



Policyholder: COOR ISD

## Dental PPO Benefit Summary

Effective Date: 07/01/2016

**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	Union Support Members			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$0	\$0	80%	80%
Unit 3 – Major	\$0	\$0	80%	80%
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,200 per person. Non-network Calendar year maximums are \$1,200 per person.			
Emergency Services	If a member requires treatment or service for an emergency dental condition and cannot reach a preferred dental provider without unreasonable delay, benefits for such treatment or service received from a non-preferred dental provider will be paid as if the treatment or service had been provided by a preferred dental provider. The member must provide information either with the claim or during an appeal that identifies the situation as an emergency.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child  Lifetime Maximum: In-Network: \$1,500 Non-Network: \$1,500	\$0	\$0	80%	80%

**How Are Dental Procedures Covered?**

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

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

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

## Understanding Your Dental Benefits

### Am I Eligible For Coverage?

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

You must be enrolled for dental coverage before it can be offered to your dependents. Eligible dependents include your spouse 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](http://www.principal.com) to locate nearby dentists or see if your dentist participates in your network.

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

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

### What Are The Restrictions Of My Coverage?

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

## DENTAL

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Orthodontia</b>	<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"> <li>1) The lifetime maximum under any prior group coverage has not been exceeded,</li> <li>2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and</li> <li>3) Ortho treatment has been continued while insured under this policy.</li> </ol> <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>
<b>Prevailing Charge</b>	When using non-network providers, you pay any amount over the allowable charge.
<b>Other Limitations</b>	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 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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Policyholder: COOR ISD

# Group Term Life Benefit Summary

Effective Date: 07/01/2016

This chart provides you a brief summary of the key benefits of the life 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 life coverage benefits and restrictions, please refer to your booklet or contact your employer.

Eligibility	
<b>Job Class</b>	Union Support Members
Benefits Payable	
Employee Life Benefits	
<b>Benefit Amount</b>	\$20,000
<b>Proof of Good Health</b>	Proof of good health is required for life insurance amounts greater than:  If you are Under 70:  \$100,000  If you are 70 and older:  The lesser of \$100,000 or the amount with the prior carrier
<b>Age Reductions</b>	35% benefit reduction at age 65, with an additional 15% reduction at age 70.  Age reductions apply to the benefit amount after proof of good health .
Additional Employee Benefits	
<b>Coverage During Disability</b>	If you become disabled before age 60, coverage will continue and premium may be waived.
<b>Accelerated Death Benefit</b>	If you are terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.
<b>Individual Purchase Rights</b>	If you terminate employment, you may be able to convert coverage to an individual policy.
Limitations & Exclusions	
<b>Coverage Outside of the US</b>	Benefits will not be paid if you are outside the United States for certain reasons for more than six months.

GROUP TERM LIFE

Accidental Death & Dismemberment (AD&D) Coverage	
<b>Benefit Amount</b>	<p>Your benefit is equal to your group term life benefit amount if loss is due to accident or injury. If loss is due to exposure to the elements or disappearance, your loss may be covered.</p> <p>You may be paid:</p> <ul style="list-style-type: none"> <li>• <b>Full benefit</b> when you lose: your life / both hands / both feet / sight of both eyes / one hand and sight of one eye / one foot and sight of one eye / one hand and one foot.</li> <li>• <b>Half of the benefit</b> when you lose: one hand / one foot / sight of one eye.</li> <li>• <b>One-fourth of the benefit</b> when you lose the thumb and index finger on the same hand.</li> </ul> <p>The loss must occur within 365 days of the accident.</p>
Additional Benefits	
<b>Seatbelt/Airbag</b>	\$10,000 if you are wearing a seatbelt or are protected by an airbag and die in an automobile accident
<b>Education</b>	\$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of your death
<b>Repatriation</b>	Up to \$2,000 for preparation and transportation of your body if you die at least 100 miles from your permanent residence
<b>Loss of Use/Paralysis</b>	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot
<b>Loss of Speech and/or Hearing</b>	When loss is irrevocable and continues for 12 consecutive months, the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Limitations & Exclusions	
<b>Other Limitations</b>	The Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.

