

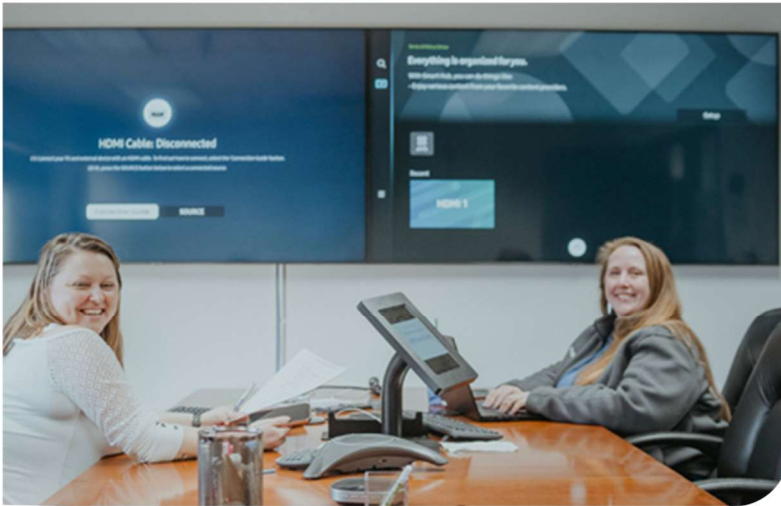
# 2024/2025

## Open Enrollment Employee Benefits Packet

# Print NW



## Open Enrollment Information & Summary of Benefits/Changes



# Welcome to Maddock Insurance

Enclosed is an outline of the employee benefits program brought to you by Print NW and Maddock & Associates. The purpose of this packet is to give you a brief overview of the plans and to assist you with enrollment. Maddock & Associates is your insurance advocate. Please call us at 800-875-4490 with your questions or benefits issues. We are here to help you!

## Your employer offers the following insurance benefits:

- Medical Insurance & Prescription Drugs
- Dental Insurance
- Vision Insurance
- Life & AD&D Insurance
- Disability Insurance
- Supplemental Insurance
- Employee Assistance Program (EAP)
- Flexible Spending Account (FSA)

Detailed benefit summaries and forms are also available online at

[www.yourmedicalbenefits.com](http://www.yourmedicalbenefits.com)

User Name: pnw

Password: pnw\$20

# Benefits Summary

## Print NW Employee Benefits Open Enrollment



It's employee benefits open enrollment, with the effective date of July 1<sup>st</sup>. The purpose of this packet is to provide you with benefit descriptions for the upcoming plan year. For full benefits and limitations, please refer to the attached summaries.

### Open Enrollment

Anyone not enrolling for benefits at this time will NOT be eligible to enroll until July 1, 2025 unless they meet certain specific requirements. In the case of involuntary loss of coverage through your spouse's employer, you may enroll in these plans if you apply immediately upon losing coverage.

### Enrollment Instructions

#### Online Insurance Enrollment

Benefits enrollment and changes are done through an online benefits portal called Paylocity. You will be receiving an email with your benefits enrollment login information. Employees who do not wish to enroll in the plans, must log in to decline coverage.

Employees who decline coverage on the group plan will not be eligible for federal subsidy on the exchange plans.

Please submit all elections on Paylocity by June 16th.

## Open Enrollment Changes

### **VOLUNTARY LIFE & LONG-TERM DISABILITY INSURANCE: Principal Financial.**

Your voluntary life and long-term disability carrier is changing from Mutual of Omaha to Principal Financial effective July 1<sup>st</sup>. All employees may purchase up to \$150,000 of life insurance and enroll on the LTD plan with NO health statement! If you choose to enroll at a later date, a health statement will need to be completed.

### **MEDICAL & DENTAL INSURANCE ENROLLMENT/CHANGE**

If you would like to make changes to your enrollment status, switch medical plans, or if you would like to enroll for the first time, please login to Paylocity by June 16<sup>th</sup>.

### **VISION INSURANCE ENROLLMENT/CHANGE**

Your vision carrier is changing from VSP to Principal/VSP effective July 1<sup>st</sup>. Principal uses the VSP Choice Network, where your previous vision plan used the VSP Signature Network. If you would like to make changes to your enrollment status, or if you would like to enroll for the first time, please login to Paylocity by June 16<sup>th</sup>.

## 2024/2025 BENEFITS SUMMARY

### **MEDICAL INSURANCE: Kaiser Permanente.**

You have a choice of two plans, an HMO plan and an Access PPO plan. The HMO plan provides coverage only at Kaiser Permanente Facilities, there is no out of network coverage, with the exception of emergencies. The Access PPO plan allows you to access benefits from Kaiser Permanente, or a provider in the Kaiser Permanente Access PPO Network. Providers for both networks can be found at: [www.kp.org/wa](http://www.kp.org/wa).

### **DENTAL INSURANCE: Principal Financial.**

This plan covers preventive, basic restorative and major services. The deductible is waived for preventive care. You may use the dentist of your choice, however, your out-of-pocket costs will almost always be lower if you use a preferred dentist. A plan summary is attached. Preferred dentists can be found at: [www.principal.com](http://www.principal.com).

## **DENTAL INSURANCE: Willamette Dental Group.**

Willamette Dental is an affordable dental plan with no waiting periods for pre-existing conditions and an unlimited annual benefit. With Willamette, you never run out of benefit and all Willamette dental work is guaranteed. All procedures have a set co-pay and you must use a Willamette Dental dentist to receive benefits. For a list of Willamette Dental Dentists and co-pay, go to [www.willamettedental.com](http://www.willamettedental.com).

## **VOLUNTARY VISION INSURANCE: Principal Financial/VSP.**

Principal uses VSP to administer their vision plans. A list of VSP providers can be found at [www.vsp.com](http://www.vsp.com). Select the Choice Network. It's important to go to VSP providers, not your medical providers, when you seek vision benefits. A plan summary is attached.

## **BASE LIFE INSURANCE: LifeMap.**

Each eligible employee enrolled in the medical plan will receive base group life and accidental death & dismemberment insurance. This policy pays double if death is accidental. A plan summary is attached.

## **BASE LIFE INSURANCE: Principal Financial.**

Each eligible employee will receive base group life and accidental death & dismemberment insurance. This policy pays double if death is accidental. A plan summary is attached.

## **VOLUNTARY LIFE INSURANCE: Principal Financial.**

Employees under age 70 can purchase up to \$150,000 of life insurance with no health statement if they enroll when first eligible. A plan summary and rates are attached.

## **VOLUNTARY LONG-TERM DISABILITY INSURANCE: Principal Financial.**

A percentage of income is available after 90 days of continuous disability. Benefits are also available for partial disability. Please see the attached plan summary for details.

## **LIFE, DISABILITY & SUPPLEMENTAL INSURANCE: Colonial Life.**

Each eligible employee may opt to purchase a number of different supplemental insurance plans through Colonial Life. Representatives will meet with employees to provide more information and assist you with enrollment.

## **EMPLOYEE ASSISTANCE PROGRAMS: Canopy EAP, BHS EAP & Principal EAP**

These confidential services give you free, 24-hour access to nurses, counselors, attorneys and financial consultants to answer your questions or direct you to the most appropriate resource for your personal, legal or financial concerns.

## **FLEXIBLE SPENDING ACCOUNT (FSA): Paylocity**

Your employer is offering an FSA that is administered by APA Benefits. The pre-tax advantages of a Flexible Spending Account (FSA) allows you to save up to 30% on your eligible healthcare and/or dependent care expenses every year. If you wish to participate in the FSA, elections must be made each year when first eligible and at open enrollment. Please see the attached summary for details.

## **SECTION 125 PLAN: Section 125 of the Internal Revenue Code**

Allows employers to set up a plan that allows you to pay for you and your dependents' portion of the insurance premiums on a tax-free basis. The premium amount is deducted from the payroll before taxes are figured, so you use your money tax-free. A brief summary of how this works is attached. Participation is voluntary. All employees will be automatically enrolled in the Section 125 plan. If you do not wish to have your dependent premiums taken on a pre-tax basis, you must notify your plan administrator within 30 days of the date you are eligible.

## **ELIGIBILITY**

All employees working a minimum of 30 hours per week are eligible for coverage effective the first of the month following 30 days of employment.

## **COSTS**

Your employer will pay the majority of the employee cost for the medical, dental and base life insurance plans. At your option and expense, you may choose to enroll your eligible dependents. Payroll deductions are attached. The Child(ren) rates includes all unmarried, dependent children through age 25.

## For Further Information

Feel free to contact any of the following if you have any questions:

Lena Smith .....	(253) 284-2300 ext. 214
Employee Benefits Website .....	<a href="http://www.yourmedicalbenefits.com">www.yourmedicalbenefits.com</a>
Maddock & Associates .....	(253) 854-0199
Kaiser Permanente Medical .....	(888) 901-4636
Kaiser Permanente Website .....	<a href="http://www.kp.org/wa">www.kp.org/wa</a>
Principal Financial Dental, Life & Disability ....	(800) 986-3343
Principal Financial Website .....	<a href="http://www.principal.com">www.principal.com</a>
Willamette Dental.....	(800) 877-7195
Willamette Website.....	<a href="http://www.willamettedental.com">www.willamettedental.com</a>
Principal/Vision Service Plan (VSP) .....	(800) 877-7195
Vision Service Plan Website .....	<a href="http://www.vsp.com">www.vsp.com</a>
LifeMap Life Insurance .....	(800) 286-1129
LifeMap Website .....	<a href="http://www.lifemapco.com">www.lifemapco.com</a>
Colonial Life .....	(800) 325-4368
Colonial Life Website .....	<a href="http://www.coloniallife.com">www.coloniallife.com</a>
Canopy Employee Assistance Program .....	(800) 433-2320
Canopy EAP Website.....	<a href="http://www.canopywell.com">www.canopywell.com</a>
BHS Employee Assistance Program .....	(800) 245-1150
BHS EAP Website.....	<a href="http://www.behavioralhealthsystems.com">www.behavioralhealthsystems.com</a>
Principal Employee Assistance Program .....	(800) 450-1327
Principal EAP Website.....	<a href="http://Member.MagellanHealthcare.com">Member.MagellanHealthcare.com</a>
Paylocity Flexible Spending Account (FSA)...	(800) 520-2687
Paylocity FSA Website .....	<a href="http://www.paylocity.com">www.paylocity.com</a>

	BHT Kaiser Core HMO \$2,000		BHT Kaiser Summit PPO \$1,500	
MEDICAL INSURANCE	In-Network	Out of Network	In-Network	Out of Network
Deductible (Calendar Year)	\$2,000/Person, 2X/Family	No Coverage Out of Network Except for Emergency Care	\$1,500/Person, 2X/Family	\$4,500/Person, 2X/Family
Percentage Plan Pays	80%		90% Tier 1, 70% Tier 2+	50%
Out of Pocket Max (Includ Deduc)	\$7,900/Person, 2X/Family		\$5,000/Person, 2X/Family	Unlimited
PRESCRIPTIONS	Kaiser Permanente Formulary, 3 Tiers		Kaiser Permanente Formulary, 5 Tiers	
	Tier 1: \$15 Co-pay, Deductible Waived Tier 2: \$30 Co-pay, Deductible Waived Tier 3: 50% to \$150, Deductible Waived		Tier 1: \$20 Co-pay (\$10 at Kaiser), Deduc Waived Tier 2: \$40 Co-pay (\$20 at Kaiser), Deduc Waived Tier 3: \$60 Co-pay (\$30 at Kaiser), Deduc Waived Tier 4: \$150 Co-pay, Deductible Waived Tier 5: 70%, Deductible Waived	
Mail-Order (90 Day Supply)	2 Times Pharmacy Cost		2 Times Pharmacy Cost (No Specialty - Tier 4 & 5)	
PROFESSIONAL CARE	Kaiser Permanente Core Network		Kaiser Permanente Summit PPO Network	
Preventive Visits / Screenings	100%, Deductible Waived		100%, Deductible Waived	
Office Visits Primary	\$15 Co-pay, Deductible Waived		Tier 1: \$10 Co-pay, Tier 2: \$20 Co-pay, Ded Waived	
Office Visits Specialist	\$30 Co-pay, Deductible Waived		Tier 1: \$20 Co-pay, Tier 2: \$40 Co-pay, Ded Waived	
Telehealth Virtual Care	Kaiser Online Visit, 100% Deductible Waived		Kaiser Online Visit, 100% Deductible Waived	
Urgent Care (Stand Alone Clinic)	\$15 Co-pay, Deductible Waived		Tier 1: \$10 Co-pay, Tier 2: \$20 Co-pay, Ded Waived	
Mental Health (Office Visit)	\$15 Co-pay, Deductible Waived		Tier 1: \$10 Co-pay, Tier 2: \$20 Co-pay, Ded Waived	
Diagnostic Lab & X-ray	Deductible, then 80%		90% Tier 1, 70% Tier 2, Deductible Waived	
ALTERNATIVE CARE	Kaiser Permanente Core Network		Kaiser Permanente Summit PPO Network	
Chiropractic	\$15 Co-pay, Deductible Waived, 10 Visits/Year		Tier 1: \$10, Tier 2: \$20, Ded Waived, 8 Visits/Year	
Acupuncture	\$15 Co-pay, Deductible Waived, 12 Visits/Year		Tier 1: \$10, Tier 2: \$20, Ded Waived, 12 Visits/Year	
Physical & Massage Therapy	Same Office Vsts, DW, 45 Vsts/Yr, (Cmbnd Rehab)		Same Office Vsts, DW, 45 Vsts/Yr, (Cmbnd Rehab)	
FACILITY CARE	Kaiser Permanente Core Network		Kaiser Permanente Summit PPO Network	
Hospital	Deductible, then 80%		Deductible, then 90% Tier 1, 70% Tier 2	
Emergency Room	\$50 Co-pay, then Deductible, then 80%		\$150 Co-pay, Deduc, then 90% Tier 1, 70% Tier 2	
DENTAL INSURANCE	Principal Financial		Willamette Dental	
Deductible	\$50 Deductible/Person, Waived for Preventive		No Deductible or Annual Maximum. All treatment has a co-pay. See summary for list of co-pays.	
In-Network Coverage	100% Prev/90% Basic/60% Major			
Out of Network Coverage	100% Prev/90% Basic/60% Major			
Adult & Child Orthodontia	50%. \$1,500 Lifetime Maximum/Person			
Annual Maximum	\$1,500 Maximum/Person/Year			
VOLUNTARY VISION INSURANCE	Principal Financial/Vision Service Plan (VSP)			
	\$10 Co-pay Exam/\$25 Co-pay Hardware Exam & Hardware Every 12 Months			
LIFE INSURANCE	LifeMap & Principal Financial			
Base Life (LifeMap)	\$15,000 - Included with Medical Plan for Employees Only			
Base Life (Principal)	\$15,000			
Voluntary Life (Principal)	To \$500,000, \$150,000 Guarantee Issue for Employees Under Age 70 who Enroll When First Eligible			
DISABILITY INSURANCE	Principal Financial			
Voluntary Long-Term Disability	60% of Pre-Disability Income, Maximum \$6,000 Per Month			

The above is a summary description of benefits. For complete details and limitations, see company brochure.

**PLEASE SEE THE ATTACHED RATE SHEET FOR THE PLAN RATES.**

### RATES - SEMI-MONTHLY PAYROLL DEDUCTIONS

	Kaiser \$2,000 HMO	Kaiser \$1,500 PPO
Employee Only	\$48.38	\$112.88
Employee + Spouse	\$291.25	\$420.75
Emp + Spouse + Child(ren)	\$455.00	\$631.00
Employee + Child(ren)	\$207.13	\$323.50

	Principal Dental	Willamette Dental	Vision Insurance
Employee Only	\$15.03	\$11.08	\$3.43
Employee + Spouse	\$40.02	\$33.15	\$5.48
Emp + Spouse + Child(ren)	\$79.88	\$63.70	\$9.02
Employee + Child(ren)	\$51.53	\$36.93	\$5.48

## Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay for Covered Services

 **KAISER PERMANENTE:** Industry Health Trusts Administered by BHT July HMO 2000


All [plan](#)s offered and underwritten by Kaiser Foundation Health [Plan](#) of Washington

Coverage for: Individual / Family | Plan Type: HMO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary. For more information about your coverage, or to get a copy of the complete terms of coverage, [www.kp.org/plandocuments](http://www.kp.org/plandocuments) or call 1-888-901-4636 (TTY: 711). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-888-901-4636 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	\$2,000 Individual / \$4,000 Family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> and services indicated in chart starting on page 2.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits">www.healthcare.gov/coverage/preventive-care-benefits</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	\$7,900 Individual / \$15,800 Family	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, health care this <a href="#">plan</a> doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.kp.org">www.kp.org</a> or call 1-888-901-4636 (TTY: 711) for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	Yes, but you may self-refer to certain <a href="#">specialists</a> .	This <a href="#">plan</a> will pay some or all of the costs to see a <a href="#">specialist</a> for covered services but only if you have a <a href="#">referral</a> before you see the <a href="#">specialist</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<a href="#">Network Provider</a> (You will pay the least)	Non- <a href="#">Network Provider</a> (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	\$15 / visit, <a href="#">deductible</a> does not apply.	Not covered	None
	<a href="#">Specialist</a> visit	\$30 / visit, <a href="#">deductible</a> does not apply.	Not covered	None
	<a href="#">Preventive care/screening</a> /immunization	No charge, <a href="#">deductible</a> does not apply.	Not covered	<b>You may have to pay for services that aren't <a href="#">preventive</a>.</b> Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	20% <a href="#">coinsurance</a>	Not covered	None
	Imaging (CT/PET scans, MRIs)	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Preauthorization</a> required or will not be covered.
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.kp.org/formulary">www.kp.org/formulary</a>	Preferred generic drugs	\$15 (retail); 2x retail <a href="#">cost share</a> (mail order) / <a href="#">prescription</a> , <a href="#">deductible</a> does not apply.	Not covered	Up to a 90-day supply (retail / mail order). Subject to <a href="#">formulary</a> guidelines.
	Preferred brand drugs	\$30 (retail); 2x retail <a href="#">cost share</a> (mail order) / <a href="#">prescription</a> , <a href="#">deductible</a> does not apply.	Not covered	Up to a 90-day supply (retail / mail order). Subject to <a href="#">formulary</a> guidelines.
	Non-preferred drugs	Applicable preferred generic or Preferred brand <a href="#">cost shares</a> apply.	Not covered	Up to a 90-day supply (retail / mail order). Subject to <a href="#">formulary</a> guidelines, when approved through the exception process..
	<a href="#">Specialty drugs</a>	50% <a href="#">coinsurance</a> up to \$150 (retail) / <a href="#">prescription</a> , <a href="#">deductible</a> does not apply	Not covered	Up to a 30-day supply (retail). Subject to <a href="#">formulary</a> guidelines.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	\$30 / visit, then 20% <a href="#">coinsurance</a>	Not covered	None
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	Not covered	None
If you need	<a href="#">Emergency room care</a>	\$50 / visit, then 20%	\$50 / visit, then 20%	You must notify Kaiser Permanente within 24

