

Group benefits

Understand your benefits

DUSTINS BAR BQ
PT 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
- Critical illness

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

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

Critical illness – You're eligible for a certain amount of coverage, also referred to as the guarantee issue amount, no matter what your health status if you enroll during your initial enrollment period. If you want more coverage than this, complete the Statement of Health form.



Mailing Address
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee Enrollment
& Waiver-FL

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

Company name DUSTINS BAR BQ	Division level PT MEMBERS	Account number/unit number 1083827-10001
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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 domestic partner or child(ren)? <input type="checkbox"/> yes <input type="checkbox"/> no					
Payroll mode <input type="checkbox"/> monthly <input type="checkbox"/> semi-monthly <input type="checkbox"/> weekly <input type="checkbox"/> bi-weekly		Employer ZIP code		Employer county	

Eligible Dependent Information (Complete if you are electing benefits for your spouse or domestic partner or children)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> Spouse <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**
		<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 domestic partner employed by this company?

☐ yes ☐ no

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
NOTE: Employee coverage must be elected to elect any dependent coverage.			
Dental	Choose from one of the following plans.		
Plan #1	Design Description: MBRS ELEC HIGH PLN		
	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Plan #2	Design Description: MBRS ELEC LOW PLN		
	<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
Critical Illness	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline	<input type="checkbox"/> Elect <input type="checkbox"/> Decline
Benefit Amount:	\$ _____	\$ _____	\$ _____

*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 (GP60447).

Declining Coverage

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

- ☐ spouse's or domestic partner's group coverage
 ☐ individual insurance
☐ other 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 the first two years coverage is in force, misrepresentations contained in writing in this document can cause changes in my coverage, including cancellation back to the effective date.
- Explanation of Benefits reflecting claims payments for myself and my dependents will be sent to my home address. I also understand collection of social security numbers for myself and/or my dependents will be used by Principal Life only as allowed by law.
- 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 two years 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 life, disability, and critical illness. 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 declare that the information I have completed on this enrollment form is complete and true to the best of my knowledge and belief. I understand an agent or broker cannot guarantee coverage, revise rates, benefits or provisions without written approval from Principal Life Insurance Company.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

Your signature **X** _____ **Date Signed** _____

Instructions

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

- One for the employee
- One for the employer



Mailing Address:
Des Moines, IA 50392-0002

Principal Life
Insurance Company

Employee
Change Form - FL

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

Company name DUSTINS BAR BQ	Account/unit number 1083827
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Employee Information (Change of name and address)

Your name (last, first, middle initial)	Date of Birth	Social security number
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New name (last, first, middle initial)

Your new address (street)	(city)	(state)	(ZIP code)
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Home phone number	Email address
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Complete for Adding, Canceling or Changing a Coverage. If this is initial enrollment, please complete an Enrollment Form. NOTE: Employee coverage must be elected to elect any dependent coverage.

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
Dental	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date: 	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date: 	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date:
In the past twelve months, have you, the applicant, had continuous group orthodontia coverage (for yourself or your dependents) with a prior carrier? <input type="checkbox"/> yes <input type="checkbox"/> no			
Vision	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date: 	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date: 	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date:
Group Term Life	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date: 	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date: 	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date:
Supplemental Term Life	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: Change to date: 		

Coverage	Employee	Spouse or Domestic Partner*	Child(ren)
Voluntary Term Life (VTL)	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____ or _____ X salary	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
Short Term Disability	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
Long Term Disability	<input type="checkbox"/> Add <input type="checkbox"/> Cancel Occupation: _____ Change to: _____ Change to date: _____ \$ _____		
Critical Illness	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____ \$ _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____
Accident	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____	<input type="checkbox"/> Add <input type="checkbox"/> Cancel <input type="checkbox"/> Change to: _____ Change to date: _____

Complete if the coverage you are adding or changing is based on your salary.