## Understanding Your Life Coverage Benefits

### Am I Eligible For Coverage?

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

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

Spouse and child coverage is not available.

### What Additional Benefits Are Included?

<b>Coverage During Disability</b>	If you become totally disabled before age 60, coverage will continue and premium will be waived. You must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 65, whichever occurs first.
<b>Accelerated Death Benefit</b>	<p>If you are terminally ill you can receive up to 75% of your benefit amount in a lump sum, not to exceed \$250,000, as long as:</p> <ul style="list-style-type: none"> <li>Your life expectancy is 12 months or less (as diagnosed by a physician), and</li> <li>Your death benefit is at least \$10,000.</li> </ul> <p>If you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in the premium.</p>
<b>Individual Purchase Rights</b>	If you terminate employment, you may be able to convert coverage to individual life coverage. Upon coverage termination your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation. Contact Principal Life for details.
<b>Claim Processing</b>	Principal Life makes claim administration easy and convenient for employers by offering an online life claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.



Policyholder: COOR ISD

# Long Term Disability (LTD) Benefit Summary

Effective Date: 07/01/2016

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

Eligibility	
<b>Job Class</b>	<b>Union Support Members</b>
<b>Eligible Members</b>	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 30 hours per week
Benefits Payable	
<b>Primary Monthly Benefit</b>	66 2/3% of your predisability earnings up to \$2,500.
<b>Benefit Amount</b>	Primary monthly benefit less other income sources
<b>Definition of Earnings</b>	Base wage
Benefit Qualification	
<b>Elimination Period</b>	90 days
<b>Own Occupation Period</b>	2 years
<b>Maximum Benefit Payment Period</b>	To age 65
Additional Benefits	
<b>Rehabilitation Incentive Benefit</b>	5% increase in the monthly benefit percentage
<b>Survivor Benefit</b>	Three times your primary monthly benefit to your survivor.
Limitations & Exclusions	
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



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

### Am I Eligible For Coverage?

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

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

### How Do I Qualify For Benefits?

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

<p><b>During the elimination period and the own occupation period, one of these situations must apply:</b></p>	<ul style="list-style-type: none"> <li>You cannot perform the majority of the substantial and material duties of your own occupation.</li> <li>You are performing the duties of your own occupation on a modified basis or any occupation and are unable to earn more than 80% of your indexed predisability earnings.</li> </ul>
<p><b>After completing the own occupation period, one of these situations apply:</b></p>	<ul style="list-style-type: none"> <li>You cannot perform the majority of the substantial and material duties of any occupation for which you are or may reasonably become qualified based on education, training, or experience.</li> <li>You are performing the substantial and material duties of your own occupation or any occupation on a modified basis and are unable to earn more than 80% of your indexed predisability earnings.</li> </ul>

2) **Satisfy the Elimination Period.** The amount of time you must be disabled before receiving benefits is called the elimination period. Long-Term Disability benefits begin after you have been disabled for 90 days. The elimination period can be satisfied with days of total or partial disability.

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

### How Much Monthly Benefit Will I Receive?

Your benefits will be determined based on your Base wage.

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

**LONG-TERM DISABILITY**

Your **primary monthly benefit** is equal to 66 2/3% of your predisability earnings, but will not exceed \$2,500.

Your monthly benefit will not be less than the minimum monthly benefit of \$50.

**Benefits if Working**

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

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

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

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

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

**How Long Will I Receive My Benefits?**

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

Age Disability Occurs	Benefits are Payable:
Under Age 62	<i>Until the later of the date you reach age 65 or 42 months</i>
Age 62	<i>42 months</i>
Age 63	<i>36 months</i>
Age 64	<i>30 months</i>
Age 65	<i>24 months</i>
Age 66	<i>21 months</i>
Age 67	<i>18 months</i>
Age 68	<i>15 months</i>
Age 69 and over	<i>12 months</i>