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<a href="#">Network Provider</a> (You will pay the least)	Non- <a href="#">Network Provider</a> (You will pay the most)	
immediate medical attention		<a href="#">coinsurance</a>	<a href="#">coinsurance</a>	hours if admitted to a <a href="#">Non-network provider</a> ; limited to initial emergency only. <a href="#">Copayment</a> waived if admitted directly to the hospital as an inpatient.
	<a href="#">Emergency medical transportation</a>	20% <a href="#">coinsurance</a> , <a href="#">deductible</a> does not apply.	20% <a href="#">coinsurance</a> , <a href="#">deductible</a> does not apply.	None
	<a href="#">Urgent care</a>	\$15 / visit, <a href="#">deductible</a> does not apply.	\$50 / visit, then 20% <a href="#">coinsurance</a>	<a href="#">Non-network providers</a> covered when temporarily outside the service area.
If you have a hospital stay	Facility fee (e.g., hospital room)	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Preauthorization</a> required or will not be covered.
	Physician/surgeon fees	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Preauthorization</a> required or will not be covered.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$15 / visit, <a href="#">deductible</a> does not apply.	Not covered	None
	Inpatient services	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Preauthorization</a> required or will not be covered.
If you are pregnant	Office visits	20% <a href="#">coinsurance</a>	Not covered	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	20% <a href="#">coinsurance</a>	Not covered	You must notify Kaiser Permanente within 24 hours of admission, or as soon thereafter as medically possible. Newborn services <a href="#">cost shares</a> are separate from that of the mother.
	Childbirth/delivery facility services	20% <a href="#">coinsurance</a>	Not covered	You must notify Kaiser Permanente within 24 hours of admission, or as soon thereafter as medically possible. Newborn services <a href="#">cost shares</a> are separate from that of the mother.
If you need help recovering or have other special health needs	<a href="#">Home health care</a>	No Charge, <a href="#">deductible</a> does not apply.	Not covered	130 visit limit / year. <a href="#">Preauthorization</a> required or will not be covered.
	<a href="#">Rehabilitation services</a>	Outpatient: \$30 / visit, <a href="#">deductible</a> does not apply. Inpatient: 20% <a href="#">coinsurance</a>	Not covered	Combined with <a href="#">Habilitation services</a> : Outpatient: 45 visit limit / year. Inpatient: 30-day limit / year, <a href="#">preauthorization</a> required or will not be covered.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		<a href="#">Network Provider</a> (You will pay the least)	Non- <a href="#">Network Provider</a> (You will pay the most)	
	<a href="#">Habilitation services</a>	Outpatient: \$30 / visit, <a href="#">deductible</a> does not apply. Inpatient: 20% <a href="#">coinsurance</a>	Not covered	Combined with <a href="#">Rehabilitation services</a> : Outpatient: 45 visit limit / year. Inpatient: 30-day limit / year, <a href="#">preauthorization</a> required or will not be covered.
	<a href="#">Skilled nursing care</a>	20% <a href="#">coinsurance</a>	Not covered	60-day limit / year. <a href="#">Preauthorization</a> required or will not be covered.
	<a href="#">Durable medical equipment</a>	20% <a href="#">coinsurance</a> , <a href="#">deductible</a> does not apply.	Not covered	Subject to <a href="#">formulary</a> guidelines. <a href="#">Preauthorization</a> required or will not be covered.
	<a href="#">Hospice services</a>	No charge, <a href="#">deductible</a> does not apply.	Not covered	<a href="#">Preauthorization</a> required or will not be covered.
If your child needs dental or eye care	Children's eye exam	\$15 / visit for refractive exam, <a href="#">deductible</a> does not apply.	Not covered	Limited to 1 exam / 12 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)		
<ul style="list-style-type: none"> <li>Bariatric surgery</li> <li><b>Children's glasses</b></li> <li>Cosmetic surgery</li> <li>Dental care (Adult and child)</li> </ul>	<ul style="list-style-type: none"> <li>Infertility treatment</li> <li>Long-term care</li> <li>Non-emergency care when traveling outside the U.S.</li> </ul>	<ul style="list-style-type: none"> <li>Private-duty nursing</li> <li>Routine foot care</li> <li>Weight loss programs</li> </ul>
<b>Other Covered Services (Limitations may apply to these services. This isn't a complete list.</b> Please see your <a href="#">plan</a> document.)		
<ul style="list-style-type: none"> <li>Acupuncture (12 visit limit / year)</li> <li>Chiropractic care (10 visit limit / year)</li> </ul>	<ul style="list-style-type: none"> <li>Hearing aids (\$3,000 limit / ear / 36 months)</li> </ul>	<ul style="list-style-type: none"> <li>Routine eye care (Adult)</li> </ul>

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is shown in the chart below. Other coverage options may be available to you, too, including buying individual insurance coverage through the [Health Insurance Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318- 2596.

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**Contact Information for Your Rights to Continue Coverage & Your Grievance and Appeals Rights:**

Kaiser Permanente Member Services	1-888-901-4636 (TTY: 711) or <a href="http://www.kp.org">www.kp.org</a>
Department of <b>Labor's</b> Employee Benefits Security Administration	1-866-444-EBSA (3272) or <a href="http://www.dol.gov/ebsa/healthreform">www.dol.gov/ebsa/healthreform</a>
Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or <a href="http://www.cciio.cms.gov">www.cciio.cms.gov</a>
Washington Department of Insurance	1-800-562-6900 or <a href="http://www.insurance.wa.gov">www.insurance.wa.gov</a>

Does this [plan](#) provide Minimum Essential Coverage? Yes

[Minimum Essential Coverage](#) generally includes [plans](#), [health insurance](#) available through the [Marketplace](#) or other individual market policies, Medicare, Medicaid, CHIP, TRICARE, and certain other coverage. If you are eligible for certain types of [Minimum Essential Coverage](#), you may not be eligible for the [premium tax credit](#).

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Navajo (Dine): Dine'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-901-4636 (TTY: 711).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost-sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <b>plan's</b> overall <a href="#">deductible</a>	\$2,000
■ <a href="#">Specialist copayment</a>	\$30
■ Hospital (facility) <a href="#">coinsurance</a>	20%
■ Other (blood work) <a href="#">coinsurance</a>	20%

This EXAMPLE event includes services like:  
[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,700
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In this example, Peg would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$2,000
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$1,900

What isn't covered	
Limits or exclusions	\$20
The total Peg would pay is	\$3,930

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <b>plan's</b> overall <a href="#">deductible</a>	\$2,000
■ <a href="#">Specialist copayment</a>	\$30
■ Hospital (facility) <a href="#">coinsurance</a>	20%
■ Other (blood work) <a href="#">coinsurance</a>	20%

This EXAMPLE event includes services like:  
[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$5,600
--------------------	---------

In this example, Joe would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$40
<a href="#">Copayments</a>	\$900
<a href="#">Coinsurance</a>	\$0

What isn't covered	
Limits or exclusions	\$0
The total Joe would pay is	\$940

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <b>plan's</b> overall <a href="#">deductible</a>	\$2,000
■ <a href="#">Specialist copayment</a>	\$30
■ Hospital (facility) <a href="#">coinsurance</a>	20%
■ Other (x-ray) <a href="#">coinsurance</a>	20%

This EXAMPLE event includes services like:  
[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$2,800
--------------------	---------

In this example, Mia would pay:

Cost Sharing	
<a href="#">Deductibles</a>	\$900
<a href="#">Copayments</a>	\$200
<a href="#">Coinsurance</a>	\$200

What isn't covered	
Limits or exclusions	\$0
The total Mia would pay is	\$1,300

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

## Summary of Benefits and Coverage: What this [Plan](#) Covers & What You Pay for Covered Services

 KAISER PERMANENTE: Industry Health Trusts Administered by BHT July Summit PPO 1500


All [plan](#)s offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

Coverage for: Individual / Family | Plan Type: PPO



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, [www.kp.org/plandocuments](http://www.kp.org/plandocuments) or call 1-888-901-4636 (TTY: 711). For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other underlined terms, see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary](http://www.healthcare.gov/sbc-glossary) or call 1-888-901-4636 (TTY: 711) to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<a href="#">In-network provider</a> : \$1,500 Individual / \$3,000 Family <a href="#">Out-of-network provider</a> : \$4,500 Individual / \$9,000 Family	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the <a href="#">plan</a> , each family member must meet their own individual <a href="#">deductible</a> until the total amount of <a href="#">deductible</a> expenses paid by all family members meets the overall family <a href="#">deductible</a> .
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> and services indicated in chart starting on page 2.	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain <a href="#">preventive services</a> without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered <a href="#">preventive services</a> at <a href="http://www.healthcare.gov/coverage/preventive-care-benefits">www.healthcare.gov/coverage/preventive-care-benefits</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<a href="#">In-network provider</a> : \$5,000 Individual / \$10,000 Family <a href="#">Out-of-network provider</a> : No limit	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	<a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, health care this <a href="#">plan</a> doesn't cover, and services indicated in chart starting on page 2.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes. See <a href="http://www.kp.org">www.kp.org</a> or call 1-888-901-4636 (TTY: 711) for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an <a href="#">out-of-network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware, your <a href="#">network provider</a> might use an <a href="#">out-of-network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.
Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .

 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In- <a href="#">Network Provider</a> (You will pay the least)	Out-of- <a href="#">Network Provider</a> (You will pay the most)	
<b>If you visit a health care <a href="#">provider's</a> office or clinic</b>	Primary care visit to treat an injury or illness	\$40 (\$20 preferred) / visit, <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	Preferred benefit applies when services are provided by a preferred in- <a href="#">network provider</a> .
	<a href="#">Specialist</a> visit	\$80 (\$40 preferred) / visit, <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	None
	<a href="#">Preventive care/screening/immunization</a>	No charge, <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	You may have to pay for services that aren't <a href="#">preventive</a> . Ask your <a href="#">provider</a> if the services needed are <a href="#">preventive</a> . Then check what your <a href="#">plan</a> will pay for.
<b>If you have a test</b>	<a href="#">Diagnostic test</a> (x-ray, blood work)	30% (10% preferred) <a href="#">coinsurance</a> , <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	None
	Imaging (CT/PET scans, MRIs)	30% (10% preferred) <a href="#">coinsurance</a> , <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	<a href="#">Preauthorization</a> required or will not be covered.
<b>If you need drugs to treat your illness or condition</b> More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.kp.org/formulary">www.kp.org/formulary</a>	Preferred generic drugs	\$20 or (\$10 preferred) (retail); 2x retail <a href="#">cost share</a> (mail order) / <a href="#">prescription</a> , <a href="#">deductible</a> does not apply.	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to <a href="#">formulary</a> guidelines. After 1st fill, maintenance drugs must be filled through KFHPWA mail order or KP retail pharmacies.
	Preferred brand drugs	\$40 or (\$20 preferred) (retail); 2x retail <a href="#">cost share</a> (mail order) / <a href="#">prescription</a> , <a href="#">deductible</a> does not apply.	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to <a href="#">formulary</a> guidelines. After 1st fill, maintenance drugs must be filled through KFHPWA mail order or KP retail pharmacies.
	Non-preferred drugs	\$60 or (\$30 preferred) (retail); 2x retail <a href="#">cost share</a> (mail order) / <a href="#">prescription</a> , <a href="#">deductible</a> does not apply.	Not covered	Up to a 30-day supply (retail); up to a 90-day supply (mail order). Subject to <a href="#">formulary</a> guidelines. After 1st fill, maintenance drugs must be filled through KFHPWA mail order or KP retail pharmacies.
	<a href="#">Specialty drugs</a>	\$150 (retail) preferred specialty; 30% <a href="#">coinsurance</a> (retail) non-preferred specialty /	Not covered	Up to a 30-day supply (retail). Subject to <a href="#">formulary</a> guidelines.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In- <a href="#">Network Provider</a> (You will pay the least)	<a href="#">Out-of-Network Provider</a> (You will pay the most)	
		<a href="#">prescription</a> , <a href="#">deductible</a> does not apply		
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
	Physician/surgeon fees	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	None
If you need immediate medical attention	<a href="#">Emergency room care</a>	\$150 / visit, then 10% <a href="#">coinsurance</a>	\$150 / visit, then 10% <a href="#">coinsurance</a>	You must notify Kaiser Permanente within 24 hours if admitted to an <a href="#">Out-of-network provider</a> ; limited to initial emergency only. <a href="#">Copayment</a> waived if admitted directly to the hospital as an inpatient.
	<a href="#">Emergency medical transportation</a>	10% <a href="#">coinsurance</a>	10% <a href="#">coinsurance</a>	None
	<a href="#">Urgent care</a>	\$40 (\$20 preferred) / visit, <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	None
If you have a hospital stay	Facility fee (e.g., hospital room)	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	You must notify Kaiser Permanente of admission or will not be covered.
	Physician/surgeon fees	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	You must notify Kaiser Permanente of admission or will not be covered.
If you need mental health, behavioral health, or substance abuse services	Outpatient services	\$40 (\$20 preferred) / visit, <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	None
	Inpatient services	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	You must notify Kaiser Permanente of admission or will not be covered.
If you are pregnant	Office visits	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	<a href="#">Cost sharing</a> does not apply for <a href="#">preventive services</a> . Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	You must notify Kaiser Permanente within 24 hours of admission, or as soon thereafter as medically possible. Newborn services <a href="#">cost shares</a> are separate from that of the mother.
	Childbirth/delivery facility services	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	You must notify Kaiser Permanente within 24 hours of admission, or as soon thereafter as medically possible. Newborn services <a href="#">cost</a>

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In- <a href="#">Network Provider</a> (You will pay the least)	Out-of- <a href="#">Network Provider</a> (You will pay the most)	
				<a href="#">shares</a> are separate from that of the mother.
<b>If you need help recovering or have other special health needs</b>	<a href="#">Home health care</a>	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	You must notify Kaiser Permanente or will not be covered.
	<a href="#">Rehabilitation services</a>	Outpatient: \$80 (\$40 preferred) / visit, <a href="#">deductible</a> does not apply. Inpatient: 30% (10% preferred) <a href="#">coinsurance</a>	Outpatient: 50% <a href="#">coinsurance</a> Inpatient: 50% <a href="#">coinsurance</a>	Combined with <a href="#">Habilitation services</a> : Outpatient: 45 visit limit / year. Inpatient: 30-day limit / year, <a href="#">preauthorization</a> required or will not be covered.
	<a href="#">Habilitation services</a>	Outpatient: \$80 (\$40 preferred) / visit, <a href="#">deductible</a> does not apply. Inpatient: 30% (10% preferred) <a href="#">coinsurance</a>	Outpatient: 50% <a href="#">coinsurance</a> Inpatient: 50% <a href="#">coinsurance</a>	Combined with <a href="#">Rehabilitation services</a> : Outpatient: 45 visit limit / year. Inpatient: 30-day limit / year, <a href="#">preauthorization</a> required or will not be covered.
	<a href="#">Skilled nursing care</a>	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	60-day limit / year. Limits are combined with In- <a href="#">network</a> and <a href="#">out-of-network provider networks</a> . You must notify Kaiser Permanente of admission or will not be covered.
	<a href="#">Durable medical equipment</a>	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	Subject to <a href="#">formulary</a> guidelines. <a href="#">Preauthorization</a> may be required or will not be covered
	<a href="#">Hospice services</a>	30% (10% preferred) <a href="#">coinsurance</a>	50% <a href="#">coinsurance</a>	You must notify Kaiser Permanente of admission or will not be covered.
<b>If your child needs dental or eye care</b>	Children's eye exam	\$40 (\$0 preferred) for refractive exam, <a href="#">deductible</a> does not apply.	50% <a href="#">coinsurance</a>	Limited to 1 exam / 12 months
	Children's glasses	Not covered	Not covered	None
	Children's dental check-up	Not covered	Not covered	None

#### Excluded Services & Other Covered Services:

Services Your <a href="#">Plan</a> Generally Does NOT Cover (Check your policy or <a href="#">plan</a> document for more information and a list of any other <a href="#">excluded services</a> .)			
• Bariatric surgery	• Infertility treatment	• Private-duty nursing	
• Children's glasses	• Long-term care	• Routine foot care	
• Cosmetic surgery	• Non-emergency care when traveling outside the U.S.	• Weight loss programs	
• Dental care (Adult and child)			

**Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)**

- Acupuncture (12 visit limit / year)
- Hearing aids (\$3,000 limit / ear / 36 months)
- Routine eye care (Adult)
- Chiropractic care (8 visit limit / year)

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Department of Health & Human Services, Center for Consumer Information & Insurance Oversight	1-877-267-2323 x61565 or <a href="http://www.cciio.cms.gov">www.cciio.cms.gov</a>
Washington Department of Insurance	1-800-562-6900 or <a href="http://www.insurance.wa.gov">www.insurance.wa.gov</a>

**Does this [plan](#) provide Minimum Essential Coverage? Yes**

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**Does this [plan](#) meet the Minimum Value Standards? Yes**

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Tagalog (Tagalog): Kung kailangan ninyo ang tulong sa Tagalog tumawag sa 1-888-901-4636 (TTY: 711).

Chinese (中文): 如果需要中文的帮助, 请拨打这个号码 1-888-901-4636 (TTY: 711).

Navajo (Dine): Dinek'ehgo shika at'ohwol ninisingo, kwijigo holne' 1-888-901-4636 (TTY: 711).

