



Group benefits

Understand your benefits.

JACKSON COUNTY CENTRAL SCHOOLS ISD
2895
ALL MEMBERS

Enroll in your benefits today. It's easy.

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



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



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



Complete and sign the Employee Enrollment and Waiver form.

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

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

- Dental
- Vision

**Employee Enrollment
& Waiver-MN****Principal Life Insurance Company**
Des Moines, IA 50392-0002

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

Company name JACKSON CO CENTRAL SCH	Division level ALL MEMBERS	Account number/unit number 1068124-10001
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Employee information

Name			Social security number ⁷		
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			Home number	Mobile number	
Employer ZIP code			Employer county		

⁷Requested not required**Eligible dependent information** (Complete if you are electing benefits for your spouse ¹ or children)

Dependent name	Birth date	Gender	Social security number ⁷	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> spouse <input type="checkbox"/> domestic partner ¹
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child ² <input type="checkbox"/> disabled child ³

⁷Requested not required

¹Spouse will include Domestic Partners if your employer allows this coverage. If enrolling a Domestic Partner, please attach a separate Declaration of Domestic Partnership / Enrollment Form Addendum (GP60460).

²If you checked foster child, was the child placed with you by an authorized state placement agency or by order of a court?

☐ yes ☐ no

³When 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 spouse¹ employed by this company?

☐ yes ☐ no

If you and your spouse¹ are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

If you and a parent are both employed at the same company, and eligible for benefits, you are not eligible to have benefits as both a Member and a Dependent.

Coverage	Employee	Spouse ¹	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage.			
Dental	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
	In the past 12 months, have you, the applicant, had continuous group orthodontia coverage (for yourself and/or your dependents) with a prior carrier? <input type="checkbox"/> yes <input type="checkbox"/> no		
Vision	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline

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, I cannot enroll until the next open enrollment.
- If the group policy does not require my contribution, I cannot decline coverage unless the policy indicates otherwise.
- If the group policy requires my contribution, I authorize my employer to deduct from my pay.
- I represent all information on this form and attachments is complete and true to the best of my knowledge. They are part of this request for coverage. I agree Principal Life is not liable for a claim before the effective date of coverage and all policy provisions apply. I have read, or had read to me, the information and my answers on this form. During the first two years coverage is in force, fraud or intentional misrepresentations can cause changes in my coverage, including cancellation back to the effective date.
- Any person who, with intent to defraud or knowing that they are facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement, may be guilty of insurance fraud.
- I understand collection of social security numbers for myself and/or my dependents will be used by Principal Life Insurance Company only as allowed by law.
- I authorize Principal Life to release data as required by law. If signed in connection with an application, reinstatement or a change in benefits, this form will be valid 26 months from the date below. I may revoke authorization for information not yet obtained. I understand data obtained will be used by Principal Life for claims administration and determining eligibility for coverage. Information will not be used for any purposes prohibited by law.
- I understand that as the employee, the insurance I and my dependents have applied for will begin on the effective date of coverage provided I am at work on that date. If I am not actively at work on such date, subject to the terms of the group policy, coverage may not go into effect until after my return to work. Furthermore, I understand that no insurance may become effective for any member of my family while he/she is in a period of limited activity.

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

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

Your signature X **Date signed** _____

Instructions

After this form is completed and signed:

- Employee retains a copy of the form, and
- Enrollment is submitted to Principal Life:
 - o Use eService to submit enrollment information at www.principal.com. Employer retains the original form.
 - o Or, email the form to groupbenefitsadmin@principal.com.
 - o Or, send the original form to Principal Life Insurance Company. Employer retains a copy of the form.

Your dental benefits

Policyholder: JACKSON CO CENTRAL SCH

Group voluntary dental insurance

Benefit summary for all members

Your coverage renews every October 1

This summary was created on 09/10/2024 and shows benefits available at that time.

What's available to me?

Dental insurance helps pay for all, or a portion, of the costs associated with dental care, from routine cleanings to root canals.

Eligibility				
Eligible employees	All active, full-time employees			
Calendar-year deductible			Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	80%	80%
Major	\$50	\$50	50%	50%
Orthodontia	\$0	\$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your in-network deductibles for basic and major services are combined. Your out-of-network deductibles for basic and major are combined. Your services applied to the in-network deductible will apply to the out-of-network deductible and vice versa.			
Combined maximum	Your calendar year maximum for basic and major in-network services are combined. Your calendar year maximum for basic and major out-of-network services are combined. In-network calendar year maximums are \$1,000 per person or out-of-network calendar year maximums are \$1,000 per person. Your services applied to the in-network maximum will apply to the out-of-network maximum and vice versa.			
Orthodontia lifetime maximum	\$1,000 PPO in-network maximum / \$1,000 PPO out-of-network maximum			
Preventive passport	Included			
Plan type	Unscheduled			

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

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - o If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - o You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period, or qualifying event.

