability coverage insured by or with administrative services provided by Principal Life Insurance Company. The EAP isn't part of the contract or policy and may be changed or cancelled at any time. Not available to group policies issued in New York. Magellan is responsible for all EAP services provided through this program. EAP services in California are provided through Magellan Health Services of California, Inc. — Employer Services. Magellan isn't a member of the Principal Financial Group®.

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Count on help to be there when you need it. Use the Employee Assistance Program services available with your Principal group disability insurance.





# 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.



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

Insurance issued by Principal Life Insurance Company, Des Moines, Iowa 50392-0002, [principal.com](https://www.principal.com)

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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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