*To see examples of how this [plan](#) might cover costs for a sample medical situation, see the next section.*

## About these Coverage Examples:



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### Peg is Having a Baby

(9 months of in-network pre-natal care and a hospital delivery)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$1,500
■ <a href="#">Specialist copayment</a>	\$80
■ Hospital (facility) <a href="#">coinsurance</a>	30%
■ Other (blood work) <a href="#">coinsurance</a>	30%

#### This EXAMPLE event includes services like:

[Specialist](#) office visits (*prenatal care*)  
 Childbirth/Delivery Professional Services  
 Childbirth/Delivery Facility Services  
[Diagnostic tests](#) (*ultrasounds and blood work*)  
[Specialist](#) visit (*anesthesia*)

<b>Total Example Cost</b>	<b>\$12,700</b>
---------------------------	-----------------

#### In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$10
<a href="#">Coinsurance</a>	\$1,000
<i>What isn't covered</i>	
Limits or exclusions	\$20
<b>The total Peg would pay is</b>	<b>\$2,530</b>

### Managing Joe's Type 2 Diabetes

(a year of routine in-network care of a well-controlled condition)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$1,500
■ <a href="#">Specialist copayment</a>	\$80
■ Hospital (facility) <a href="#">coinsurance</a>	30%
■ Other (blood work) <a href="#">coinsurance</a>	30%

#### This EXAMPLE event includes services like:

[Primary care physician](#) office visits (*including disease education*)  
[Diagnostic tests](#) (*blood work*)  
[Prescription drugs](#)  
[Durable medical equipment](#) (*glucose meter*)

<b>Total Example Cost</b>	<b>\$5,600</b>
---------------------------	----------------

#### In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$0
<a href="#">Copayments</a>	\$700
<a href="#">Coinsurance</a>	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Joe would pay is</b>	<b>\$700</b>

### Mia's Simple Fracture

(in-network emergency room visit and follow up care)

■ The <a href="#">plan's</a> overall <a href="#">deductible</a>	\$1,500
■ <a href="#">Specialist copayment</a>	\$80
■ Hospital (facility) <a href="#">coinsurance</a>	30%
■ Other (x-ray) <a href="#">coinsurance</a>	30%

#### This EXAMPLE event includes services like:

[Emergency room care](#) (*including medical supplies*)  
[Diagnostic test](#) (*x-ray*)  
[Durable medical equipment](#) (*crutches*)  
[Rehabilitation services](#) (*physical therapy*)

<b>Total Example Cost</b>	<b>\$2,800</b>
---------------------------	----------------

#### In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$400
<a href="#">Coinsurance</a>	\$60
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,960</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.



## Policyholder: Print NW LLC

### Group dental insurance Benefit summary for all members

#### What's available to me?

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

Eligibility				
Eligible employees	All active, full-time employees			
	Calendar-year deductible		Coinsurance your policy pays	
	In-network	Out-of-network	In-network	Out-of-network
Preventive	\$0	\$0	100%	100%
Basic	\$50	\$50	90%	90%
Major	\$50	\$50	60%	60%
Orthodontia	\$0	\$0	50%	50%
Additional provisions				
Family deductible	3 times the per person deductible amount			
Combined deductible	Your deductibles that are in and out-of-network for basic and major services are combined.			
Combined maximum	Maximums for preventive, basic, and major procedures are combined. In-network calendar year maximums are \$1,500 per person or non-network calendar year maximums are \$1,500 per person.			
Orthodontia lifetime maximum	\$1,500 PPO in-network maximum / \$1,500 PPO out-of-network maximum			
Plan type	Unscheduled			

#### Who can buy coverage?

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

Additional eligibility requirements may apply.

## Which procedures are covered, and how often?

### Preventive

Routine exams	Twice per calendar year
Routine cleanings	Twice per calendar year
Bitewing X-rays	Twice per calendar year
Full mouth X-rays	Once every 60 months
Fluoride	Twice per calendar year (covered only for dependent children under age 14)
Sealants	Covered only for dependent children under age 14; once per tooth each 36 months

### Basic

Emergency exams	Subject to routine exam frequency limit
Periodontal maintenance	If three months have passed since active surgical periodontal treatment; subject to routine cleaning frequency limit
Fillings	Replacement fillings every 24 months
Oral surgery	Simple and complex
General anesthesia / IV sedation	Covered only for specific procedures
Simple endodontics	Root canal therapy for anterior teeth
Complex endodontics	Root canal therapy for molar teeth
Non-surgical periodontics, including scaling and root planing	Once per quadrant per 24 months
Periodontal surgical procedures	Once per quadrant per 36 months
Harmful habit appliance	Covered only for dependent children under age 14

### Major

Crowns	Each 120 months per tooth if tooth cannot be restored by a filling
Core buildup	Each 120 months per tooth
Bridges	120 months old (initial placement / replacement)
Dentures	60 months old (initial placement / replacement)
Repairs	Partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture, within policy limitations

Orthodontia	
Coverage	For you and your dependents.

### Additional benefits

Prevailing charge	When you receive care from an out-of-network-provider, benefits will be based on the 90 <sup>th</sup> percentile of the usual and customary charges.
Periodontal program	If you're pregnant or have diabetes or heart disease, you may receive scaling and root planing covered at 100% (if dentally necessary), or one additional cleaning (routine or periodontal) subject to deductible and coinsurance.
Second opinion program	You may be eligible for second opinions from dental providers at 100%. This program makes sure you get the best advice to make an informed decision about your care.
Cancer treatment oral health program	If you have cancer and are undergoing chemotherapy or head/neck radiation therapy, you may receive up to three fluoride treatments every 12 months covered at 100% plus one additional routine cleaning.
General anesthesia program	If you have autism, Down syndrome, cerebral palsy, muscular dystrophy, or spina bifida you may receive general anesthesia or intravenous sedation coverage. Services must be administered in a dental office. All other contractual limitations apply.

### How do I find a network dentist?

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

### What if my dentist isn't in the network?

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

### What are the limitations and exclusions of my coverage?

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

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

## What are the restrictions of my coverage?

### Orthodontia

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:

- 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.

Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.

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.

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There are additional limitations to your coverage. A complete list is included in your booklet.



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

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

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

# SUMMARY OF BENEFITS



COVERED BENEFITS	COPAYS
Annual Maximum	No Annual Maximum*
Deductible	No Deductible
General or Orthodontic Office Visit	\$20 per Visit
<b>DIAGNOSTIC &amp; PREVENTIVE SERVICES</b>	
Routine & Emergency Exams	Covered with the Office Visit Copay
X-rays	Covered with the Office Visit Copay
Teeth Cleaning	Covered with the Office Visit Copay
Fluoride Treatment	Covered with the Office Visit Copay
Sealants (per Tooth)	Covered with the Office Visit Copay
Head and Neck Cancer Screening	Covered with the Office Visit Copay
Oral Hygiene Instruction	Covered with the Office Visit Copay
Periodontal Charting	Covered with the Office Visit Copay
Periodontal Evaluation	Covered with the Office Visit Copay
<b>RESTORATIVE DENTISTRY</b>	
Fillings	You pay a \$15 Copay
Porcelain-Metal Crown	You pay a \$350 Copay*
<b>PROSTHODONTICS</b>	
Complete Upper or Lower Denture	You pay a \$400 Copay**
Bridge (per Tooth)	You pay a \$350 Copay**
<b>ENDODONTICS &amp; PERIODONTICS</b>	
Root Canal Therapy - Anterior	You pay a \$150 Copay
Root Canal Therapy - Bicuspid	You pay a \$175 Copay
Root Canal Therapy - Molar	You pay a \$225 Copay
Osseous Surgery (per Quadrant)	You pay a \$175 Copay
Root Planing (per Quadrant)	You pay a \$75 Copay
<b>ORAL SURGERY</b>	
Routine Extraction (Single Tooth)	You pay a \$15 Copay
Surgical Extraction	You pay a \$100 Copay
<b>ORTHODONTIA TREATMENT</b>	
Pre-Orthodontia Treatment	You pay a \$150 Copay**
Comprehensive Orthodontia Treatment	You pay a \$2,000 Copay
<b>DENTAL IMPLANTS</b>	
Dental Implant Surgery	Implant benefit maximum of \$1,500 per calendar year
<b>MISCELLANEOUS</b>	
Local Anesthesia	Covered with the Office Visit Copay
Dental Lab Fees	Covered with the Office Visit Copay
Nitrous Oxide	You pay a \$40 Copay
Specialty Office Visit	\$30 per Visit
Out of Area Emergency Care Reimbursement	You pay charges in excess of \$100

\*Benefits for TMJ, implant surgery, and orthognathic surgery have a benefit maximum, if covered. \*\*Dental implant-supported prosthetics (crowns, bridges, and dentures) are not a covered benefit. \*\*\*Copay credited towards the Comprehensive Orthodontia Treatment copay if patient accepts treatment plan.

## Underwritten by Willamette Dental of Washington, Inc.

Presented are just some of the most common procedures covered in your plan. The certificate of coverage contains a complete description of covered benefits and copays.

Administrative Office: 6950 NE Campus Way, Hillsboro, OR 97124  
028-WA(7/20)a

# EXCLUSIONS AND LIMITATIONS

This is only a summary. The certificate of coverage contains a complete description of the limitations and exclusions.

## Exclusions

- Bone grafting.
- Bridges, crowns, dentures, or prosthetic devices requiring multiple treatment dates or fittings if the prosthetic item is installed or delivered more than 60 days after termination of coverage.
- The completion or delivery of treatments or services performed or initiated prior to the effective date of coverage.
- Cone beam CT X-rays and tomographic surveys.
- Dental implant-supported prosthetics or abutment-supported prosthetics (crowns, bridges, and dentures).
- A dental implant surgically placed prior to the member's effective date of coverage that has not received final restoration or a dental implant for treatment of a primary or transitional dentition.
- Endodontic therapy completed more than 60 days after termination of coverage.
- Eposteal, transosteal, endodontic endosseous, or mini dental implants.
- Exams or consultations needed solely in connection with a service not listed as covered.
- Experimental or investigational services and related exams or consultations.
- Full mouth reconstruction, including the extensive restoration of the mouth with crowns, bridges, or implants; and occlusal rehabilitation, including crowns, bridges, or implants used for the purpose of splinting, altering vertical dimension, restoring occlusions or correcting attrition, abrasion, or erosion.
- Hospitalization care outside of a dental office for dental procedures, physician services, or facility fees.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed by a non-participating provider without a referral from a Willamette Dental Group provider.
- Maintenance, repair, replacement, or completion of an existing implant that was started or placed prior to the member's effective date of coverage.
- Maxillofacial prosthetic services.
- Nightguards.
- Orthognathic surgery, unless listed as covered in the contract.
- Personalized restorations.
- Plastic, reconstructive, or cosmetic surgery and other services, which are primarily intended to improve, alter, or enhance appearance.
- Prescription and over-the-counter drugs and pre-medications.
- Provider charges for a missed appointment or appointment cancelled without 24 hours prior notice.
- Replacement of lost, missing, or stolen dental appliances; replacement of dental appliances that are damaged due to abuse, misuse, or neglect.
- Replacement of sound restorations.
- Services and related exams or consultations that are not within the prescribed treatment plan or are not recommended and approved by a Willamette Dental Group dentist.
- Services and related exams or consultations to the extent they are not necessary for the diagnosis, care, or treatment of the condition involved.
- Services by any person other than a licensed dentist, denturist, hygienist, or dental assistant.
- Services for the diagnosis or treatment of temporomandibular joint disorders, unless listed as covered in the contract.
- Services for the treatment of an injury or disease that is covered under workers' compensation or that are the employer's responsibility.
- Services for treatment of injuries sustained while practicing for or competing in a professional athletic contest.
- Services for treatment of intentionally self-inflicted injuries.
- Services for which coverage is available under any federal, state, or other governmental program, unless required by law.
- Services not listed as covered in the contract.
- Services where there is no evidence of pathology, dysfunction, or disease other than covered preventive services.

## Limitations

- If alternative services can be used to treat a condition, the service recommended by the Willamette Dental Group dentist is covered.
- Services listed in the contract, which are provided to correct congenital or developmental malformations which impair functions of the teeth and supporting structures will be covered for dependent children if dental necessity has been established.
- The retreatment of root canal therapy performed by a Willamette Dental Group dentist will be covered as part of the initial treatment for the first 24 months. The retreatment of root canal therapy performed by a non-participating provider will be subject to the applicable copays.
- General anesthesia is covered with the copays specified in the contract, if: performed in a dental office, provided in conjunction with a covered service, and dentally necessary because the enrollee is under the age of 7, developmentally disabled, or physically handicapped.
- The services provided by a dentist in a hospital setting must meet the requirements in the contract to be covered.
- The replacement of an existing denture, crown, inlay, onlay, or other prosthetic appliance is covered if the appliance is more than 5 years old and replacement is dentally necessary.
- Crowns, casts, or other indirect fabricated restorations are covered only if dentally necessary and if recommended by the Willamette Dental Group dentist.

# Policyholder: PRINT NW LLC

## Group voluntary vision

### Benefit summary for all members



#### What's available to me?

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

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

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

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

### Who can buy coverage?

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

Additional eligibility requirements may apply.

### What's the difference between elective and necessary contacts?

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

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

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

### Are benefits the same for all VSP doctors?

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

### How do I find a VSP doctor?

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

### Will I get an ID card?

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

### Will my doctor submit my claim?

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

### Are there any additional savings with VSP?

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

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

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

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

### What are the limitations of my benefits?

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

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



## Basic Life and AD&D Insurance

### For Business Health Trust (Plan A)

#### How the Plan Works

Life is full of many twists and turns. LifeMap Basic Life and AD&D coverage protects your family's future, no matter what life may throw your way.

- **Eligibility Requirement**  
If you are a full-time active employee working a minimum of 20 hours per week and enrolled in the Medical plan, you will be covered with these benefits.
- **Who pays for the coverage?**  
Life and AD&D Insurance premiums are paid for by your employer.
- **Guarantee Issue**  
With no questions asked, you will be covered for up to \$15,000 in Basic Life and AD&D Insurance.

#### Benefits Summary

##### Plan Benefits

Employee Life Insurance	\$15,000
Employee AD&D Insurance	\$15,000

##### Guarantee Issue Amount

Employee	\$15,000
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##### Plan Features

Accelerated Benefit – Life Only	A covered employee who is diagnosed as terminally ill may receive a portion of the life insurance benefit before death. Remaining benefits are reserved for the member's beneficiary.
Conversion – Life Only	Option of converting to an individual life policy, without proof of insurability, within 31 days of termination.
Waiver of Premium – Life Only	Life coverage continued without payment of premium if insured becomes totally disabled prior to age 60 (proof of disability required). Coverage may be continued up to age 65.

##### Reduction Schedule

If you are still working the required number of hours to be eligible for this insurance at age 70, your benefits will reduce to 50% at age 70, to 30% at age 75, and to 20% at age 80.

##### Accidental Death & Dismemberment

If due to an accident you die, lose a limb, sight of an eye or become paralyzed, benefits are available.

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• Adaptive Home/Vehicle Benefit</li> <li>• Rehab Benefit</li> <li>• Air Bag and Seat Belt</li> <li>• Spouse and Child Education</li> </ul> | <ul style="list-style-type: none"> <li>• Coma</li> <li>• Day Care</li> <li>• Exposure and Disappearance</li> <li>• Felonious Assault</li> </ul> |
|---|---|

**LifeMapCo.com**  
**1 (800) 794-5390**

*This summary is provided for your convenience only and is not intended to be inclusive of all policy provisions. Please see your certificate for complete details. If there is any discrepancy between this summary and the master policy, master policy provisions will prevail.*

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### Additional Benefits

- **Travel Assistance**  
When traveling 100 or more miles away from home, or outside of your home country, you can obtain emergency medical, travel, and personal security assistance 24 hours a day, anywhere in the world.
- **Repatriation**  
If death occurs more than 100 miles from your primary residence, a benefit may be payable to prepare and ship your body to the place of burial or cremation.
- **Seat Belt**  
If you die in an automobile accident and were wearing your seat belt, your beneficiary(ies) will collect an amount equal to the AD&D benefit to a maximum of \$10,000 in addition to the Basic Life and Basic AD&D benefits described above.

### Limitations & Exclusions

- **Life:** No restrictions or exclusions regarding time, place or circumstances of death.
- **AD&D** benefits are not payable for death or dismemberment caused by or as result of:
  - suicide, self-inflicted injuries, or such attempts;
  - active participation in a riot;
  - war or act of war;
  - military service for any country;
  - committing or attempting to commit an assault or felony;
  - sickness, disease or pregnancy or any medical treatment for sickness, disease or pregnancy;
  - heart attack or stroke;
  - bodily infirmity or disease from bacterial or viral infections not the result of an injury;
  - taking medications, drugs, sedatives, narcotics, barbiturates, amphetamines or hallucinogens unless prescribed and used/consumed in accordance with the directions of the prescribing physician or administered by a licensed physician;

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1 (800) 794-5390



## Policyholder: PRINT NW LLC

### Group term life insurance

### Benefit summary for all members

#### What's available to me?

Protect what means the most to you – the people you love. If something were to happen to you, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Guaranteed issue <sup>1</sup>	Benefit reduction <sup>2</sup>
You	\$15,000	If you're under 70: \$15,000  If you're 70 or older: The lesser of \$15,000 or the amount with the prior carrier	35% reduction at age 65, with an additional 15% reduction at age 70

<sup>1</sup>Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

<sup>2</sup>As you get older, your life insurance benefit amount decreases. Age reductions apply to the benefit amount after providing health information.

#### Who receives coverage?

- You'll receive coverage if you're an active, full-time employee. Seasonal, temporary, or contract employees aren't eligible.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
- If you were covered as an employee, you may be eligible as a retiree.

Additional eligibility requirements may apply.

#### Do I need to provide health information?

Benefit amounts up to the guaranteed issue shown in the table above won't require health information.