Salary \$ _____ ☐ yearly ☐ bi-weekly ☐ monthly ☐ weekly ☐ hourly

* Domestic Partners can only be added if your employer allows this coverage. If adding a Domestic Partner, please attach a separate Declaration of Domestic Partnership/Enrollment Form Addendum (GP60447).

Nicotine Products

Has any person used nicotine products (including cigarette, pipe, cigar or chewing tobacco) in the past 12 months?

Employee: ☐ yes ☐ no Spouse or Domestic Partner: ☐ yes ☐ no

Reason for Adding a Coverage or Dependent

- ☐ marriage ☐ loss of other group coverage* ☐ open enrollment*
☐ birth/adoption ☐ court order (attach a copy) ☐ change in job status
☐ annual enrollment (if available) ☐ other _____

Date of event

*For loss of other group coverage and open enrollment, you must complete the following:

Name of prior dental carrier

Date coverage ended

Name of prior life carrier

Date coverage ended

Name of prior vision carrier

Date coverage ended

Reason for Canceling a Coverage or Dependent

- ☐ divorce ☐ age limit ☐ individual insurance
☐ spouse's or domestic partner's group coverage
☐ other _____

Date of request/ineligibility

Beneficiary Designation

Complete Beneficiary Designation/Change (GP34795) if adding life coverage, accident coverage with AD&D, or changing beneficiary.

Complete for Adding or Canceling a Dependent (Include last name if different from the employee)

Dependent name	Birth date	Gender	Social security number	Relationship
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> spouse <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"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster child*
		<input type="checkbox"/> male <input type="checkbox"/> female		<input type="checkbox"/> child <input type="checkbox"/> foster 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

To determine eligibility for disabled child(ren) (over the maximum age); see your employer for the required forms.

Employee Signature (Read and sign below)**I understand and agree with the following statements:**

- My dependents are not eligible for any coverage for which I am not covered.
- My dependents, including stepchild(ren), foster child(ren) and those over the maximum age, are eligible for coverage based on policy provisions. Eligibility for my dependents over the maximum age will be verified when claims are submitted.
- If I cancel dental or vision coverage, I or my dependents may enroll at a later date; however, enrolling late will affect the level of benefits.
- If I cancel any type of life, disability, or critical illness coverage, I may apply at a later date; however, I must provide proof of good health at my own expense and coverage will only become effective subject to approval from Principal Life Insurance Company.
- If I cancel coverage, I cannot under any circumstance enroll in the policy once I have retired.
- If the group policy requires that I make contributions, I authorize my employer to deduct them from my pay.

Employee Signature (Read and sign below) - continued

I declare that the information I have completed on this change 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.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.

Your signature **X** _____ Date signed _____

Note – Make two copies: one for employer and one for employee

You must complete all pages of this form.



Your dental benefits

Enjoy a lifetime of healthy smiles

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

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

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

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



Tips for a healthy smile

Prevent gum disease and cavities by:

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

Let's look at an example



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

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



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: DUSTINS BAR BQ

Voluntary Dental PPO Benefit Summary

Effective Date: 12/01/2019

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	MEMBERS ELEC DNTL HIGH PLAN			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	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 \$1,500 per person. Non-network Calendar year maximums are \$1,500 per person.			
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.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

How Are Dental Procedures Covered?