Additional eligibility requirements may apply.

Which procedures are covered, and how often?

Preventive

Routine exams	Once per six months
Routine cleanings	Once per six months
Bitewing X-rays	Once per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Once per calendar year (covered only for dependent children under age 14)

Basic

Sealants	Covered only for dependent children under age 14; once per tooth each 36 months
Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Harmful habit appliance	Covered only for dependent children under age 14

Major

Oral surgery	Simple and complex
General anesthesia / IV sedation (covered only for specific procedures)	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics	Once per quadrant per 24 months (including scaling and root planing)

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

Periodontal surgical procedures	Once per quadrant per 36 months
Crowns	Each 84 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 84 months per tooth
Bridges	84 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Orthodontia

Coverage	For your dependent children. Bands that are placed on a dependent child's teeth before age 19 may be covered.
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Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90 th percentile of the usual and customary charges.
Preventive passport	Benefits paid for preventive services will not be applied to your annual benefit maximum
Participating provider services	If you require treatment and you can't see an in-network provider in a reasonable amount of time, your claim may be paid if you see an out-of-network provider.
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

How do I find a network dentist?

When you receive services from a dentist in our network, your cost may be lower. Network dentists agree to lower their fees for dental services and not charge you the difference. You'll have access to the Principal Plan Dental network, with more than 117,000 dentists nationwide. Visit principal.com/dentist to find a dentist or call 800-247-4695.

What if my dentist isn't in the network?

You can refer your dentist to our network. Please submit the dentist's name and information by calling 800-247-4695, or submitting a form at principal.com/refer-dental-provider.

What are the limitations and exclusions of my coverage?

- Missing tooth provision –This means the initial placement of bridges, partials, dentures, and implant services to replace teeth missing before this coverage starts may not be covered. If the policy your employer purchased replaces coverage with another carrier, continuous coverage under the prior plan may be applied and you may be eligible for coverage to replace teeth missing before this coverage started. Your effective date with your current employer, along with the employer's effective date with Principal are used to determine coverage. Missing tooth provision doesn't apply to pediatric essential benefits.
- Frequency limitations for services are calculated to the month and exact date from the last date of service or placement date.

There are additional limitations to your coverage. Please review your booklet for more information. We strongly recommend submitting a predetermination to determine benefits.

What are the restrictions of my coverage?

Orthodontia	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none">1) The lifetime maximum under any prior group coverage has not been exceeded,2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and3) Ortho treatment has been continued while insured under this policy. <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
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There are additional limitations to your coverage. A complete list is included in your booklet.



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This is a summary of dental coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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

GP62509-17

1068124 - 10001 Page 5 of 5

06/2024

JACKSON COUNTY CENTRAL SCHOOLS ISD 2895

Dental

Estimated employee monthly premium amounts

End of rate guarantee period: 09/30/2025

Coverage	Premium
Employee only	41.07
Employee and spouse	79.85
Employee and child(ren)	115.55
Employee and family	154.32

Dental 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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Simplify your dental care experience.

Let's face it, for many of us, visiting the dentist isn't 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?

1 | Find a network dentist.

Your out-of-pocket costs could be lower.

Check your ID card for your network AND go to principal.com/dentist

OR

Give us a call: **800-247-4695**

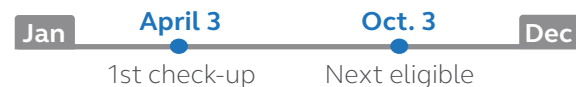
2 | Confirm network participation.

When you schedule your appointment, confirm the provider is still in the network at your specific location.

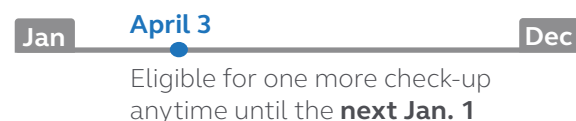
3 | Make sure you're eligible.

Depending on your policy, it may be too soon to schedule an appointment.

Example 1: One check-up every 6 months



Example 2: Check-ups twice a year



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® app!**

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



**Log in or create an
account at principal.com.**



principal.com

Insurance products issued by **Principal Life Insurance Company®**, a member of the Principal Financial Group®, 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. Colorado and West Virginia residents: view your state mandated access plan at principal.com/accessplans or call 800-247-4695 to request a copy. Oregon policy form GC 7100-1 (0415) .

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Your vision benefits

Policyholder: JACKSON CO CENTRAL SCH



Group voluntary vision

Benefit summary for all members

Your coverage renews every October 1

This summary was created on 09/10/2024 and shows benefits available at that time.

What's available to me?

Vision insurance is offered through Principal® and VSP® Vision Care. It provides choice, flexibility and savings through a VSP doctor.