**LONG-TERM DISABILITY**

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

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

**What Additional Benefits Are Included?**

<b>Work Incentive Benefit</b>	The Work Incentive Benefit is paid to you if you are disabled and you return to work on a limited or part-time basis. To receive benefits, you must be working. The Work Incentive Benefit equals the primary monthly benefit with no offset for work earnings unless the combination of work earnings, disability benefits and other income sources exceeds 100% of your predisability earnings. If this occurs, the Work Incentive Benefit will be reduced by the amount in excess of 100% of your predisability earnings.
<b>Survivor Benefit</b>	The Survivor Benefit is a lump sum payment issued to your survivors, should you die while receiving disability benefits. The benefit payment is equal to three times your primary monthly benefit.
<b>Rehabilitation Plan</b>	While disabled, you may qualify to participate in a Rehabilitation Plan. Our rehabilitation staff works with you, your physician(s) and your employer to create an individual rehabilitation plan to assist you in returning to work. If you are not disabled, but have a condition that could prevent you from performing the substantial and material duties of your own occupation, preventive rehabilitation services may be offered.
<b>Rehabilitation Incentive Benefit</b>	The Rehabilitation Incentive Benefit can increase the benefit percentage by 5% if you become totally disabled and participate in and satisfy the requirements of an individual rehabilitation plan.
<b>Mandatory Rehabilitation</b>	The Mandatory Rehabilitation provision indicates that, if appropriate, you may be required to participate in an individual rehabilitation plan. Any expenses associated with the rehabilitation plan will be paid for by Principal Life.

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

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

<b>Treatment of Mental Health Conditions, Drug and Alcohol Abuse Conditions and Special Conditions</b>	<p>A disability is considered due to alcohol, drug or chemical abuse, dependency or addiction or a mental health condition or a special condition if the disability is caused by one of these condition(s) and not by other disabling conditions.</p> <p>Maximum benefit payment periods for:                  Mental health conditions – 24 months                  Alcohol, drug or chemical abuse conditions – 24 months                  Special conditions – 24 months</p> <p>The benefit payment period listed above is a lifetime maximum for all periods of disability. All disabilities from conditions with the same maximum benefit payment period contribute towards one lifetime maximum.</p> <p>However, if at the end of the benefit payment period, you are confined in a hospital or any other type of facility providing treatment for any of these conditions, the benefit payment period may be extended to include the time period you are confined for treatment.</p>
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LONG-TERM DISABILITY

<b>Treatment of Mental Health Conditions, Drug and Alcohol Abuse Conditions and Special Conditions</b>	Special conditions are considered to be Thoracic outlet syndrome / Headaches, such as functional, migraine, organic, sinus and tension / Chronic fatigue syndrome / Fibromyalgia/ Temporomandibular joint (TMJ) / Cumulative trauma disorder, overuse syndrome, or repetitive stress disorder including carpal tunnel and ulnar tunnel syndrome / Environmental allergies and multiple chemical sensitivity / Musculoskeletal and connective tissue disorders of the neck and back, including any disease or disorder of the cervical, thoracic and lumbosacral back and surrounding soft tissue, including sprains and strains of joints and adjacent muscles.
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Policyholder: COOR ISD

# Vision Benefit Summary

Effective Date: 07/01/2016

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	Union Support 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	
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18	Two lenses (one pair) every 12 months
Frames	\$150 allowance for a wide selection of frames; 20% off amount over allowance***	One set every 24 months
Elective Contacts	Up to \$60 copay for your elective contact lens exam (fitting and evaluation)  \$150 allowance for elective contacts	Once every 12 months  Contacts are instead of frames and lenses
Necessary Contacts**	\$25 copay  Covered in full for members who have specific conditions	Once every 12 months  Contacts are instead of frames and lenses

## Additional Savings \*\*\*

Glasses and Sunglasses	Lens enhancements are covered after a copay, saving members 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
Contacts	15% off cost of 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

## 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

\*\* 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 and children. Additional eligibility requirements may apply.

### How Do I Find a VSP Provider?

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

### How Do I Submit A Claim?

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

Vision Service Plan  
P.O. Box 997105  
Sacramento, CA 95899-7105

## What Are The Restrictions Of My Coverage?

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

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



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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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