#### What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you're accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%

Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
Public transportation - If you die while you're a passenger on public or commercial transportation	100%
Helmet - If you die while operating or riding as a passenger on a motorcycle while wearing a helmet	\$10,000
Career adjustment - If your spouse attends an accredited post-secondary school after you die	\$1,000/year for up to 2 years
Child care - Child care reimbursement for your dependent children under age 13 when you die	Up to \$300/month for 1 year

#### **Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis**

Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%

#### **Loss of speech and/or hearing - total loss for 12 consecutive months**

Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

#### **Additional benefits:**

<b>Accelerated death benefit</b>	If you're terminally ill, you may be able to receive a portion of your life benefit.
<b>Coverage during disability</b>	If you're disabled, you may be able to continue your coverage and not pay premium.
<b>Conversion of terminated coverage</b>	If you terminate employment, you may be able to convert coverage to an individual policy.

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



## Policyholder: PRINT NW LLC

### Group voluntary term life insurance

#### Benefit summary for all members

#### What's available to me?

Protect what means the most to you – the people you love. If you passed away, your life insurance proceeds would go to the people you've designated as your beneficiaries.

	Benefit	Minimum	Guaranteed issue <sup>1</sup>	Maximum	Benefit reduction <sup>2</sup>
You	Select a benefit in increments of \$10,000	\$10,000	If you're under 70: \$150,000  If you're 70 or older: \$10,000	\$500,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your spouse <sup>3</sup>	Select a benefit in increments of \$5,000	\$5,000	If your spouse is under 70: \$30,000  If your spouse is 70 or older: \$10,000	\$200,000	35% reduction at age 65, with an additional 15% reduction at age 70
Your child(ren) <sup>3</sup>	Options <sup>4</sup> : <ul style="list-style-type: none"><li>• \$2,500, or</li><li>• \$5,000, or</li><li>• \$7,500, or</li><li>• \$10,000</li></ul>				

<sup>1</sup>Amount of coverage you may buy within 31 days of initial eligibility for coverage without providing health information.

<sup>2</sup>As you get older, your life insurance benefit amount decreases.

<sup>3</sup>Amount of coverage may not exceed 100% of your benefit.

<sup>4</sup>Dependent children under 14 days old receive a \$1,000 benefit.

## Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on a regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you may need to provide health information for review, or if you have a qualifying event.
  - If you and your spouse are both employed at PRINT NW LLC and are eligible for benefits, you're not eligible to have benefits as both an employee and a spouse.
- If you're covered, you may buy coverage for your dependents, if they're not confined at home, in a hospital or skilled nursing facility (this is referred to as Period of Limited Activity).

Additional eligibility requirements may apply.

## Do I need to provide health information?

Benefit amounts over the guaranteed issue shown in the table above for you and your spouse may require you to provide health information.

## May I increase my benefit later?

- You may be able to enroll for or increase your benefit and your dependent's benefit two increments per year during your open enrollment period without providing health information.
- If you have a qualifying life event (marriage, birth of a child, etc.), you may enroll or increase your benefit up to the guaranteed issue amount within 31 days without having to provide health information.

## What benefits does Accidental Death and Dismemberment (AD&D) provide?

If you or your spouse are accidentally injured on or off the job, you may receive a benefit equal to your life benefit.

Loss	AD&D Benefit
Loss of life, loss of both hands or both feet or one hand and one foot, or loss of sight of both eyes	100%
Loss of one hand, or one foot, or sight of one eye	50%
Loss of thumb and index finger on the same hand	25%
Seatbelt / airbag - If you die in a car accident while wearing a seat belt or protected by an airbag	\$10,000
Repatriation - If you die at least 100 miles from your home	Up to \$2,000
Education - If your children are enrolled in an accredited post-secondary school at the time of your death	\$3,000/year for up to 4 years
Public transportation - If you die while you're a passenger on public or commercial transportation	100%
Helmet - If you die while operating or riding as a passenger on a motorcycle while wearing a helmet	\$10,000

Career adjustment - If your spouse attends an accredited post-secondary school after you die	\$1,000/year for up to 2 years
Child care - Child care reimbursement for your dependent children under age 13 when you die	Up to \$300/month for 1 year
<b>Loss of use or paralysis - total loss of movement for 12 consecutive months or permanent paralysis</b>	
Quadriplegia	100%
Paraplegia, hemiplegia, or loss of use of both hands or both feet or one hand and one foot.	50%
Loss of use of one arm, one leg, one hand or one foot	25%
<b>Loss of speech and/or hearing - total loss for 12 consecutive months</b>	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%

#### Additional benefits:

<b>Accelerated death benefit</b>	If you're terminally ill, you may be able to receive a portion of your life benefit.
<b>Coverage during disability</b>	If you're disabled, you may be able to continue your coverage and not pay premium.
<b>Portability</b>	If you no longer qualify for coverage, you may be able to continue coverage for yourself and your covered dependents.
<b>Conversion of terminated coverage</b>	If you terminate employment, you may be able to convert coverage to an individual policy.

#### What are the limitations and exclusions of my coverage?

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



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

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

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

# Print NW LLC

## Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.95	\$1.01	\$1.40	\$2.11	\$3.12	\$4.94	\$7.62	\$10.49	\$6,500	\$12.44	\$5,000	\$15.52
\$20,000	\$1.90	\$2.02	\$2.80	\$4.22	\$6.24	\$9.88	\$15.24	\$20.98	\$13,000	\$24.90	\$10,000	\$31.03
\$30,000	\$2.85	\$3.03	\$4.20	\$6.33	\$9.36	\$14.82	\$22.86	\$31.47	\$19,500	\$37.34	\$15,000	\$46.55
\$40,000	\$3.80	\$4.04	\$5.60	\$8.44	\$12.48	\$19.76	\$30.48	\$41.96	\$26,000	\$49.79	\$20,000	\$62.06
\$50,000	\$4.75	\$5.05	\$7.00	\$10.55	\$15.60	\$24.70	\$38.10	\$52.45	\$32,500	\$62.24	\$25,000	\$77.58
\$60,000	\$5.70	\$6.06	\$8.40	\$12.66	\$18.72	\$29.64	\$45.72	\$62.94	\$39,000	\$74.69	\$30,000	\$93.09
\$70,000	\$6.65	\$7.07	\$9.80	\$14.77	\$21.84	\$34.58	\$53.34	\$73.43	\$45,500	\$87.13	\$35,000	\$108.61
\$80,000	\$7.60	\$8.08	\$11.20	\$16.88	\$24.96	\$39.52	\$60.96	\$83.92	\$52,000	\$99.58	\$40,000	\$124.12
\$90,000	\$8.55	\$9.09	\$12.60	\$18.99	\$28.08	\$44.46	\$68.58	\$94.41	\$58,500	\$112.03	\$45,000	\$139.64
\$100,000	\$9.50	\$10.10	\$14.00	\$21.10	\$31.20	\$49.40	\$76.20	\$104.90	\$65,000	\$124.48	\$50,000	\$155.15
\$110,000	\$10.45	\$11.11	\$15.40	\$23.21	\$34.32	\$54.34	\$83.82	\$115.39	\$71,500	\$136.92	\$55,000	\$170.67
\$120,000	\$11.40	\$12.12	\$16.80	\$25.32	\$37.44	\$59.28	\$91.44	\$125.88	\$78,000	\$149.37	\$60,000	\$186.18
\$130,000	\$12.35	\$13.13	\$18.20	\$27.43	\$40.56	\$64.22	\$99.06	\$136.37	\$84,500	\$161.82	\$65,000	\$201.70
\$140,000	\$13.30	\$14.14	\$19.60	\$29.54	\$43.68	\$69.16	\$106.68	\$146.86	\$91,000	\$174.26	\$70,000	\$217.21
\$150,000	\$14.25	\$15.15	\$21.00	\$31.65	\$46.80	\$74.10	\$114.30	\$157.35	\$97,500	\$186.72	\$75,000	\$232.73
\$160,000	\$15.20	\$16.16	\$22.40	\$33.76	\$49.92	\$79.04	\$121.92	\$167.84	\$104,000	\$199.16	\$80,000	\$248.24
\$170,000	\$16.15	\$17.17	\$23.80	\$35.87	\$53.04	\$83.98	\$129.54	\$178.33	\$110,500	\$211.61	\$85,000	\$263.76
\$180,000	\$17.10	\$18.18	\$25.20	\$37.98	\$56.16	\$88.92	\$137.16	\$188.82	\$117,000	\$224.05	\$90,000	\$279.27
\$190,000	\$18.05	\$19.19	\$26.60	\$40.09	\$59.28	\$93.86	\$144.78	\$199.31	\$123,500	\$236.51	\$95,000	\$294.79
\$200,000	\$19.00	\$20.20	\$28.00	\$42.20	\$62.40	\$98.80	\$152.40	\$209.80	\$130,000	\$248.95	\$100,000	\$310.30
\$210,000	\$19.95	\$21.21	\$29.40	\$44.31	\$65.52	\$103.74	\$160.02	\$220.29	\$136,500	\$261.39	\$105,000	\$325.82
\$220,000	\$20.90	\$22.22	\$30.80	\$46.42	\$68.64	\$108.68	\$167.64	\$230.78	\$143,000	\$273.85	\$110,000	\$341.33
\$230,000	\$21.85	\$23.23	\$32.20	\$48.53	\$71.76	\$113.62	\$175.26	\$241.27	\$149,500	\$286.29	\$115,000	\$356.85
\$240,000	\$22.80	\$24.24	\$33.60	\$50.64	\$74.88	\$118.56	\$182.88	\$251.76	\$156,000	\$298.74	\$120,000	\$372.36
\$250,000	\$23.75	\$25.25	\$35.00	\$52.75	\$78.00	\$123.50	\$190.50	\$262.25	\$162,500	\$311.19	\$125,000	\$387.88
\$260,000	\$24.70	\$26.26	\$36.40	\$54.86	\$81.12	\$128.44	\$198.12	\$272.74	\$169,000	\$323.64	\$130,000	\$403.39
\$270,000	\$25.65	\$27.27	\$37.80	\$56.97	\$84.24	\$133.38	\$205.74	\$283.23	\$175,500	\$336.08	\$135,000	\$418.91
\$280,000	\$26.60	\$28.28	\$39.20	\$59.08	\$87.36	\$138.32	\$213.36	\$293.72	\$182,000	\$348.53	\$140,000	\$434.42
\$290,000	\$27.55	\$29.29	\$40.60	\$61.19	\$90.48	\$143.26	\$220.98	\$304.21	\$188,500	\$360.98	\$145,000	\$449.94
\$300,000	\$28.50	\$30.30	\$42.00	\$63.30	\$93.60	\$148.20	\$228.60	\$314.70	\$195,000	\$373.43	\$150,000	\$465.45
\$310,000	\$29.45	\$31.31	\$43.40	\$65.41	\$96.72	\$153.14	\$236.22	\$325.19	\$201,500	\$385.87	\$155,000	\$480.97
\$320,000	\$30.40	\$32.32	\$44.80	\$67.52	\$99.84	\$158.08	\$243.84	\$335.68	\$208,000	\$398.32	\$160,000	\$496.48
\$330,000	\$31.35	\$33.33	\$46.20	\$69.63	\$102.96	\$163.02	\$251.46	\$346.17	\$214,500	\$410.77	\$165,000	\$512.00
\$340,000	\$32.30	\$34.34	\$47.60	\$71.74	\$106.08	\$167.96	\$259.08	\$356.66	\$221,000	\$423.21	\$170,000	\$527.51
\$350,000	\$33.25	\$35.35	\$49.00	\$73.85	\$109.20	\$172.90	\$266.70	\$367.15	\$227,500	\$435.67	\$175,000	\$543.03
\$360,000	\$34.20	\$36.36	\$50.40	\$75.96	\$112.32	\$177.84	\$274.32	\$377.64	\$234,000	\$448.11	\$180,000	\$558.54
\$370,000	\$35.15	\$37.37	\$51.80	\$78.07	\$115.44	\$182.78	\$281.94	\$388.13	\$240,500	\$460.56	\$185,000	\$574.06

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## Voluntary-term life/AD&amp;D - employee

Estimated employee monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>\$380,000</b>	\$36.10	\$38.38	\$53.20	\$80.18	\$118.56	\$187.72	\$289.56	\$398.62	<b>\$247,000</b>	\$473.00	<b>\$190,000</b>	\$589.57
<b>\$390,000</b>	\$37.05	\$39.39	\$54.60	\$82.29	\$121.68	\$192.66	\$297.18	\$409.11	<b>\$253,500</b>	\$485.46	<b>\$195,000</b>	\$605.09
<b>\$400,000</b>	\$38.00	\$40.40	\$56.00	\$84.40	\$124.80	\$197.60	\$304.80	\$419.60	<b>\$260,000</b>	\$497.90	<b>\$200,000</b>	\$620.60
<b>\$410,000</b>	\$38.95	\$41.41	\$57.40	\$86.51	\$127.92	\$202.54	\$312.42	\$430.09	<b>\$266,500</b>	\$510.34	<b>\$205,000</b>	\$636.12
<b>\$420,000</b>	\$39.90	\$42.42	\$58.80	\$88.62	\$131.04	\$207.48	\$320.04	\$440.58	<b>\$273,000</b>	\$522.80	<b>\$210,000</b>	\$651.63
<b>\$430,000</b>	\$40.85	\$43.43	\$60.20	\$90.73	\$134.16	\$212.42	\$327.66	\$451.07	<b>\$279,500</b>	\$535.24	<b>\$215,000</b>	\$667.15
<b>\$440,000</b>	\$41.80	\$44.44	\$61.60	\$92.84	\$137.28	\$217.36	\$335.28	\$461.56	<b>\$286,000</b>	\$547.69	<b>\$220,000</b>	\$682.66
<b>\$450,000</b>	\$42.75	\$45.45	\$63.00	\$94.95	\$140.40	\$222.30	\$342.90	\$472.05	<b>\$292,500</b>	\$560.14	<b>\$225,000</b>	\$698.18
<b>\$460,000</b>	\$43.70	\$46.46	\$64.40	\$97.06	\$143.52	\$227.24	\$350.52	\$482.54	<b>\$299,000</b>	\$572.59	<b>\$230,000</b>	\$713.69
<b>\$470,000</b>	\$44.65	\$47.47	\$65.80	\$99.17	\$146.64	\$232.18	\$358.14	\$493.03	<b>\$305,500</b>	\$585.03	<b>\$235,000</b>	\$729.21
<b>\$480,000</b>	\$45.60	\$48.48	\$67.20	\$101.28	\$149.76	\$237.12	\$365.76	\$503.52	<b>\$312,000</b>	\$597.48	<b>\$240,000</b>	\$744.72
<b>\$490,000</b>	\$46.55	\$49.49	\$68.60	\$103.39	\$152.88	\$242.06	\$373.38	\$514.01	<b>\$318,500</b>	\$609.93	<b>\$245,000</b>	\$760.24
<b>\$500,000</b>	\$47.50	\$50.50	\$70.00	\$105.50	\$156.00	\$247.00	\$381.00	\$524.50	<b>\$325,000</b>	\$622.38	<b>\$250,000</b>	\$775.75

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

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.