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

Unit 1 – Preventive Procedures	<ul style="list-style-type: none"> • Routine exams - two per calendar year • Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Second Opinion Consultation • Fluoride – two treatments each calendar year (covered only for dependent children under age 19) • Space maintainers - covered only for dependent children under age 19; repairs not covered • Sealants – on first and second permanent molars for dependent children under age 19; one each tooth each 36 months • Harmful Habit Appliance - covered only for dependent children under age 19 • X-rays - Bitewing (one set every calendar year), occlusal, periapical
Unit 2 – Basic Procedures	<ul style="list-style-type: none"> • 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.) • Emergency exams – subject to Routine exam frequency limit • X-rays – Full mouth survey (one every 60 months), extraoral • Fillings and stainless steel crowns • General Anesthesia (covered only for specific procedures)/IV Sedation • Simple Oral Surgery • Complex Oral Surgical Procedures • Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.) • Periodontal Surgical Procedures – one each quadrant each 36 months • Simple Endodontics (root canal therapy for anterior teeth) • Complex Endodontics (root canal therapy for molar teeth) • Occlusal Guards – one guard per 36 months • Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
Unit 3 – Major Procedures	<ul style="list-style-type: none"> • Crowns – each 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
Unit 4 - Orthodontic Procedures	<ul style="list-style-type: none"> • For dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances

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) and children. 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 to locate nearby dentists or see if your dentist participates in your network.

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

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.

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.

VOLUNTARY DENTAL

Limitations & Exclusions	
Late Entrant Provision	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
Missing Tooth	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.
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, and 3) 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>
Other Limitations	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

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.

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GP55773-27 | 10/2019 | © 2019 Principal Financial Services, Inc.



Policyholder: DUSTINS BAR BQ

Voluntary Dental PPO Benefit Summary

Effective Date: 12/01/2019

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	MEMBERS ELEC DNTL LOW PLAN			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$100	100%	50%
Unit 2 – Basic	\$50	\$100	80%	40%
Unit 3 – Major	\$50	\$100	50%	25%
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 preventive, 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 \$500 per person.			
Scheduled/MAC Design	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.			
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.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

How Are Dental Procedures Covered?

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

Unit 1 – Preventive Procedures	<ul style="list-style-type: none"> • Routine exams - two per calendar year • Routine cleaning (prophylaxis) - two per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.) • Second Opinion Consultation • Fluoride – two treatments each calendar year (covered only for dependent children under age 19) • Space maintainers - covered only for dependent children under age 19; repairs not covered • Sealants – on first and second permanent molars for dependent children under age 19; one each tooth each 36 months • Harmful Habit Appliance - covered only for dependent children under age 19 • X-rays - Bitewing (one set every calendar year), occlusal, periapical
Unit 2 – Basic Procedures	<ul style="list-style-type: none"> • 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.) • Emergency exams – subject to Routine exam frequency limit • X-rays – Full mouth survey (one every 60 months), extraoral • Fillings and stainless steel crowns • General Anesthesia (covered only for specific procedures)/IV Sedation • Simple Oral Surgery • Complex Oral Surgical Procedures • Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.) • Periodontal Surgical Procedures – one each quadrant each 36 months • Simple Endodontics (root canal therapy for anterior teeth) • Complex Endodontics (root canal therapy for molar teeth) • Occlusal Guards – one guard per 36 months • Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations
Unit 3 – Major Procedures	<ul style="list-style-type: none"> • Crowns – each 120 months per tooth if tooth cannot be restored by a filling. • Inlays, Onlays, Cast Post and Core, Core Buildup - each 120 months per tooth • Bridges - Initial placement / Replacement of bridges 120 months old. • Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old
Unit 4 - Orthodontic Procedures	<ul style="list-style-type: none"> • For dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances

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) and children. 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 to locate nearby dentists or see if your dentist participates in your network.

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

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.

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.

VOLUNTARY DENTAL

Limitations & Exclusions	
Late Entrant Provision	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
Missing Tooth	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.
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, and 3) 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>
Other Limitations	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

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.

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Simplify your dental care experience

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

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



Path 1: You need a routine visit

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



Find a network dentist.

Your out-of-pocket costs will be lower and you may even qualify for in-network discounts. How?

Check your ID card
for your network

and

Go online to
principal.com/dentist

or

Give us a call:
800-247-4695



Confirm network participation.

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

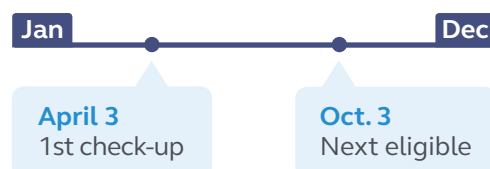


Make sure you're eligible.