If you buy this coverage, an established network of VSP doctors will provide quality care for you and your dependents.

VSP choice network	
Exams	Every 12 months, one exam is covered in full after \$10 copay
Prescription glasses Lenses - 1 pair covered every 12 months Frames - covered up to \$150 every 24 months; 20% off amount over allowance ¹	\$25 copay <ul style="list-style-type: none">• Single lenses• Lined bifocal lenses• Lined trifocal lenses• Lenticular lenses• Polycarbonate lenses for dependent children under age 18
Lens enhancements	Standard progressive lenses covered once every 12 months with a \$0 copay ¹ Most other popular lens enhancements are covered after a copay, saving our members an average of 30% ¹
Elective contacts	Covered up to \$150 every 12 months. Contact lenses can be chosen instead of glasses.
Contact fitting and evaluation	Up to \$60 copay
Necessary contacts	Covered in full after \$25 copay every 12 months Contact lenses can be chosen instead of glasses.

¹This can vary based on state laws and provider location Savings may not apply at participating retail chains.

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

GP62454-7

1068124 - 10001 Page 1 of 4

05/2023

Who can buy coverage?

- You may buy coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees can't purchase.
 - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
 - You must enroll within 31 days of being eligible. If you don't, you'll have to wait until the next open enrollment period.
- If you're covered, you may buy coverage for your dependents.

Additional eligibility requirements may apply.

What's the difference between elective and necessary contacts?

- Elective - when vision can be corrected by glasses, but contacts are worn.
- Necessary - when vision can't be corrected with glasses due to extreme vision problems.

Why am I charged an additional copay for contact fitting and evaluation?

- Contact lens wearers require an additional evaluation of the eyes' measurements, and possible follow-up appointments, for fitting and training on proper use of contact lenses.
- For these additional services, you won't pay more than \$60 at in-network providers.

Are benefits the same for all VSP doctors?

- Yes, with the exception of Costco®, Walmart®, and Sam's Club®. The frame allowance at these locations is \$80 which is equivalent to a \$150 allowance at other VSP doctor locations. Not all providers at participating retail chains are in-network for exam services.
- Benefits may also vary by location due to state law.

How do I find a VSP doctor?

- Visit vsp.com to locate VSP doctors close to you -- or to see if your current eye care professional is in the VSP network.
 - You'll need to choose the "Choice" doctor network to view the VSP doctors for your coverage.
- Call 800-877-7195.

Will I get an ID card?

- Yes, your card will have a unique member ID that your doctor will use to verify benefits.

Will my doctor submit my claim?

- If you're seeing a VSP doctor, they'll submit the claim for you.
- If you're seeing someone outside the VSP network, you're responsible for submitting your own claim. You can get that form from vsp.com after logging in as a member using your member ID. Or call 800-877-7195.

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

Are there any additional savings with VSP?

- Glasses and sunglasses - you can save an average of 20-25% off glasses or sunglasses from any VSP doctor within 12 months of your last covered vision exam.
- Laser vision correction - you pay an average of 15% off the regular price and 5% off the promotional price. You'll only receive these discounts from contracted clinics. Go to VSP.com and register using your member ID to see the laser vision promotions and find a contracted clinic.

These savings can vary based on state laws and provider location.

What benefits do I receive if my doctor is outside VSP's network?

Covered charges	Benefit	Frequency
Exams	Up to \$45	Once every 12 months
Single lenses	Up to \$30	One pair every 12 months
Lined bifocal lenses	Up to \$50	One pair every 12 months
Lined trifocal lenses	Up to \$65	One pair every 12 months
Lenticular lenses	Up to \$100	One pair every 12 months
Frames	Up to \$70	One set every 24 months
Elective contacts	Up to \$105	Contacts are instead of frames and lenses
Necessary contacts	Up to \$210	Contacts are instead of frames and lenses

What are the limitations of my benefits?

- Visual analysis or vision aids that aren't medically necessary aren't covered.
- No benefits will be paid for:
 - Non-prescription glasses
 - Medical or surgical treatment of the eyes
 - Claims submitted by a doctor who is part of your family

Once enrolled, you'll receive a booklet with more details regarding your plan limitations and exclusions.



principal.com

This is a summary of vision coverage insured by or with administrative services provided by Principal Life Insurance Company. This outline is a brief description of your coverage. It is not an insurance contract or a complete statement of the rights, benefits, limitations and exclusions of the coverage. If there is a discrepancy between the policy and this document, the actual policy provision prevails. For complete coverage details, refer to the booklet.