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# Print NW LLC

## Voluntary-term life/AD&D - employee

Estimated employee monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
\$10,000	\$0.95	\$1.01	\$1.40	\$2.11	\$3.12	\$4.94	\$7.62	\$10.49	\$6,500	\$12.44	\$5,000	\$15.52
\$20,000	\$1.90	\$2.02	\$2.80	\$4.22	\$6.24	\$9.88	\$15.24	\$20.98	\$13,000	\$24.90	\$10,000	\$31.03
\$30,000	\$2.85	\$3.03	\$4.20	\$6.33	\$9.36	\$14.82	\$22.86	\$31.47	\$19,500	\$37.34	\$15,000	\$46.55
\$40,000	\$3.80	\$4.04	\$5.60	\$8.44	\$12.48	\$19.76	\$30.48	\$41.96	\$26,000	\$49.79	\$20,000	\$62.06
\$50,000	\$4.75	\$5.05	\$7.00	\$10.55	\$15.60	\$24.70	\$38.10	\$52.45	\$32,500	\$62.24	\$25,000	\$77.58
\$60,000	\$5.70	\$6.06	\$8.40	\$12.66	\$18.72	\$29.64	\$45.72	\$62.94	\$39,000	\$74.69	\$30,000	\$93.09
\$70,000	\$6.65	\$7.07	\$9.80	\$14.77	\$21.84	\$34.58	\$53.34	\$73.43	\$45,500	\$87.13	\$35,000	\$108.61
\$80,000	\$7.60	\$8.08	\$11.20	\$16.88	\$24.96	\$39.52	\$60.96	\$83.92	\$52,000	\$99.58	\$40,000	\$124.12
\$90,000	\$8.55	\$9.09	\$12.60	\$18.99	\$28.08	\$44.46	\$68.58	\$94.41	\$58,500	\$112.03	\$45,000	\$139.64
\$100,000	\$9.50	\$10.10	\$14.00	\$21.10	\$31.20	\$49.40	\$76.20	\$104.90	\$65,000	\$124.48	\$50,000	\$155.15
\$110,000	\$10.45	\$11.11	\$15.40	\$23.21	\$34.32	\$54.34	\$83.82	\$115.39	\$71,500	\$136.92	\$55,000	\$170.67
\$120,000	\$11.40	\$12.12	\$16.80	\$25.32	\$37.44	\$59.28	\$91.44	\$125.88	\$78,000	\$149.37	\$60,000	\$186.18
\$130,000	\$12.35	\$13.13	\$18.20	\$27.43	\$40.56	\$64.22	\$99.06	\$136.37	\$84,500	\$161.82	\$65,000	\$201.70
\$140,000	\$13.30	\$14.14	\$19.60	\$29.54	\$43.68	\$69.16	\$106.68	\$146.86	\$91,000	\$174.26	\$70,000	\$217.21
\$150,000	\$14.25	\$15.15	\$21.00	\$31.65	\$46.80	\$74.10	\$114.30	\$157.35	\$97,500	\$186.72	\$75,000	\$232.73
\$160,000	\$15.20	\$16.16	\$22.40	\$33.76	\$49.92	\$79.04	\$121.92	\$167.84	\$104,000	\$199.16	\$80,000	\$248.24
\$170,000	\$16.15	\$17.17	\$23.80	\$35.87	\$53.04	\$83.98	\$129.54	\$178.33	\$110,500	\$211.61	\$85,000	\$263.76
\$180,000	\$17.10	\$18.18	\$25.20	\$37.98	\$56.16	\$88.92	\$137.16	\$188.82	\$117,000	\$224.05	\$90,000	\$279.27
\$190,000	\$18.05	\$19.19	\$26.60	\$40.09	\$59.28	\$93.86	\$144.78	\$199.31	\$123,500	\$236.51	\$95,000	\$294.79
\$200,000	\$19.00	\$20.20	\$28.00	\$42.20	\$62.40	\$98.80	\$152.40	\$209.80	\$130,000	\$248.95	\$100,000	\$310.30
\$210,000	\$19.95	\$21.21	\$29.40	\$44.31	\$65.52	\$103.74	\$160.02	\$220.29	\$136,500	\$261.39	\$105,000	\$325.82
\$220,000	\$20.90	\$22.22	\$30.80	\$46.42	\$68.64	\$108.68	\$167.64	\$230.78	\$143,000	\$273.85	\$110,000	\$341.33
\$230,000	\$21.85	\$23.23	\$32.20	\$48.53	\$71.76	\$113.62	\$175.26	\$241.27	\$149,500	\$286.29	\$115,000	\$356.85
\$240,000	\$22.80	\$24.24	\$33.60	\$50.64	\$74.88	\$118.56	\$182.88	\$251.76	\$156,000	\$298.74	\$120,000	\$372.36
\$250,000	\$23.75	\$25.25	\$35.00	\$52.75	\$78.00	\$123.50	\$190.50	\$262.25	\$162,500	\$311.19	\$125,000	\$387.88
\$260,000	\$24.70	\$26.26	\$36.40	\$54.86	\$81.12	\$128.44	\$198.12	\$272.74	\$169,000	\$323.64	\$130,000	\$403.39
\$270,000	\$25.65	\$27.27	\$37.80	\$56.97	\$84.24	\$133.38	\$205.74	\$283.23	\$175,500	\$336.08	\$135,000	\$418.91
\$280,000	\$26.60	\$28.28	\$39.20	\$59.08	\$87.36	\$138.32	\$213.36	\$293.72	\$182,000	\$348.53	\$140,000	\$434.42
\$290,000	\$27.55	\$29.29	\$40.60	\$61.19	\$90.48	\$143.26	\$220.98	\$304.21	\$188,500	\$360.98	\$145,000	\$449.94
\$300,000	\$28.50	\$30.30	\$42.00	\$63.30	\$93.60	\$148.20	\$228.60	\$314.70	\$195,000	\$373.43	\$150,000	\$465.45
\$310,000	\$29.45	\$31.31	\$43.40	\$65.41	\$96.72	\$153.14	\$236.22	\$325.19	\$201,500	\$385.87	\$155,000	\$480.97
\$320,000	\$30.40	\$32.32	\$44.80	\$67.52	\$99.84	\$158.08	\$243.84	\$335.68	\$208,000	\$398.32	\$160,000	\$496.48
\$330,000	\$31.35	\$33.33	\$46.20	\$69.63	\$102.96	\$163.02	\$251.46	\$346.17	\$214,500	\$410.77	\$165,000	\$512.00
\$340,000	\$32.30	\$34.34	\$47.60	\$71.74	\$106.08	\$167.96	\$259.08	\$356.66	\$221,000	\$423.21	\$170,000	\$527.51
\$350,000	\$33.25	\$35.35	\$49.00	\$73.85	\$109.20	\$172.90	\$266.70	\$367.15	\$227,500	\$435.67	\$175,000	\$543.03
\$360,000	\$34.20	\$36.36	\$50.40	\$75.96	\$112.32	\$177.84	\$274.32	\$377.64	\$234,000	\$448.11	\$180,000	\$558.54
\$370,000	\$35.15	\$37.37	\$51.80	\$78.07	\$115.44	\$182.78	\$281.94	\$388.13	\$240,500	\$460.56	\$185,000	\$574.06

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## Voluntary-term life/AD&amp;D - employee

Estimated employee monthly premium amounts

Benefit amount	29 & under	30-34	35-39	40-44	45-49	50-54	55-59	60-64	Reduced benefit	65-69	Reduced benefit	70 & over
<b>\$380,000</b>	\$36.10	\$38.38	\$53.20	\$80.18	\$118.56	\$187.72	\$289.56	\$398.62	<b>\$247,000</b>	\$473.00	<b>\$190,000</b>	\$589.57
<b>\$390,000</b>	\$37.05	\$39.39	\$54.60	\$82.29	\$121.68	\$192.66	\$297.18	\$409.11	<b>\$253,500</b>	\$485.46	<b>\$195,000</b>	\$605.09
<b>\$400,000</b>	\$38.00	\$40.40	\$56.00	\$84.40	\$124.80	\$197.60	\$304.80	\$419.60	<b>\$260,000</b>	\$497.90	<b>\$200,000</b>	\$620.60
<b>\$410,000</b>	\$38.95	\$41.41	\$57.40	\$86.51	\$127.92	\$202.54	\$312.42	\$430.09	<b>\$266,500</b>	\$510.34	<b>\$205,000</b>	\$636.12
<b>\$420,000</b>	\$39.90	\$42.42	\$58.80	\$88.62	\$131.04	\$207.48	\$320.04	\$440.58	<b>\$273,000</b>	\$522.80	<b>\$210,000</b>	\$651.63
<b>\$430,000</b>	\$40.85	\$43.43	\$60.20	\$90.73	\$134.16	\$212.42	\$327.66	\$451.07	<b>\$279,500</b>	\$535.24	<b>\$215,000</b>	\$667.15
<b>\$440,000</b>	\$41.80	\$44.44	\$61.60	\$92.84	\$137.28	\$217.36	\$335.28	\$461.56	<b>\$286,000</b>	\$547.69	<b>\$220,000</b>	\$682.66
<b>\$450,000</b>	\$42.75	\$45.45	\$63.00	\$94.95	\$140.40	\$222.30	\$342.90	\$472.05	<b>\$292,500</b>	\$560.14	<b>\$225,000</b>	\$698.18
<b>\$460,000</b>	\$43.70	\$46.46	\$64.40	\$97.06	\$143.52	\$227.24	\$350.52	\$482.54	<b>\$299,000</b>	\$572.59	<b>\$230,000</b>	\$713.69
<b>\$470,000</b>	\$44.65	\$47.47	\$65.80	\$99.17	\$146.64	\$232.18	\$358.14	\$493.03	<b>\$305,500</b>	\$585.03	<b>\$235,000</b>	\$729.21
<b>\$480,000</b>	\$45.60	\$48.48	\$67.20	\$101.28	\$149.76	\$237.12	\$365.76	\$503.52	<b>\$312,000</b>	\$597.48	<b>\$240,000</b>	\$744.72
<b>\$490,000</b>	\$46.55	\$49.49	\$68.60	\$103.39	\$152.88	\$242.06	\$373.38	\$514.01	<b>\$318,500</b>	\$609.93	<b>\$245,000</b>	\$760.24
<b>\$500,000</b>	\$47.50	\$50.50	\$70.00	\$105.50	\$156.00	\$247.00	\$381.00	\$524.50	<b>\$325,000</b>	\$622.38	<b>\$250,000</b>	\$775.75

Note: Proof of good health/evidence of insurability is required to apply for benefit amounts greater than those highlighted above.

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.

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

This summary is not a complete statement of the rights, benefits, limitations and exclusions of the coverage described here. For cost and coverage details, contact your Principal® representative.

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## Policyholder: PRINT NW LLC

### Group voluntary long-term disability insurance

#### Benefit summary for all members

Eligibility	
Eligible employees	All active, full-time employees working at least 30 hours a week
Benefits payable	
Primary monthly benefit	66 2/3% of your earnings up to \$6,000
Benefit amount	Your primary monthly benefit minus other income sources
Elimination period	Benefits begin after 90 days
Own occupation period	2 year
Benefit payment period	Varies based on your age when you become disabled, see chart below
Limitations & exclusions	
Pre-existing conditions	12 months prior / 12 months insured
Other limitations	A complete list is included in your booklet

#### What's available to me?

Your income is important - you depend on it for almost everything. If you're too sick or hurt to work for a long period of time, you can rely on long-term disability insurance to replace a portion of your monthly income.

Your primary monthly benefit is 66 2/3% of your earnings prior to your disability up to \$6,000 minus other income sources. Other income sources could include but aren't limited to Social Security for you and your dependents, other earnings, worker's compensation, state disability (if applicable) and salary continuance.

Your benefits are determined by your base wage. This is your definition of earnings and is outlined further in the booklet you'll receive following enrollment.

Compensation for business owners covers business profits plus salaries averaged over the prior two years.

#### Who can buy coverage?

- You may buy coverage if you're an active, full-time employee working at least 30 hours a week. Seasonal, temporary, or contract employees can't purchase.
  - If you're on regularly scheduled day off, holiday, vacation day, jury duty, funeral leave, or personal time off, you're still considered actively at work, as long as you're fulfilling your regular duties and were working the day immediately prior to your time off.
  - You must enroll within 31 days of being eligible. If you don't, you'll need to provide health information for us to review for approval.

Additional eligibility requirements may apply.

**When do I begin receiving disability benefits?**

Your elimination period is 90 days. The elimination period is the amount of time before you start receiving benefits.

If you recover and return to work during your elimination period and become disabled again, you may not have to satisfy a new elimination period. If you qualify for this, your elimination period will pick up at the point where it was left off when you recovered.

**Once I start receiving benefits, how long will they continue?**

Age disability occurs	Benefits are payable until the later of:
Under age 65	Social Security Normal Retirement Age (SSNRA) or 36 months
Age 65-67	SSNRA or 24 months
Age 68-69	SSNRA or 18 months
Age 70-71	SSNRA or 15 months
Age 72 and over	SSNRA or 12 months

**What types of conditions may qualify as a disability?**

You'll be considered disabled due to sickness or injury, or pregnancy.

During the first 2 years of receiving benefits, your disability is based on your own occupation, known as the own occupation period. This is the occupation you're routinely performing at the time of disability. After 2 years, we'll evaluate for any occupation based on education, training or experience.

During your elimination period and your own occupation period, one of the following must apply:

- You're unable to perform the majority of the substantial and material duties of your own occupation; or
- You're unable to earn 80% of your indexed income prior to your disability while working in a modified capacity.

After completing the own occupation period, one of the following must apply:

- You're unable to 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.
- You're 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 income prior to your disability.

**Do I qualify if I have a preexisting condition?**

- You may, if you had symptoms or conditions which would cause a reasonable person to seek a diagnosis, care, or treatment. If you haven't been seen by a doctor or prescribed medication for an injury or sickness in the last 12 months or if your disability happens after 12 consecutive months of coverage, you may qualify.

## Are mental nervous, drug/alcohol and special conditions covered?

- It'll be considered a disability if it's caused by:
  - A mental health condition for up to a lifetime maximum of 24 months
  - Abuse, dependency, or addiction to alcohol, drug, or chemicals for up to a lifetime maximum of 24 months
  - A special condition such as (but not limited to) chronic fatigue syndrome, musculoskeletal or connective tissue disorders for up to a lifetime maximum of 24 months
- The amount of time you receive benefits for these covered conditions will be limited to a combined lifetime maximum of 24 months.

### Additional benefits:

<b>Work incentive benefit</b>	If you're working on a limited or part-time basis, you can keep your work earnings and may still receive your disability benefit for 12 months. You can't receive more than 100% of your earnings prior to your disability.
<b>Rehabilitation plan</b>	If you're disabled, our staff may work with you, your physician and employer to create an individual rehabilitation plan to help you return to work. You may also receive this benefit if you're not disabled but have a condition that prevents you from working.
<b>Rehabilitation incentive benefit</b>	If you're totally disabled and satisfy the requirements of an individual rehabilitation plan, your benefit percentage may increase by 5%.
<b>Return to work child care benefit</b>	You may be paid to help cover the cost of child care expenses if you remain on the job or return to work. You may be reimbursed 100% of your total child care expense up to \$350 per month for up to 12 months.
<b>Accelerated survivor benefit</b>	If you're terminally ill with a life expectancy of 12 months or less, you're eligible to receive a lump-sum payment of 3 times your primary monthly benefit.
<b>Survivor benefit</b>	If you haven't been paid an accelerated survivor benefit, your survivors will receive 3 times your primary monthly benefit minus other income sources, which includes but is not limited to Social Security.

## What are the limitations and exclusions of my coverage?

### Preexisting conditions

A preexisting condition is an injury or sickness (including pregnancy) and all related conditions and complications, in the 12 months prior to your effective date under this policy, for which you:

- Received medical treatment, consultation, care or service; or
- Were prescribed or took prescription medications; or
- Had symptoms or conditions which would cause a reasonably prudent person to seek diagnosis, care or treatment

Benefits will not be paid for disabilities resulting from preexisting conditions unless, when you become disabled, you have been actively at work for one full day after being covered under the policy for 12 consecutive months.

Preexisting condition exclusions also apply to benefit increases due to policy amendments and changes in earnings of 25% or greater.

### Treatment of mental health conditions, drug and alcohol abuse conditions and special conditions

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.

Maximum benefit payment periods for:

Mental health conditions – 24 months

Alcohol, drug or chemical abuse conditions – 24 months

Special conditions – 24 months

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.

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.

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.

# Print NW LLC

## Long term disability

### Estimated monthly benefit amount & monthly deduction amount

To determine your estimated monthly deduction, multiply your covered monthly earnings by your age rate in the box at the right. See your benefit summary for the definition of earnings.

Covered monthly earnings: \$ \_\_\_\_\_  
If your monthly earnings are greater than \$8,999.55 then use \$8,999.55 as your earnings.

X Age rate: \_\_\_\_\_

X Employee Contribution Percent: 100%

= Employee's estimated monthly deduction : \$ \_\_\_\_\_

Age	Monthly rate
Under age 24	0.0017
25-29	0.0026
30-34	0.0038
35-39	0.0052
40-44	0.0070
45-49	0.0098
50-54	0.0152
55-59	0.0187
60-64	0.0197
65-69	0.0206
70+	0.0217

To determine your estimated monthly benefit amount, multiply your covered monthly earnings by your benefit percentage.

Covered monthly earnings: \$ \_\_\_\_\_  
If your monthly earnings are greater than \$8,999.55 then use \$8,999.55 as your earnings.

X Benefit percentage: 0.6667

= Estimated monthly benefit amount: \$ \_\_\_\_\_

### Example

Age 30; covered monthly earnings: \$5,000; age rate is 0.0038; Employee Contribution: 100%

Employee's estimated monthly deduction :  $\$5,000.00 \times 0.0038 \times 1.00 = \$19.00$   
Estimated monthly benefit amount :  $\$5,000.00 \times 0.6667 = \$3,333.50$



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

This is a general statement of Long Term Disability insurance underwritten by Principal Life Insurance Company. It is not an insurance contract and does not contain all of the qualifications and restrictions of the coverage being offered to you. If any provision presented here is found to be in conflict with federal or state law, that provision will be applied to comply with federal or state law. The group policy determines all rights, benefits, exclusions and limitations of the insurance described here. For more details about the coverage, refer to the policy that will be issued to each member.

# Financial protection that fits your needs

## With Colonial Life products:

- Coverage is available for your spouse and eligible dependent children (with most plans).
- Benefits are paid directly to you, unless you specify otherwise.
- You can continue coverage when you retire or change jobs, with no increase in premiums (with most plans).
- You may receive benefits regardless of any insurance you may have with other companies (with most plans).



Everyone's benefit needs are different. That's why it's important to choose the benefits that are right for your personal situation.

**Disability insurance** — Helps replace a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

**Accident insurance** — Helps offset unexpected medical expenses, such as emergency room fees, deductibles and co-payments that can result from a fracture, dislocation or other covered accidental injury.

**Life insurance** — Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.

**Cancer insurance** — Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

**Critical illness insurance** — Supplements your major medical coverage by providing a lump-sum benefit you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

**Hospital confinement indemnity insurance** — Provides a lump-sum benefit for a covered hospital confinement or a covered outpatient surgery to help with co-payments and deductibles that are not covered by most major medical plans.

# EAP Summary of Services

## A benefit for you and your family members provided by Print NW

The Employee Assistance Program (EAP) is a **FREE** and **CONFIDENTIAL** benefit that can assist you and your eligible family members with any personal problems, large or small.

### Counseling with an EAP Professional

Five (5) counseling sessions face to face, over the phone, or virtually for concerns such as:

- Relationship conflict
- Conflict at work
- Depression
- Stress management
- Family relationships
- Anxiety
- Alcohol or substance misuse
- Grieving a loss
- Professional development

### Resources for Life

Canopy will help locate resources and information related to childcare, eldercare, caregiving, and anything else you may need.

### Legal Consultations / Mediation

Contact Canopy for a free thirty-minute office or telephone consultation. A 25% discount from the attorney's/mediator's normal hourly rate is available thereafter.

### Financial Coaching

Coaches will provide unlimited financial coaching to help develop better spending habits, reduce debt, improve credit, increase savings, and plan for retirement.

### Home Ownership and Housing Support

Assistance and discounts for buying, selling, and refinancing. Resource retrieval for housing assistance.

### Coaching

Access five (5) phone or video sessions with a Coach to support goal setting, healthy habits, and personal development.

### Wellbeing Tools

- Fertility health support
- Will kit questionnaire
- Pet parenting resources
- Online legal tools
- Wellness and gym discounts
- Identity theft services

### Member Site

Innovative educational tools, chat for support, take self-assessments, view videos and webinars, access courses, download documents and more. Access at [my.canopywell.com](https://my.canopywell.com), and register as a new user or log-in. Enter **Print NW** for company name when you register.

### WholeLife Directions

Take a confidential survey and get connected to interactive tools to improve the way you feel. Log onto the Member Site or search **WholeLife Directions** in the App Store or Google Play.

### Anonymous Virtual Peer Support

Connect online 24/7/365 with others sharing concerns similar to yours, in a professionally moderated private group chat. Visit [my.canopywell.com](https://my.canopywell.com) and select the 'Supportiv Peer Support' tile, or direct access through [supportiv.com/printnw](https://supportiv.com/printnw).