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

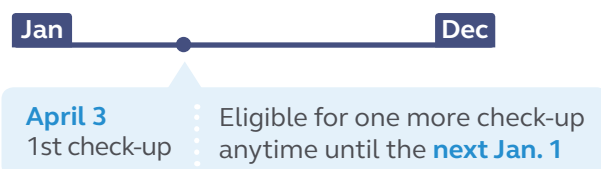
Example 1

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](https://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](https://principal.com/individuals/insure/get-started).**



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See the rewards of making healthy dental choices

Be prepared for big dental expenses with Maximum Accumulation



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

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

That's where Maximum Accumulation comes in.

How does Maximum Accumulation work?

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

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

How do you know if you're eligible to carry benefits over to the next year? If your dental benefits paid are less than 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 \$1,500 calendar-year maximum.

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$1,500	\$750	\$450	\$375	\$375
Year 2	\$1,875	\$750	\$850	\$0	\$375
Year 3	\$1,875	\$750	\$450	\$375	\$750
Year 4	\$2,250	\$750	\$0	\$0	\$0
Year 5	\$1,500	\$750	\$450	\$375	\$375

*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

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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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 \$500 calendar-year maximum.

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$500	\$250	\$200	\$125	\$125
Year 2	\$625	\$250	\$325	\$0	\$125
Year 3	\$625	\$250	\$200	\$125	\$250
Year 4	\$750	\$250	\$0	\$0	\$0
Year 5	\$500	\$250	\$200	\$125	\$125

*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.

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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 network dentist		Phil visits a non-network 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 isn't responsible for the difference because it's in-network.	\$420	Difference of dentist charge and fee most dentists charge in the area. Phil is responsible for the difference because it's non-network.	\$30
Coverage pays	\$784	Coverage pays	\$1,096
Phil pays	\$196	Phil pays (\$274 + 30)	\$304

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. 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

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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.

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Your vision
benefits

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

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

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

Voluntary Vision Benefit Summary

Effective Date: 12/01/2019

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.*** \$150 allowance for a wide selection of frames; 20% off amount over allowance***	
Elective Contacts	Up to \$60 copay for your elective contact lens exam (fitting and evaluation)	Once every 12 months
	\$150 allowance for elective contacts	Contacts are instead of frames and lenses
Necessary Contacts**	\$25 copay	Once every 12 months
	Covered in full for members who have specific conditions	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 \$80 allowance is given for a wide selection of frames. 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), and children. Additional eligibility requirements may apply.

How Do I Find a VSP Provider?

Use the Provider Directory on 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 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.

Non-Medically Necessary Services	The coverage does not pay for visual analysis or vision aids that are not medically necessary.
Benefit Limitations	<p>The following items are excluded under this coverage:</p> <ul style="list-style-type: none"> • Two pairs of glasses instead of bifocals • Replacement of lenses, frames or contacts • Medical or surgical treatment • Orthoptics, vision training or supplemental testing • Plano lenses (lenses with refractive correction of less than $\pm .50$ diopter)
Contact Lens Limitations	<p>The following items are not covered under the contact lens coverage:</p> <ul style="list-style-type: none"> • Insurance policies or service agreements • Artistically painted or non-prescription lenses • Additional office visits for contact lens pathology • Contact lens modification, polishing or cleaning • Refitting of contact lenses after the initial (90 day) fitting period
Other Limitations	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

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.

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Your critical illness benefits

Critical Illness Benefit Summary

Effective Date: 12/01/2019

This chart provides you a brief summary of the key Critical Illness benefits 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 Critical Illness benefits and restrictions, please refer to your booklet or contact your benefits administrator.