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GP62454-7

1068124 - 10001 Page 4 of 4

05/2023

JACKSON COUNTY CENTRAL SCHOOLS ISD 2895

Vision

Estimated employee monthly premium amounts

End of rate guarantee period: 09/30/2025

Coverage	Premium
Employee only	9.98
Employee and spouse	18.74
Employee and child(ren)	21.01
Employee and family	32.52

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

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Vision insurance

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 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 a high level of care and low out-of-pocket costs.¹

VSP

Full-service locations with satisfaction guaranteed, offering a WellVision Exam® that can help detect signs of eye and overall health conditions, such as diabetes. Plus, a wide selection of eyewear and 24-hour access to emergency care.

- Early morning, evening, and weekend appointments offered by 91% of providers
- Extra savings and offers on preferred frame brands, contact lens services, and sunglasses
- Integrated medical management with VSP's Health-Focused Care
- Extra \$20 to spend on featured frame brands, like bebe®, Calvin Klein®, Flexon®, Lacoste®, Nike®, Nine West®, and more²
- 20% off any amount over the allowance for frames

ONLINE SHOPPING

With Eyeconic®, you get the convenience of shopping online plus the personal touch from a VSP network doctor. Visit eyeconic.com®.

- Free shipping and returns
- Virtual try on tool
- Free frame adjustment or contact lens consultation
- All-inclusive pricing
- Average savings of \$220 (compared to out-of-pocket expenses without VSP insurance)

RETAIL CHAINS

5,500+ retail partner chain locations, plus 4,700+ independent chain locations nationwide

- No required forms—you pay only copays, costs over coverage amounts, and/or for non-covered option
- Retail partners include Walmart, Sam's Club, Costco® Optical, Visionworks®, Wisconsin Vision, Heartland Vision, RxOptical®, Cohen's Fashion Optical®, Pearle Vision, and Shopko.

OUT-OF-NETWORK

Coverage includes a reimbursement schedule for any out-of-network provider.

Visit vsp.com or call **800-877-7195** to submit claims.

How to access your vision benefits

It's as easy as 1-2-3 to look up your benefits, locate VSP in-network eye care 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 the Principal® app 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 services line at **800-877-7195**.

¹ Based on your coverage options and national averages for eye exams and most commonly purchased brands.

² Only available to VSP members with applicable policy benefits. Frame brands and promotions are subject to change. Savings based on doctor's retail price and vary by policy and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.

Coverage with a retail chain may be different or not apply. Log in to vsp.com to check your benefits for eligibility and to confirm in-network locations based on your policy type. VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.



principal.com

Managed care vision insurance is provided through **Principal Life Insurance Company®**, Des Moines, IA 50392, and is administered by VSP. Principal Life is a member of the Principal Financial Group®.

This policy has limitations and exclusions. For costs and complete details coverage details, ask your employer.

This flyer is not approved for use in Arizona. Oregon policy form GC 9000 (1013).

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Discounts and resources

Protect and improve your family's vision

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

Everybody loves a discount. Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your dental coverage from Principal®. And with 89,400 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 plan is not vision insurance.

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

Using VSP is easy. Just follow these steps.

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

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

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



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THIS PLAN IS NOT INSURANCE and is not intended to replace health insurance. This plan is not a Qualified Health Plan under the Affordable Care Act. THIS IS NOT A MEDICARE PRESCRIPTION DRUG PLAN. There is no cost to join this discount program. The plan provides discounts at certain health care providers for services. The range of discounts will vary depending on the type of provider and service. Plan members are obligated to pay for all health care services but will receive a discount from those health care providers who have agreed to provide discounts. The plan and its administrators have no liability for providing or guaranteeing service by providers or the quality of service rendered by providers. This plan is not available in Vermont and Washington. Void where prohibited. While Principal has arranged to make this discount plan available to members with dental coverage from Principal Life, this value-added service is not part of any insurance contract and may be changed or canceled at any time. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, IA 50392.

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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** and select Log In. Or, download the **Principal® app** for free from the App Store or Google Play.
- 2 | Select **Individual**, then **Create an account**.
- 3 | Enter **personal information**, such as your first and last name, date of birth, and phone number. ID number and primary zip code are optional.
- 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® 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 your dental and/or vision ID card, including dependent(s) names.
- Search for and contact a network dentist.
- Find discounts and services.
- Calculate coverage needs and more.

Keeping your account information 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.

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.



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



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

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group dental expense, group vision care expense, group hospital indemnity and/or group critical illness insurance with us ("insurance"). As used in this Notice, the term "health information" means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective May 15, 2024.

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: HIPAA Privacy Officer, Enterprise Privacy Office, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. Once we receive your request, a form to revoke an authorization will be sent to your attention for completion.

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

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

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

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

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

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

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

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

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

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

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

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

Your Rights

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

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

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

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

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

Exercising your rights

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

Complaints. If you believe your privacy rights have been violated, you can send a written complaint to us at Complaint Handler, Workplace Benefits, 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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