**Crisis Counselors are available by phone 24/7/365**

**call: 800-433-2320 text: 503-850-7721 email: [info@canopywell.com](mailto:info@canopywell.com)**

**Canopy is committed to creating a safe, inclusive, and equitable society for all.**



## What's New?

**BEHAVIORAL HEALTH SYSTEMS**

Your medical benefit includes **4 sessions per year at NO COST** which can be used for issues relating to marriage/family, stress, financial/legal, child/adolescent, eldercare and more.

**Eligibility:** All employees and dependents.

**Your Benefit:**

The BHT Employee Assistance Program (EAP) is a professional service providing assessment through Behavioral Health Services. It provides short-term counseling and referral to appropriate treatment providers or programs when needed.

- 4 Visits
- There are never any claims to file and EAP visits are covered at 100%.
- Your use of the EAP is completely confidential.
- In addition to referral for assessment, counseling, or medication management, your Care Coordinator can assist you in determining the appropriateness and availability of community resources (such as support groups) that might be beneficial).

**Telehealth** options are available for individuals who desire flexibility when using their benefits by contacting your Care Coordinator. Members can speak with a provider via computer, smartphones and tablets at their convenience.

## Your EAP can help with the following issues:

- Stress Management
- Personal Relationships
- Marital/Family Issues
- Parent-Child Conflict
- Grief & Loss
- Coping After a Tragedy
- Depression & Anxiety
- Work-Related Problems
- Alcohol & Drug Abuse
- ADD/ADHD
- Life Transition
- Eating Disorders
- Financial/Legal

## Access Your Benefits

### CALL TO USE YOUR BENEFITS

Call Behavioral Health Services at 800-245-1150.

Your designated Care Coordinator will speak with you about your benefits and assist you with a referral. If you are currently in treatment, contact Behavioral Health Services for more information, visit the Behavioral Health Services website: [www.behavioralhealthsystems.com](http://www.behavioralhealthsystems.com).

### ACCESS THE PORTAL

The EAP plan includes access to a full service portal at [www.behavioralhealthsystems.com](http://www.behavioralhealthsystems.com) (Password: Regions).

# Help handling life's ups and downs

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

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

You might use your EAP to help: manage stress, handle relationship issues, balance work and life, work through grief, cope with anxiety, and more. Plus, your EAP gives you access to discounts on major brands and everyday needs.

## Services for you and your family

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

### In-person or virtual counseling

One valuable way to work through personal or work issues is by talking with a professional. You and your family can meet with a licensed, EAP professional in person, via text message, or by live chat, video, or phone sessions. Three counseling sessions per year are included.

### Legal, financial, and identity theft services

You and your family have access to these services:

- **Legal services.** Receive a free 60-minute consultation to help deal with issues such as car accidents or family law.

- **Financial wellness.** Receive three free 30-minute consultations. This may include help with budget planning, debt consolidation, or retirement planning.
- **Identity theft resources.** Receive a free 60-minute consultation to help restore your identity if stolen.

### Work-life web services

You and your family can access webinars, live talks, and articles on topics such as child and elder care, education, parenting, and more.

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

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



**800-450-1327**

International: 800-662-4504

TTY: 711



**Member.MagellanHealthcare.com**

When you create an account, enter **Principal Core** as the program name.



Discounts and services

# Save money. Improve your life.

Use discounts and services available through your group benefits. **These discounts are not insurance.**

## Laser vision correction

**Imagine your life free from glasses and contacts.** You, your spouse, and dependent children save \$800 with featured providers LasikPlus, TLC Laser Eye Centers, or The LASIK Vision Institute. Or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's 600 locations. Administered by LCA Vision.

[principallasik.com](http://principallasik.com) | 888-647-3937

## Hearing aid program

**Protect your hearing health to improve your quality of life.** You, your spouse, children, parents, and grandparents can get discounts up to 48% off hearing aids, including rechargeable and Bluetooth options, with a 60-day trial to ensure full satisfaction. You can also receive a free hearing consultation at any of the 3,000+ locations nationwide. Administered by Start Hearing.

[www.starhearing.com/partners/principallife](http://www.starhearing.com/partners/principallife) | 877-890-4694

## Emotional health support line

**Get help when you're feeling overwhelmed or need support.** You, your spouse, and dependent children can call this free, confidential support line 24/7 to reach licensed behavioral health clinicians who can provide emotional support, tips for coping, and referrals to local resources. If your employer offers an employee assistance program (EAP), use it instead.

800-424-4612

Available with your dental insurance

## Principal oral health center

**Get the information you need to make better decisions about oral health care.** You can go online and submit a dental care question and get a response from a dentist in one business day. A dental cost estimator shows approximate costs in a ZIP code. And you can access articles about dental health topics plus get information about how dental coverage works.

<http://c3.go2dental.com/scontent/>

## Teeth whitening

**Share a smile you can be proud of.** You, your spouse, and dependents can save 20% on a dentist-invented teeth whitening technology from GLO Science. Available for home use, it's fast and sensitivity-free so you can smile with confidence.

[gloscience.com/principal](http://gloscience.com/principal) and use discount code PRINCIPAL

Available with your disability insurance

## Employee assistance program (EAP)

**Count on help to be there when you need it.** You and your family have access to free, confidential resources to help handle life's challenges. Talk with a licensed, EAP professional by using in-person or virtual counseling. Use the legal, financial, and identity theft services<sup>1</sup> to work through issues. And access webinars, live talks, and articles on a variety of topics.

Member.MagellanHealthcare.com then enter "Principal Core" as the program name

800-450-1327

Available with your life insurance

<b>Travel assistance</b>	<p><b>Ease some of the worries of traveling—whether in the U.S. or internationally.</b> You, your spouse, and dependent children have access to a variety of benefits provided through AXA Assistance<sup>2</sup>. These services include travel and medical assistance plus emergency medical evacuation benefits. Assistance is available for travel 100+ miles away from home for up to 120 consecutive days. Available with group term life insurance only.</p> <p><a href="https://principal.com/travelassistance">principal.com/travelassistance</a></p>
<b>Will &amp; Legal Document Center</b>	<p><b>Consider preparing your simple legal documents online.</b> These online resources and tools, provided by ARAG<sup>®3</sup>, are easy-to-use. You and your spouse can prepare, print, and store essential legal documents — such as a will, living will, healthcare power of attorney, durable power of attorney, and medical treatment authorization for minors. Plus, you can access estate planning tools and resources, and a personal information organizer.</p> <p><a href="https://principal.araggroup.com">principal.araggroup.com</a></p> <p>Contact your employer for your group policy number.</p>
<b>Identity theft kit</b>	<p><b>Be proactive in protecting one of your most important assets—your identity.</b> If your identity is stolen, despite your best efforts, you'll get valuable tips on how to restore it.</p> <p><a href="https://principal.araggroup.com">principal.araggroup.com</a></p> <p>Contact your employer for your group policy number.</p>
<b>Beneficiary support</b>	<p><b>Get help coping with the death of a loved one.</b> Beneficiaries receive help coping with the emotions and financial decisions that surface when a loved one dies. Services include grief support from Magellan Healthcare and financial review from Principal<sup>®</sup>. Spouses and dependents receive three months of free online will preparation services provided by ARAG<sup>®3</sup></p> <p>Information is provided after the loss of a loved one.</p>

## principal.com

Insurance products issued by Principal Life Insurance Company<sup>®</sup>, a member of the Principal Financial Group<sup>®</sup>, Des Moines, IA 50392.

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. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time.

For group life and dental policies issued in New York: travel assistance, Will & Legal Document Center, identity theft kit, emotional health support line, beneficiary support and teeth whitening are not available; laser vision correction and hearing aid program are only available with dental or vision insurance. ARAG Services, LLC, AXA Assistance USA, Inc., LCA Vision, Magellan Healthcare, Magellan Health Services of California, Inc.— Employer Services, Start Hearing, and VSP are not affiliated with any company of the Principal Financial Group<sup>®</sup>. Third party providers are solely responsible for their products and services.

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<sup>1</sup> Not all services available to group policies issued in New York.

<sup>2</sup> Participants are responsible for any incurred fees or expenses. Indemnified transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third party licensed insurance company.

<sup>3</sup> The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney. Neither your employer nor Principal<sup>®</sup> is responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG legal document service.

# Ease some of the worries of traveling

Travel assistance program offers reassurance. Anytime. Anywhere.

Whether you're traveling right here in the United States or leaving the country, you can rely on AXA to help your travel experience go off without a hitch. And because you're covered by group term life insurance from Principal®, you have access to many travel assistance services for free—no matter if you're traveling for business or pleasure.

**Who's eligible?** You, your spouse and your dependent children can access this service when traveling 100+ miles away from home for up to 120 consecutive days. And your spouse and dependent children are covered whether or not they're traveling with you.



## Near or far, you're covered

No matter where you're going — on a cross-country flight, a short road trip or a destination requiring a passport — consider AXA your trusted travel companion. This program helps address the challenges of travel like:

### Lost or stolen items

We all hope it won't happen to us, but it could. Lost items are a travel reality. AXA can help you recover or replace lost or stolen items (including cash and credit cards) so you don't miss a beat.

### Medical assistance

Getting sick or hurt while traveling is no picnic. AXA is there when you need it most to assist with medical and dental needs when you're away from home.



### Easily connect

Sometimes you need more than the phone book. And when you do, AXA is there to help with message delivery, overcoming language barriers or legal concerns.



### Traveling even farther away from home?

The more miles you're away from home, the more you may need to do additional planning. AXA helps you get ready to head out with pre-trip research, including travel requirements, cultural differences and precautions you should be aware of.

### Travel assistance program

**Call us when you're traveling and need assistance.**

888-647-2611 in the U.S.  
630-766-7696 call collect  
outside the U.S.

**Learn more and plan for your trip with our website.**  
[principal.com/travelassistance](http://principal.com/travelassistance)





## Emergency medical transportation

Unfortunately, medical emergencies sometimes interrupt a trip, and you just need to get to a hospital — or get home. This benefit is per person per trip for emergency situations including:

- Emergency medical transportation to a different facility if medically necessary
- Medically supervised return to your home country (known as repatriation)
- Transportation for a family member to join you
- Transportation for a traveling companion to join you in a different hospital or treatment facility
- Transportation home for dependent child(ren)
- Return of mortal remains

To be eligible for services under this program, your treatment must be authorized and arranged by designated staff from AXA. Claims for reimbursement won't be accepted. Please contact AXA for further benefit details.

## How to use this service

With two convenient ways to connect, you'll be ready for anything that comes your way.

- 1 | Website or mobile app** – Plan for your trip with helpful resources at [principal.com/travelassistance](http://principal.com/travelassistance). Learn how to create an account giving you access to travel information online or on your mobile device. You can get medical and security information about a country, search for a local medical provider, and view practical information like business culture and currency descriptions.
- 2 | Phone** – When you're traveling and need assistance, call **888-647-2611 in the U.S.** Or call collect when **outside the U.S. 630-766-7696**. Help is available 24/7 — 365 days a year.

**This program is not insurance.**

Travel assistance services will be provided as permitted under applicable law.

Group life insurance from Principal® is issued by Principal Life Insurance Company, Des Moines, IA 50392.

Exclusions – services won't be provided or available for any loss or injury that's caused by, or results from: normal childbirth, normal pregnancy (except complications of pregnancy), voluntary induced abortion, mental or nervous conditions (unless hospitalized), traveling against the advice of a physician, or traveling for medical treatment.

Participants are responsible for any incurred fees or expenses, including medical. Indemnified transportation services are administered by AXA Assistance USA, Inc., and underwritten by a third-party licensed insurance company. This service is not a part of any Principal Life insurance contract and may be changed or discontinued at any time. Not available to group policies issued in New York. Although Principal® has arranged to make this program available to you, the third-party provider is solely responsible for its products and services. AXA is not a member of the Principal Financial Group®.

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Name \_\_\_\_\_

Company \_\_\_\_\_ Contract number \_\_\_\_\_

The participant is entitled to AXA Assistance USA, Inc. medical and travel services.

El portador de esta tarjeta es miembro de AXA Assistance USA, Inc. y tiene derecho a los servicios personales y de asistencia médica de AXA Assistance USA, Inc.

**This program is not insurance.**

All services must be provided by AXA Assistance USA, Inc.

No claims for reimbursement will be accepted.

Travel assistance services will be provided as permitted under applicable law.



Group life insurance

# Protect your family, your finances — and your future

Create and store your important documents using the Will & Legal Document Center

If you're like most of us, you want to be in the driver's seat when it comes to your wishes for the future, like who will inherit your assets or make medical decisions for you if you're not able to. Especially since life can be so unpredictable.

That's why it's important to be proactive and make a plan to protect your family and finances. With your group term or voluntary term life insurance through Principal®, you can do just that, with access to resources from the **Will & Legal Document Center** provided by ARAG®.



## Resources for help with legal documents

Having the proper documents in place can help ensure you're still in control in case something happens to you. With ARAG's free online resources, you and/or your spouse can create these documents:

- **Will** — Specify what happens to your property after you die, and appoint the person to execute your estate. You can also name a custodian for your minor children.
- **Healthcare power of attorney** — Grant someone permission to make medical decisions in case you're no longer able to make them yourself.
- **Durable power of attorney** — Grant someone permission to make financial decisions in case you're no longer able to make them yourself.
- **Living will** — Let your family and health care providers know your wishes for medical treatment if you're unable to speak for yourself.
- **Medical treatment authorization for minors** — Grant consent for medical personnel to treat your child(ren) if you're away.

Plus, you can also access:

- **Personal Information Organizer** — Record your personal and financial information – as well as funeral arrangements – in one convenient spot.
- **Estate planning education and tools** — Get access to a variety of articles and legal resources.



### Protect your identity

It's not just inconvenient to have your identity stolen. It can have a direct impact on your credit rating and your financial security. The good news is, you can protect your identity with free online resources from ARAG, including:

- **An Identity Theft Prevention Kit** to help protect you from identity theft.
- **An Identity Theft Victim Action Kit** to help speed your recovery if you experience identity theft.

### It's easy to get started

Follow these simple steps to start using these free resources today.

- 1 | Visit [www.aragwills.com/principal](http://www.aragwills.com/principal).
- 2 | Register using your group policy number (your employer's account number with Principal). Find it by logging in on [Principal.com](http://Principal.com), or ask your employer.
- 3 | You're in! Complete the forms or download the materials you need.



Need help with registration? Call ARAG Customer Care at **800.546.3718**.  
Or, if you have questions about the services, call Principal at **866.539.1728**.



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

This value-added service is not a part of any insurance contract and may be changed or canceled at any time. The use of services provided by ARAG® Services, LLC should not be considered a substitute for consultation with an attorney. Principal is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center. ARAG is not a member of the Principal Financial Group®.

Please remember that the legal documents are accurate and useful in many situations. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney.

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# Protect your digital health too

Norton LifeLock Benefit Solutions and Business Health Trust are proud to offer identity theft protection to our members.



## Comprehensive protection features to help you feel safer in your digital life



**Device Security** protects your mobile devices, tablets, and computers from hackers, viruses, malware, vulnerable websites, and other online threats.



**Norton™ Secure VPN** Our Virtual Private Network (VPN) helps protect your online privacy so your sensitive information, browsing history, online activities and webcam are more secure.



**Identity Alerts with Credit monitoring** alerts you if there is fraudulent or suspicious activity surrounding any of your personal information, including new account opening, credit card usage, and data breaches.



**Parental Control** makes it easy to monitor your child's online activities and view their search history so they stay safe.



**Social Media Monitoring** notifies you of any suspicious links, account takeover attempts, or inappropriate content.



**Million Dollar Protection™ Package** to reimburse stolen funds, personal expenses, and provide coverage for lawyers and experts up to \$1 million each.

### Questions? Contact us:

 (425) 201-1972

 [info@businesshealthtrust.com](mailto:info@businesshealthtrust.com)

### Enroll today

Enroll in a Norton LifeLock Benefit Plan today, at no cost to you.





PASSPORT<sup>®</sup>  
CORPORATE

Shop Smart, Save Big!



Business  
Health Trust

Washington's Source for Employee Benefits

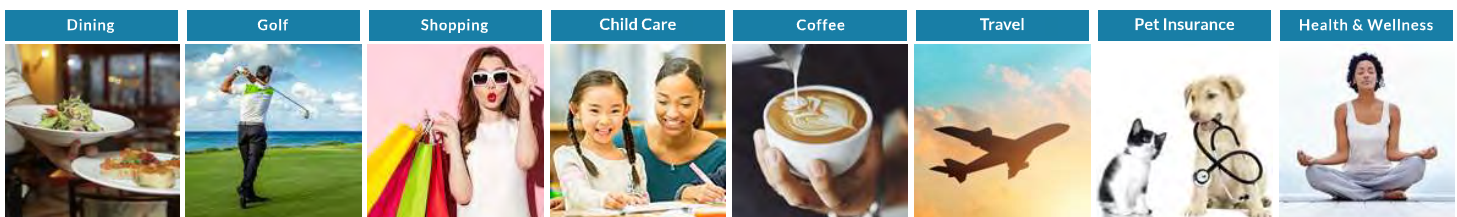
Your Passport Membership  
through BHT is kind of a

*big deal...*

And its **FREE** through your  
health insurance with BHT!

### START SAVING TODAY IN THREE EASY STEPS:

1. Visit <https://passportcorporate.com>
2. Register with your at-work email to get started (i.e. [name@yourwork.com](mailto:name@yourwork.com))
3. Download the "PASSPORT MOBILE" app on your smartphone and sign in with your new mobile card.



Best of all, you can have up to four devices registered - so share the savings with your partner and dependents! Your Passport Mobile Card is the key to a whole world of savings.

You can save every day on the products and services you use most!



Dine. Shop. Travel. Save.

# Core network



Get access to high-quality primary and specialty care clinicians who are dedicated to helping you stay healthy – and caring for you when you're not. You can choose the doctor you want and change doctors at any time, for any reason.

## Care from Kaiser Permanente clinicians

You're in great hands when you choose care from Kaiser Permanente clinicians practicing at Kaiser Permanente facilities – either online or in person.

- More than **2,000** Kaiser Permanente doctors and other clinicians.
- Over **30** Kaiser Permanente medical facilities and pharmacies in Washington.
- Go to [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) to search for doctors, medical facilities, pharmacies, hospitals, and more.