Eligibility			
Job Class	ALL MEMBERS		
Eligible Employees	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 20 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
		% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
Covered Illness	Cancer One	100%	100%
	Cancer Two	25%	25%
	Coronary Artery Bypass Graft	25%	25%
	Heart Attack	100%	100%
	Major Organ Failure	100%	100%
	Stroke	100%	100%
Multiple Payouts	<ul style="list-style-type: none">• Benefits for a first occurrence of a different critical illness will be payable if incurred more than 12 months after the preceding critical illness.• Benefit for additional occurrences of the same critical illness will be payable if incurred more than 12 months after the preceding critical illness and 12 months treatment free.		
Scheduled Benefits			
	Employee Benefits	Spouse Benefits	Child Benefits
Scheduled Benefit	You may choose to purchase a benefit in increments of \$5,000	You may choose to purchase a benefit in \$2,500 increments. NOTE: Spouse coverage terminates at age 70.	\$2,500
Minimum Scheduled Benefit	\$5,000	\$2,500	Not Applicable
Maximum Scheduled Benefit	\$10,000	\$5,000 Cannot exceed 50% of your scheduled benefit	Not Applicable
Guarantee Issue	Not Applicable	Not Applicable	Not Applicable

CRITICAL ILLNESS

	Scheduled Benefit Amounts, during the initial enrollment period, are available with no proof of good health.	
Maximum Lifetime Benefit	Two times the scheduled benefit amount.	
Additional Employee Benefits		
Wellness	If you or your spouse have a covered wellness test performed, you may be eligible for a \$50 benefit. This benefit is payable only once per year and does not count toward the critical illness maximum lifetime benefit amount.	
Portability	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.	
Limitations and Exclusions		
Preexisting Conditions	6 months prior / 12 months insured	
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.	

Understanding Your Critical Illness Benefits

Am I Eligible For Coverage?

To be eligible for coverage, you must qualify as an eligible employee 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.

Are My Dependents Eligible For Coverage?

You must be enrolled for critical illness coverage before it can be offered to your dependents.

Eligible dependents include your spouse (if not also enrolled as an employee) and children, if not hospital, skilled nursing facility or home confined and provided they do not elect benefits as an employee .

Special eligibility requirements may exist for step, foster, adopted, legal age or other child relationships. Additional information may be necessary to determine child eligibility.

Additional eligibility requirements may apply.

How Do I Qualify For Benefits?

To qualify for a benefit under this policy, the definition of the incurred critical illness must be satisfied.

Cancer One

A malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer One also covers the following blood cancers: Lymphoma, leukemia and multiple myeloma. ALL OTHER SKIN CANCERS ARE EXCLUDED FROM ALL BENEFITS.

Cancer Two

Means the following:

- Chronic lymphocytic leukemia that has not progressed beyond Rai stage 0;
- Carcinoma in situ, which means a malignant neoplasm limited to the epithelium and confined within the basement membrane;
- Early stage melanoma, which means a malignant melanoma of up to 1.0 mm maximum thickness (regardless of Clark level or ulceration) as determined by histological examination using the Breslow method;
- Early stage prostate cancer, which means a localized cancer histologically classified as Gleason score 6 or less, and TNM classification T1aN0M0;
- Papillary microcarcinoma of the thyroid, which means a papillary carcinoma of the thyroid (1 cm or less in diameter) and confined to the thyroid; and
- Noninvasive papillary cancer of the bladder histologically described as TNM classification TaN0m0.

Coronary Artery Bypass Graft (CABG)

Major surgery which requires median sternotomy (division of the breast bone) to correct narrowing or blockage of one or more coronary arteries with bypass grafts.

Heart Attack

Death of heart muscle due to inadequate blood supply. All of the following criteria must be satisfied:

- typical clinical symptoms, for example central chest pain; and
- diagnostic increase of specific cardiac markers for myocardial infarction; and
- new electrocardiographic changes of infarction.