**Doctors come from some of the top medical schools**, and many have practiced at leading hospitals across the country.

**Care is connected.** Your doctor, nurses, and other specialists work together to help keep you healthy.

**You and your care team are linked through your electronic health record**, so you all know what care you've had and what you need.

## Care from other network clinicians

We look for the same quality and philosophy of care in our community providers that we expect from our own doctors and staff.

- Over **16,000** additional medical providers.
- All providers must meet our high clinical quality and patient satisfaction standards.
- We remind your community providers about preventive care you might need.
- Our community providers can access Kaiser Permanente's clinical resources, including:
  - Detailed treatment guides on a wide range of conditions
  - Clinical tips for daily practice
  - Safety information on new drugs
  - New research results that can benefit patients
  - Additional training and continuing education opportunities



### Prescription home delivery

Get certain prescription refills mailed to you with no delivery charge. For more information, go to [kp.org/wa/pharmacy](https://kp.org/wa/pharmacy).



### Safe travels

You're covered for emergency care and medically necessary urgent care anywhere in the world.

# Traveling? You're covered on the go.

## Travel within the Kaiser Permanente Washington area

Pay your standard in-network copay, coinsurance, or deductible:

- Nearest Kaiser Permanente urgent care
- Other urgent care location in your plan's network

## Travel in another Kaiser Permanente area

Before receiving care at a Kaiser Permanente facility outside the Kaiser Permanente Washington area, call Member Services to get a visiting member ID number.

Pay your standard in-network copay, coinsurance, or deductible:

- Nearest Kaiser Permanente urgent care
- Other urgent care location in your plan's network

Pay upfront for services, then file for reimbursement:

- Nearest MinuteClinic® (in select CVS and Target stores), Concentra urgent care center, or The Little Clinic (in select Kroger stores)<sup>1</sup>

## Travel in non-Kaiser Permanente states

Pay your applicable copay, coinsurance, or deductible:

- Nearest MinuteClinic® (in select CVS and Target stores), Concentra urgent care center, or The Little Clinic (in select Kroger stores)<sup>1</sup>
- Nearest urgent care<sup>2</sup>

## International travel

- Nearest urgent care or hospital<sup>2</sup>
- Health advice from our Travel Advisory Service – details available at [kp.org/wa/travel-service](https://kp.org/wa/travel-service)

## Emergency care while traveling<sup>3</sup>

- **In the United States**, call **911** or go to the nearest hospital.
- **Outside the U.S.**, call the local emergency number of the country you're visiting, or go to the closest emergency room.
- **If admitted to a hospital**, call our Hospital Notification Line at **1-888-457-9516** as soon as reasonably possible.

(see network map on back)

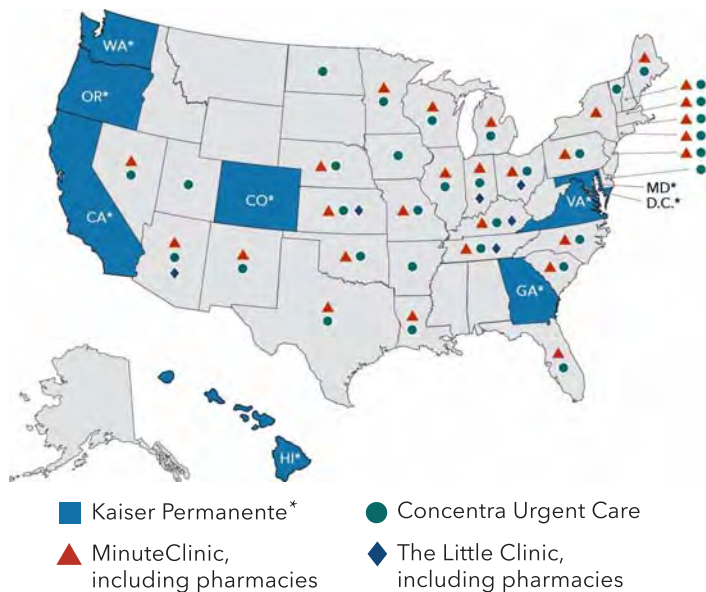
## Questions? We're here for you.

Before getting nonemergency care outside of the Kaiser Permanente Washington area, call Member Services at **1-888-901-4636** (TTY **711**). They'll help you find the closest care option or answer any questions. You can also visit [kp.org/wa/travel](https://kp.org/wa/travel) for more information.

# Find care near you






## Kaiser Permanente clinicians and other in-network providers

- Visit [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) and choose the Access PPO network.



## Nonurgent care options

When getting care from Kaiser Permanente, you can:

-  **Call** our 24/7 advice line
-  **Use our 24/7 chat** via secure online messaging
-  **Email** your Kaiser Permanente care team with nonurgent health questions
-  **Schedule a video visit** to meet with a clinician on your smartphone, tablet, or computer, or talk by video anytime, 24/7<sup>4</sup>
-  **Schedule a phone visit** to talk with your doctor, or call to talk with a clinician 24/7<sup>4</sup>

Learn more at [kp.org/wa/getcare](https://kp.org/wa/getcare).

## Pharmacy access

-  In-network access to all pharmacies listed at [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor)

1. For care at a MinuteClinic®, Concentra, or The Little Clinic urgent care center, you'll be charged your applicable copay, coinsurance, or deductible. Be sure to bring your Kaiser Permanente ID card and a method of payment. 2. Out-of-network urgent care services are subject to out-of-network copays, coinsurance, or deductibles. 3. If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. 4. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington.

# Summit PPO network



Summit PPO has 3 tiers of coverage for different groups of clinicians. You receive the best value when you choose high-quality care from Kaiser Permanente clinicians. When choice is most important, you have access to more than 1 million in-network health professionals anywhere in the United States.

## TIER 1: Preferred in-network

### Care from Kaiser Permanente clinicians

- More than **2,000** Kaiser Permanente doctors and other clinicians
- Over **30** Kaiser Permanente medical facilities and pharmacies in Washington
- Visit [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor)

### Care from other preferred in-network providers

- Preferred in-network providers and hospitals in King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties
- Visit [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) and choose the Summit PPO network

## TIER 3: Out-of-network

- Care from any licensed provider in the United States
- Covered at the out-of-network benefit level; balance billing may apply

## TIER 2: In-network

### Care from First Choice Health network

- Regional care in **Alaska, Idaho, Montana, Oregon, and Washington**
- Visit [fchn.com/ProviderSearch/KFHPWAO](https://fchn.com/ProviderSearch/KFHPWAO)

### Care from other in-network providers

- Visit [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) and choose the Summit PPO network

### Care from First Health network

- Care in **all other states**
- More than **5,000** hospitals
- More than **950,000** health professionals
- Visit [myfirsthealth.com](https://myfirsthealth.com)

### OptumRx pharmacy network

- Access to the OptumRx pharmacy network at [kp.org/wa/optumrx-wa](https://kp.org/wa/optumrx-wa)



### Prescription home delivery

Get certain prescription refills mailed to you with no delivery charge. For more information, go to [kp.org/wa/pharmacy](https://kp.org/wa/pharmacy).



### Safe travels

You're covered for emergency care and medically necessary urgent care anywhere in the world.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

Learn more at [kp.org](https://kp.org)



# Traveling? You're covered on the go.

## Travel within the Kaiser Permanente Washington area

Pay your standard in-network copay, coinsurance, or deductible:

- Nearest Kaiser Permanente urgent care
- Nearest Summit PPO preferred in-network urgent care, provider, or hospital
- Nearest First Choice Health network provider or hospital

## Travel in another Kaiser Permanente area

Before receiving care at a Kaiser Permanente facility outside the Kaiser Permanente Washington area, call Member Services to get a visiting member ID number.

Pay your standard in-network copay, coinsurance, or deductible:

- Nearest Kaiser Permanente urgent care
- Nearest First Choice Health or First Health Network provider

Pay upfront for services, then file for reimbursement:

- Nearest MinuteClinic® (in select CVS and Target stores), Concentra urgent care center, or The Little Clinic (in select Kroger stores)<sup>1</sup>

## Travel in non-Kaiser Permanente states

Pay your applicable copay, coinsurance, or deductible:

- Nearest First Choice Health or First Health Network provider
- Nearest MinuteClinic® (in select CVS and Target stores), Concentra urgent care center, or The Little Clinic (in select Kroger stores)<sup>1</sup>
- Nearest urgent care<sup>2</sup>

## International travel

- Nearest urgent care or hospital<sup>2</sup>
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- **If admitted to a hospital**, call our Hospital Notification Line at **1-888-457-9516** as soon as reasonably possible.

(See network map on back)

## Questions? We're here for you.

Before getting nonemergency care outside of the Kaiser Permanente Washington area, call Member Services at **1-888-901-4636** (TTY **711**). They'll help you find the closest care option or answer any questions. You can also visit [kp.org/wa/travel](https://kp.org/wa/travel) for more information.

# Find care near you

## TIER 1: Preferred in-network

King, Kitsap, Pierce, Snohomish, Spokane, and Thurston counties

- Kaiser Permanente clinicians
- Summit PPO preferred in-network providers or hospitals
- Visit [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) and choose the Summit PPO network

Note: Tier 2 copays, coinsurance, or deductibles may apply when you get care from a provider in these counties that is not a Kaiser Permanente or Summit PPO preferred in-network provider.

## TIER 2: In-network

All other Washington counties and nearby states: Alaska, Idaho, Montana, and Oregon

- First Choice Health network
- To find a provider: Go to [fchn.com/ProviderSearch/KFHPWAO](https://fchn.com/ProviderSearch/KFHPWAO)

### All other states

- First Health Network
- To find a provider: Go to [myfirstthehealth.com](https://myfirstthehealth.com). Click "Start now" and fill out type of provider and location information. Click "Search now" to view results.

### Other in-network providers

- Visit [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor) and choose the Summit PPO network

## TIER 3: Out-of-network

- Care from any licensed provider in the United States
- Out-of-network copays, coinsurance, or deductibles apply; services may be subject to balance billing

## Nonurgent care options

When getting care from Kaiser Permanente, you can:



**Call** our 24/7 advice line



**Use our 24/7 chat** via secure online messaging



**Email** your Kaiser Permanente care team with nonurgent health questions



**Schedule a video visit** to meet with a clinician on your smartphone, tablet, or computer, or talk by video anytime, 24/7<sup>4</sup>



**Schedule a phone visit** to talk with your doctor, or call to talk with a clinician 24/7<sup>4</sup>

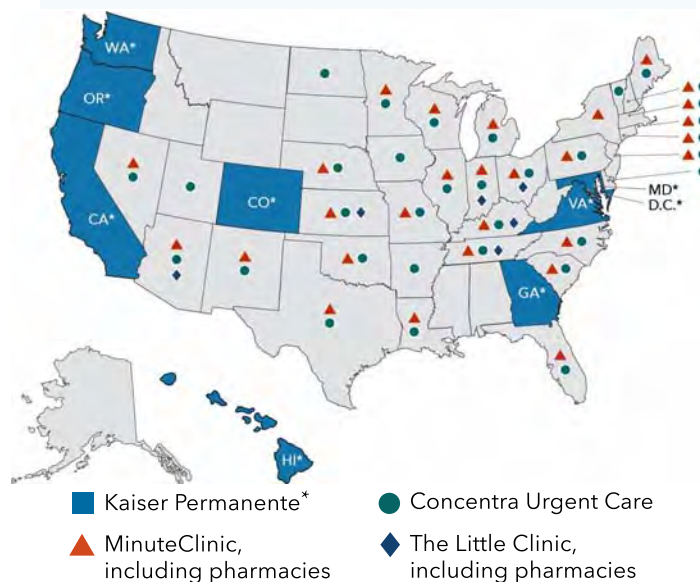
Learn more at [kp.org/wa/getcare](https://kp.org/wa/getcare).

## Pharmacy access



**Tier 1:** In-network access to all pharmacies listed at [kp.org/wa/find-a-doctor](https://kp.org/wa/find-a-doctor).

**Tier 2:** In-network access to the OptumRx pharmacy network. Visit [kp.org/wa/optumrx-wa](https://kp.org/wa/optumrx-wa) for Washington pharmacies or call Member Services for information about pharmacies in other states.



1. For care at a MinuteClinic®, Concentra, or The Little Clinic urgent care center, you'll be charged your applicable copay, coinsurance, or deductible. Be sure to bring your Kaiser Permanente ID card and a method of payment. 2. Urgent care services are subject to out-of-network copays, coinsurance, or deductibles. 3. If you believe you have an emergency medical condition, call 911 or go to the nearest hospital. For the complete definition of an emergency medical condition, please refer to your *Evidence of Coverage* or other coverage documents. 4. When appropriate and available. If you travel out of state, phone appointments and video visits may not be available in select states due to licensing laws. Laws differ by state.

All plans offered and underwritten by Kaiser Foundation Health Plan of Washington Options, Inc.

# WHAT IS AN FSA?



# BY REDUCING YOUR TAXABLE INCOME WITH AN FSA, **YOU SAVE** FICA, FEDERAL, STATE, AND LOCAL TAXES AND INCREASE YOUR TAKE-HOME PAY.

An FSA allows you to contribute money into an account with each paycheck to pay for qualified expenses on a pre-tax basis. You can then use these tax-free funds to pay for qualified out-of-pocket medical costs and other eligible expenses. With an FSA, you save FICA, federal, state, and local taxes by reducing your taxable income, an increasing your take-home pay.

## HOW IT WORKS

**Example:** An employee makes \$2,000 each month and decides to participate in their employer's Flexible Spending Account. As a result, their insurance premiums and health and daycare expenses are paid with tax-free dollars, giving them an additional \$100 each month!

### Without the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
FICA, Federal, State Taxes	- \$500
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
<b>Net Earnings</b>	<b>\$1,100</b>

### With the Plan

Monthly Expenses	
Employee's Gross Earnings	\$2,000
Insurance Premium	- \$100
Health and Daycare Expenses	- \$300
Adjusted Gross Earnings	\$1,600
FICA, Federal, State Taxes	- \$400
<b>Net Earnings</b>	<b>\$1,200</b>

## FSA's MADE EASY

You have 24/7 access to your FSA benefit plan and funds. With the self-service portals, modern mobile app, and debit smart card, manage your account anywhere, anytime. We make accessing TPA benefit plans convenient and intuitive with:



### Self-Service Employee Portal

Fully engage with benefit accounts and funds with our HIPAA-compliant portal. Enroll in benefits, submit claims, upload receipts, track expenses, view balances and activity, and much more.



### Mobile App

Conveniently access your FSA balances, submit claims, and more with our Mobile App! Rest easy knowing sensitive account information is never stored on the device and secure encryption is used to protect all transmissions.



### Debit Smart Card

Pay for qualified expenses with a debit card loaded with account balances. No more claim forms. No more paying out-of-pocket. No more hassle.

# USING YOUR FSA



## YOUR OPTIONS

**Healthcare FSAs** provide reimbursement for out-of-pocket medical, dental, and vision care expenses, such as deductibles, prescriptions, check-ups, and more.

**Dependent Care FSAs** help pay for eligible child and adult care services, such as preschool, before or after school programs, daycare, summer camps (not overnight camps), and more. Eligibility includes:

- a child under the age of 13, or
- a child, spouse, or other dependent who is physically or mentally incapable of self-care and resides with you for more than half the year and regularly spends at least 8 hours a day in your home.

**Limited FSAs** can be used for qualified dental, vision and preventive expenses when enrolled in an HSA plan.

**Premium Only Plans** allow you to pay for employer-provided health and other insurance premiums with tax-free dollars. If you are covered under your employer's health and/or other insurance plans, you are typically automatically enrolled. Notify your employer if you don't want your premiums paid tax-free.

## LEFTOVER FUNDS

Your plan may include the \$640 carryover or grace period option. The \$640 carryover allows you to rollover up to \$640 of unused medical/limited FSA funds at the end of the plan year. Alternatively, the grace period option allows for an extended period of time at the end of the plan year (usually 2.5 months) in which you can continue to incur expenses to use your remaining FSA balance. Refer to your Summary Plan Description (SPD) for detailed information regarding your plan.

## FAQs

### How do you benefit by participating?

The biggest advantage is the tax savings. Every dollar set aside in your FSA account reduces your income taxes and can be used on qualified expenses.

### Why should you participate in the FSA when you already have health insurance?

This account is used to pay for qualified expenses not covered by insurance.

### Can you change your contributions during the year?

Only if you have a change in status such as: marriage, divorce, birth, adoption, or a change in employment status for you, your spouse, or your dependent.

### What if you currently take the dependent care credit on your annual tax return?

Whether or not to participate in the daycare portion of this plan depends on your income, filing status, number of dependents, and annual daycare expenses. The amount deposited into your Dependent Care Account reduces the amount, dollar for dollar, that can be claimed as a credit on your tax return. Contact a tax advisor for further information.

### How do you get reimbursed for qualified expenses?

Use your Benefit Card, if applicable or submit claims online in the Employee Portal or Mobile App. Manual claims may be submitted with a claim form via fax, secure email, or mail.

### Do you have to wait for the money to be deposited in your account in order to make a claim for reimbursement?

The annual amount allocated for the Medical/Limited Flexible Spending Account is available to you at any time throughout the plan year. The amount available to you from your Dependent Care Account is the amount you have contributed to date.

### How to check your account balance?

Check your account balance using the Employee Portal, Mobile App or Interactive Voice Response System (IVR). For manual claims, you will receive a statement attached to your check or advice of deposit indicating your election amount and claims paid-to-date.

### What happens to your account if you terminate your employment?

Most FSA plans include a run-out period for terminated employees. During this time, you can submit claims for reimbursement on qualified expenses incurred on or before the date of termination. Check your Summary Plan Description for any additional rights or benefits provided by your company's plan.

### What if you don't use all of the money set aside in your accounts?

You should carefully review your expenses prior to selecting your annual election amount and refer to your SPD for plan details. Unused funds at the end of the plan year will not be paid to you in cash.

### What if you are not covered under your company's health insurance plan?

Good news! You can still participate in the Medical/Limited or Dependent Care Flexible Spending Accounts as long as you are eligible for their group medical plan.