Major Organ Failure

Irreversible end-stage failure of bone marrow, heart, kidney, liver, lung, or pancreas, and

- For kidney failure only, dialysis (either hemo or peritoneal) is initiated;
- For all organs listed above, a transplant is recommended as soon as an appropriate donor is located, and the member or dependent is either listed with the United Network of Organ Sharing (UNOS) or a suitable donor is found without a UNOS listing.

Stroke

Death of brain tissue due to an acute cerebrovascular event. All of the following criteria must be satisfied:

- clinical evidence of infarction of brain tissue, or intracranial or subarachnoid hemorrhage;
- clear evidence on a CT, MRI or similar imaging technique that a stroke has occurred; and
- permanent neurologic deficit measured thirty days or more after the event that results in a score of 2 or higher on the Modified Rankin Scale for stroke outcome.

What Additional Benefits are Included?

CRITICAL ILLNESS

Wellness Benefits	<p>If you or your dependent spouse have one of the following wellness tests or procedures performed, you may be eligible for a \$50 benefit. No benefits are payable for dependent child(ren).</p> <p>One benefit will be payable once per calendar year for either you or your dependent spouse.</p> <p>You or your dependent spouse must submit proof of the test or procedure performed. The group policy will pay a benefit regardless of the results or the cost of the test or procedure.</p> <p>The wellness benefit does not count toward the critical illness maximum lifetime benefit.</p> <p>Wellness tests or procedures covered are limited to:</p> <ul style="list-style-type: none"> – Bone marrow cancer screening (serum protein electrophoresis); or – Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, ultrasound); or – Chest x-ray; or – Colorectal cancer screening (CEA, colonoscopy, fecal occult blood test, sigmoidoscopy); or – Completion of a smoking cessation program; or – Completion of a weight reduction program; or – Diabetes testing (fasting blood glucose test, hemoglobin A1c); or – Electrocardiogram (ECG) - resting or stress; or – Standard blood chemistry profile or lipid panel (cholesterol, triglycerides, HDL, LDL); or – Ovarian cancer screening; or – Pap smear; or – Prostate cancer screening (digital rectal exam, PSA blood test); or – Skin cancer screening.
Portability	<p>You may continue benefits, without proof of good health, for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must be less than age 70, insured under the group policy for at least 12 consecutive months, have not incurred a critical illness and enroll within 60 days from the date you cease to qualify as a member.</p>
Continuation of Coverage for Sickness or Injury	<p>If you stop working because you are sick or injured, the Continuation of Coverage for Sickness or Injury may allow your critical illness coverage to be continued, with payment of premium, for up to 90 days.</p>

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.

CRITICAL ILLNESS

Preexisting Conditions	<p>A preexisting condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which you or your dependent</p> <ul style="list-style-type: none"> received medical treatment, consultation, care or service; or were prescribed or took prescription medications <p>In the 6 month period before you or your dependent became insured under the group policy.</p> <p>Routine follow-up care to determine whether a breast cancer has recurred in a Member or Dependent who has been previously determined to be breast cancer free will not be considered a Preexisting Condition unless evidence of breast cancer is found during or as a result of such follow-up.</p> <p>No benefits will be paid for a critical illness that results from a preexisting condition unless, on the date you or your dependent incurs the critical illness, you have been actively at work for one full day for your critical illness or your dependent has been insured for one full day for a dependent's critical illness, after completing 12 consecutive months during which you or your dependent was insured under the group policy.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments.</p>
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Principal Life Insurance Company, Des Moines, Iowa 50392-0002, www.principal.com

CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS. This benefit summary is for administrative purposes only. It is not an insurance contract or 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. Insurance underwritten by Principal Life Insurance Company, a member of the Principal Financial Group.

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Critical illness - employee

Estimated employee weekly premium amounts

End of rate guarantee period: 11/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
\$5,000	\$0.67	\$0.80	\$0.98	\$1.26	\$1.77	\$2.88	\$4.37	\$6.38	\$9.99	\$13.22	\$17.96
\$10,000	\$1.34	\$1.61	\$1.96	\$2.53	\$3.55	\$5.76	\$8.75	\$12.76	\$19.97	\$26.45	\$35.92

Critical illness - spouse

Estimated spouse weekly premium amounts

End of rate guarantee period: 11/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
\$2,500	\$0.34	\$0.40	\$0.49	\$0.63	\$0.89	\$1.44	\$2.19	\$3.19	\$4.99	\$6.61
\$5,000	\$0.67	\$0.80	\$0.98	\$1.26	\$1.77	\$2.88	\$4.37	\$6.38	\$9.99	\$13.22

Note: Critical illness spouse coverage terminates at age 70.

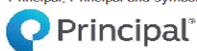
Child(ren) premium amounts (per family) --Child(ren) are covered until age 26

\$2,500 \$0.17

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.

Critical Illness insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392. CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS. 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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Discounts and services

Save money while improving your life

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

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

Available with your dental and vision insurance

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

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

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

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

Protect and improve your family's vision

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

Everybody loves a discount! Save money when you or your dependents use this discount program offered by VSP. The VSP Vision Savings Pass is available with your dental or vision coverage from Principal[®]. And with 77,000 access points in VSP's nationwide network, you're sure to find an eye doctor near you.

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

This discount program is not vision insurance.

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

Keep this card.

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

Using VSP is easy

Step 1 | Find a VSP eye doctor near you – Go to principal.com/vsp and select the VSP Choice network or call 800-877-7195.

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

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

This discount program is not vision insurance.

Using VSP is easy. Just follow these steps.

- Step 1** | Find a VSP eye doctor near you – Go to principal.com/vsp and select the VSP Choice network or call 800-877-7195.
- Step 2** | Make an appointment – Identify yourself as a VSP member to receive the discount.
- Step 3** | Let VSP take it from there – Your VSP eye doctor will handle the rest. Fees are automatically reduced at the time of service.



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

The VSP Vision Savings Pass is not vision insurance. This discount is not a part of any Principal policy or contract and may be changed or discontinued at any time. VSP is solely responsible for the goods and services provided through this program. VSP is not a member of the Principal Financial Group®. If your vision benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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Service and eyewear	Reduced prices and discounts*
Eye exam	\$50 with purchase of a complete pair of glasses. 20% off without purchase.
Prescription glasses or sunglasses	When you purchase a complete pair of glasses, save: Lenses – Single vision \$40, lined bifocal \$60, lined trifocal \$75, lenticular \$75 Frames – 25% off
Lens enhancements	Average 20-25% off enhancements such as progressive, scratch-resistant and anti-reflective coatings
Non-prescription sunglasses	20% off unlimited sunglasses purchased within 12 months of last covered exam
Contact lens exam	15% off
Laser vision correction	15-25% off standard pricing or 5% off promotional pricing through VSP-contracted facilities
Retinal screening 56	\$39 maximum fee

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



Your benefit resources

Group benefits

Check your benefits when, where and how you want to

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



Start by creating your account

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



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

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

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



Keeping your account safe

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

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



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



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Insurance issued by Principal Life Insurance Company, Des Moines, Iowa 50392-0002, 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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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 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, 2019.

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

Uses and Disclosures of Your Health Information

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

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

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

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

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

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

Business Associate. Certain aspects and components of our services are performed by outside people or organizations pursuant to agreements or contracts. It may be necessary for us to disclose your health information to these outside people or organizations that perform services on our behalf. We require them to appropriately safeguard the privacy of your health information. Principal Life Insurance Company may itself be a business associate of your health plan or health insurance company. We may disclose your health information to your health plan or insurance company and its business associates as needed to fulfill our contractual obligations to them. Please see the notice of privacy practices issued by your plan or insurance company for information about how it uses and discloses your health information.

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

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

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

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

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

Your Rights

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

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

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

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

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

Exercising your rights

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

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

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



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