### Are there any negatives to know about?

Yes, because you are not paying social security tax on the portion of your income that has been redirected, your social security benefits may be slightly reduced.

# ELIGIBLE EXPENSE LIST



## MEDICAL EXPENSES

Per IRS regulations, the following, while not intended to be complete, illustrates examples of section 213 eligible medical or medical-related expenses. Expenses must be incurred during the Plan Year from which you are requesting reimbursement. Expenses are considered incurred when service is rendered, not when service is billed or payment is made. Expenses cannot be reimbursed in advance of the date service is rendered.

- Acupuncture
- Ambulance fees
- Braille – books and magazines
- Breast pump
- Childbirth classes mother-to-be expenses only; partner's expenses not eligible
- Chiropractic care
- Coinsurance
- Contact lens(es), solutions, and cleaners
- CPAP Devices and Apparatus Cleaner
- Crutches
- Deductibles
- Dental fees
- Dentures
- Denture adhesives
- Diagnostic testing fees
- Prescription eyeglasses
- Gloves \*eligible if purchased to prevent the spread of COVID
- Guide dog
- Hearing aids and batteries
- Hospital bills
- Insulin and diabetic supplies
- Laboratory fees
- Laetrile by prescription
- Masks \*eligible if purchased to prevent spread of COVID
- Nurse fees
- Obstetrical expenses
- Operations
- Orthodontia
- Osteopath fees
- Oxygen
- Personal Protective Equipment (PPE) \*eligible if purchased to prevent the spread of COVID
- Physician fees
- Practical nurse fees
- Prescribed drugs - see cosmetic exceptions below
- Psychiatric care
- Psychologist fees or individual therapy
- Radial keratotomy/Laser eye surgery
- Routine physicals
- Special communication equipment for the deaf
- Smoking cessation prescriptions
- Surgical fees
- Therapeutic care for drug and alcohol addiction
- Prescribed therapy treatments
- Transplants
- Transportation expenses/mileage to receive medical care or services
- Wheelchairs
- X-rays

## EXPENSES THAT MAY NOT BE CLAIMED AS PART OF THE PLAN

- Cosmetic surgery or treatment not done for the primary purpose of proper functioning of the body or to prevent or treat illness or disease; including but not limited to face lifts, whitening or capping of teeth, hair transplants, or treatments including Retin-A and vein surgery.\*
- Diaper service for infants
- Ear piercing by a physician
- Employment-related expenses (physicals, transportation)
- Fitness programs or physical therapy for general health benefits
- Illegal treatments
- Insurance premiums, including contact lens insurance programs
- Hygiene items
- Expenses reimbursed by an HSA or HRA.

\*To be eligible, treatments must be proven medically necessary.



## OVER-THE-COUNTER

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Over-the-Counter Items that **DO NOT REQUIRE** a Doctor's Prescription.

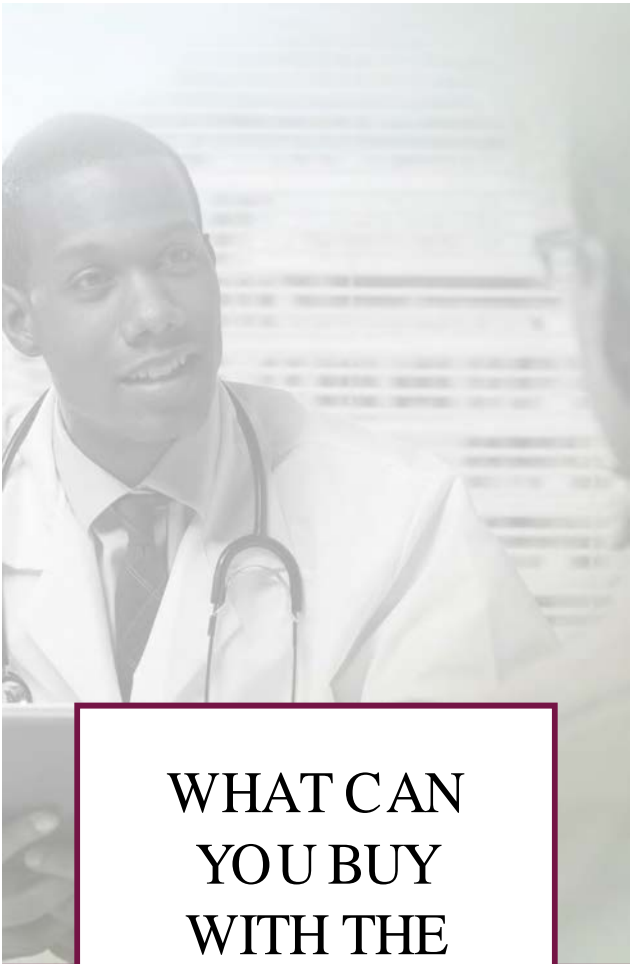
- Acid controllers
- Allergy & Sinus
- Antibiotic products
- Anti-itch & insect bite
- Anti-parasitic treatments
- Asthma flow meters
- Callous, corn, & wart removers
- Cholesterol tests
- Cold sore remedies
- Contact Lens Solution
- Cough, Cold, & Flu
- Crutches
- Diabetes care: blood test strips, glucose kits, monitors, and tests
- Gauze & Gauze pads
- Heating pads
- Hemorrhoidal preps
- Incontinence Supplies for Adults
- Medical bracelets/necklaces
- Medical tape
- Menstrual Products
- Nasal Strips
- Nebulizers
- Ointments
- Orthopedic shoe inserts
- Pain Relief
- Personal Protective Equipment (PPE)
- Reading Glasses
- Respiratory treatments
- Rubbing Alcohol
- Sleep aids
- Stomach remedies
- Sunburn Creams
- Sunscreen (SPF 15+)
- Supports & braces
- Thermometers

## DUAL USE (REQUIRES DOCTOR LETTER)

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- Accommodations made for disabling medical conditions
- Activity trackers\*
- Baby Rash Ointments
- Feminine anti-Fungal/anti-itch
- Foot spa
- Gloves and masks
- Herbs
- Humidifier
- Massagers
- Minerals, Vitamins, & multivitamins
- Orthopedic shoes only the cost above a regular shoe qualifies
- Special supplements
- Weight Loss Programs

\*Activity trackers (aka fitbits, step counter) are a wearable device with the primary purpose of tracking activity. The device's purpose is to record a person's daily physical activity, together with other data relating to their health, the number of calories burned, heart rate, number of steps someone walks, sleep quality etc.



## WHAT CAN YOU BUY WITH THE CARRYOVER IN AN FSA?

Save on federal, state,  
and local taxes when you  
contribute to a Flexible  
Spending Account!

In fact, FSA participants save  
an average of 30 percent  
each year on eligible out-of-  
pocket expenses.

Experience **\$153.31** in tax  
savings by purchasing  
these items with your  
tax-free FSA funds!

Doctor Visit Copay	\$30
Chiropractic Care (6 Visits)	\$180
Pair of Eyeglass/Contact Lenses	\$211
<b>Maintaining Health Cost</b>	<b>\$421</b>

Prescription Copay	\$20
Motrin/Tylenol	\$13.05
Tylenol Cold & Flu	\$7.93
Tums	\$5.10
<b>OTC &amp; Prescription Drug Cost</b>	<b>\$46.08</b>

First Aid Kit	\$15
Boxes of Band-Aids	\$8.67
Coppertone Sunscreen (15+ SPF)	\$11.99
Hot/Cold Reusable Pack	\$8.29
<b>First Aid &amp; Sunscreen Cost</b>	<b>\$43.95</b>

**TOTAL COST: \$511.03**

**\*\*FSA TAX-SAVINGS: \$153.31**

\*\*Example is based on a 30% tax bracket. Actual tax savings is dependent upon your state and/or annual income and tax bracket.

## Your Employee Benefits Website

At Maddock & Associates we do everything possible to provide added value to all of our clients. Our ability to offer our clients the best service possible has made us one of the top medical insurance brokers in Washington State. Our latest value added service is personalized employee benefits Web sites at [www.yourmedicalbenefits.com](http://www.yourmedicalbenefits.com). Each of our clients receives a custom employee benefits website to keep their employees informed of their benefits. Highlights of the website include:

- Employees have one place to find information about all of their insurance plans, from any computer, 24 hours a day.
- Employees have instant access to on-line provider directories, enrollment change forms, and claim forms.
- Benefit administrators spend less time dealing with insurance issues.



Maddock & Associates Employee Benefits Website for:

### Print NW

Welcome to the Print NW personalized Employee Benefits Website. Maddock & Associates is proud to be selected as Print NW's employee benefits broker and your employee benefits advocate. As your advocate, we are your resource to resolve complicated claims issues, answer benefit questions and help you get the most out of your benefits. We can also help you with individual Medical, Dental and Life Insurance, in addition to your Employee Benefits through Print NW. If you are unable to find the answers to your benefits questions, or require any further assistance, please do not hesitate to [contact us](mailto:contact@yourmedicalbenefits.com) at 1-800-875-4490.

To view all of your employee benefits and information about your plans, please click the links on the navigation bar on the right side of this page.

If you would like to view a printable version of your entire benefit packet, including enrollment forms, please [click here](#).

Maddock & Associates is YOUR employee benefits advocate.

#### Benefits Navigation

- ▶ [Welcome Page](#)
- ▶ [Medical Plans](#)
- ▶ [Voluntary Dental Plans](#)
- ▶ [Voluntary Vision Plan](#)
- ▶ [Life Insurance Plans](#)
- ▶ [Disability Insurance](#)
- ▶ [Employee Assistance Program \(EAP\)](#)
- ▶ [Erisa Rights](#)

[Sign Out](#)

[www.yourmedicalbenefits.com](http://www.yourmedicalbenefits.com)

User Name = **pnw**  
Password = **pnw\$20**

## SECTION 125 PREMIUM PLAN

Here's how it works:

This employee enrolled himself, spouse and children on the medical plan and dental plan for a monthly premium of \$833.34. As you can see, he avoided paying taxes on the premiums he paid...and his spendable income increased.

**ANNUAL SALARY: \$30,000 MARITAL STATUS: Married**

	Before Section 125 Plan	After Section 125 Plan
Annual Salary	\$30,000.00	\$30,000.00
Salary Reductions		
Health Insurance Premiums	0.00	\$10,000.00
Taxable Income	\$30,000.00	\$20,000.00
Payroll Taxes		
7.65% FICA (fixed)	\$2,295.00	\$1,530.00
15% Federal Tax (variable)**	\$4,500.00	\$3,000.00
Total Taxes	\$6,795.00	\$4,530.00
After-Tax Pay	\$23,205.00	\$15,470.00
After-Tax Expenses		
Health Insurance Premiums	\$10,000.00	0.00
Actual Spendable Income	\$13,205.00	\$15,470.00

**Annual Increase in Take-Home Pay: \$2,265.00**

\*\* Federal Income Tax savings will vary based on your income and personal tax situation. In most cases, individual income taxes are higher than 15% and savings are more.

Participation in the Section 125 Premium Only Plan is optional. Since it decreases the amount of Social Security taxes you pay, those nearing retirement may wish to evaluate the impact of their participation with a representative of the Social Security Administration. If you wish to opt-out of the Section 125 plan, please notify HR.

# EMPLOYEE BENEFITS COMPLIANCE & NOTIFICATION SHEET

Below is a list of rights and notices that apply to you through your Employee Benefit plan. Please visit your Paylocity online portal to download details about this important information. The user name and password are on the first page of this packet. Paper copies are available upon request from your HR department.

1. ERISA Summary Plan Description
2. Cobra Notice
3. Section 125 Premium Reduction Plan Explanation of Benefits
4. Medicare Credible Coverage Notice
5. HIPAA Special Enrollment Rights & Preexisting Condition Exclusion Notice
6. Genetic Information Nondiscrimination Act
7. Mental Health Parity & Addiction Equity Act
8. The Newborns' & Mothers' Health Protection Act
9. Women's Health and Cancer Rights Act Notice
10. Family & Medical Leave Act Notice
11. Uniform Services Employment and Reemployment Rights Act Notice
12. Medicaid & Children's Health Insurance Notice (CHIP)
13. New Health Insurance Marketplace Coverage Options

## EMPLOYEE INFORMATION

Employee Name:		Employee Address:	
Company:			
Last Four Digits of Social Security #:		Has your address changed?	Yes: <input type="checkbox"/> No: <input type="checkbox"/>

## DEPENDENT CARE EXPENSES

	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Recurring Frequency ex: wkly/mnthly	Service Provider Tax ID# or SS#	Service Provider Name and Address	Dependent's Name	Age	Amount
1.								
2.								
3.								
<b>Total Dependent Care Expenses Requested</b>								

I provided the dependent care as stated above. If a recurring claim is selected, I attest to providing care for the dates of service provided above.

Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HEALTH CARE EXPENSES

Please select a service with each claim.

	Patient	Service Start Date mm/dd/yyyy	Service End Date mm/dd/yyyy	Recurring Frequency ex: wkly/mnthly	Medical	Rx	Dental	Vision	OTC	Mileage \$0.22 per mile**	Amount
1.											
2.											
3.											
4.											
5.											
<b>Total Health Care Expenses Requested</b>											

## ORTHODONTIA ONLY \*Contract and Proof of Payment Necessary

Banding Date (when appliance were applied):		Recurring Frequency	
For full initial payment, list full cost (\$):		*Full Amount eligible for reimbursement*	
For installment plan, list installment amount (\$):		*Monthly installment amount eligible upon each due date*	

\*Please arrange documentation in order listed above.

The undersigned participant in the Plan certifies that all expenses for which reimbursement or payment is claimed were incurred during the current period under the company's Cafeteria Plan. The undersigned participant in the Plan understands that expenses are "incurred" when a service is performed or care is provided, not when the bill is paid. The undersigned certifies that all expenses for which reimbursement or payment is claimed on this form were incurred on the dates of service stated above. The undersigned fully understands that he or she is alone fully responsible for the sufficiency, accuracy, and veracity of all the information relating to this claim and unless an expense for which payment or reimbursement is claimed is a proper expense under the Plan, the undersigned may be liable for payment of all related taxes including Federal, State, or City income tax on amounts paid from the Plan which relate to such expense.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# GUIDELINES FOR CLAIMS SUBMISSION

## THE INTERNAL REVENUE CODE PROVIDES THE FOLLOWING GUIDANCE

### MEDICAL REIMBURSEMENT

The best receipt is an Explanation of Benefits from your insurance company.

If other receipts are submitted, they must show the following:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date Service was provided, not billing or due date.
4. Amount of Charge
5. Any insurance payment, if applicable.

Canceled checks and credit card slips are not allowable receipts. Any amount claimed which is a "Previous Balance" or "Balance Forward," etc. cannot be paid unless the information stated in items 1-5 above is shown on the receipt.

Receipts must show all expenses incurred. Any over-payment, pre-payment, etc., for which no services are listed, cannot be reimbursed.

NOTE: In order to process your claim, all 5 pieces of information must be on each receipt. This includes receipts for orthodontic services.

### OVER-THE-COUNTER (OTC) ITEMS

Receipts must show the following information:

1. When and Who Sold the product (date, name, and address).
2. Type of OTC purchased. Must show product or brand name.
3. Amount of charge.

NOTE: Every claim requiring a prescription or letter of medical necessity to be eligible must be attached for each submitted claim. Prescriptions or letters of medical necessity are not kept on file.

### MILEAGE REIMBURSEMENT

Mileage incurred to and from your home or office to receive medical care is reimbursable through the FSA at the rate of \$ 0.16 per mile. If rate has changed, amount will be adjusted at processing. Mile claim must include substantiation. (i.e. provider invoice, receipt, ect.)

### DEPENDENT CARE REIMBURSEMENT

All receipts must show the following information:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date of original service, not a billing date.
4. Amount of charge.
5. Federal ID number (facility) or social security number (individual)



If your daycare facility does not provide a copy of a valid receipt, then you may have the provider sign off on this claim form attesting to the validity of these charges. Canceled checks and credit card slips are not allowable receipts.

## RECURRING EXPENSE

Recurring expenses can be requested upfront and auto paid as services are rendered.

Examples of expenses considered as recurring:

1. Daycare
2. Prescriptions
3. Therapy
4. Orthodontics

The best documentation for recurring expenses is a service agreement or payment plan. The documentation provided must show:

1. Who rendered the service (name and address).
2. What type of service was rendered.
3. Date service was provided, not billing or due date.
4. Amount of Charge
5. Any insurance payment, if applicable
6. Frequency and duration of recurring expense

Note: The participant is responsible for maintaining receipts for recurring expenses even though the receipts are not being submitted. The participant is also responsible to notify Paylocity if recurring expense is not incurred according to original documentation submitted.

## TO SUBMIT A CLAIM:

Please review claim guidelines on the back of this sheet before submitting.

Submit your claim electronically through the Employee Portal

Submit your medical or dependent care claim on our mobile app, (available on App Store or Google Play), or

Send your claim form along with all supporting documentation directly to Paylocity via a secure email:

batinfo@paylocity.com, fax: 314.909.6983 or mail: 615 Crescent Executive Ct, Ste. 524, Lake Mary, FL 32746

Please do not submit a claim for reimbursement if you used your Debit Smart Card.

Paylocity issues checks on the following Thursday for all claims received by Friday at 3:00 p.m. CST.

\*\*Mileage to and from provider to your home. If rate has changed, amount will be adjusted at processing.

# Consent Form for Electronic Distribution of Materials

Under the Employee Retirement Income Security Act of 1974 (ERISA) and related regulations, employee consent must be given in order to receive electronic copies of employee benefits materials in certain situations.

The purpose of this notice is to inform you that Print NW is offering you the opportunity to receive electronically all notices about your employee benefits. Such notices will include (but not be limited to) newsletters, enrollment announcements, Summary Plan Descriptions (SPDs), Summaries of Material Modifications (SMMs), Summary Annual Reports (SARs), COBRA notices, Summaries of Benefits and Coverage, Health Insurance Marketplace Notices and HIPAA certificates of creditable coverage.

All notices are accessible at [www.yourmedicalbenefits.com](http://www.yourmedicalbenefits.com) User Name: pnw Password: pnw\$20

Each benefit plan in which you enroll has a Summary Plan Description (SPD) that describes the key provisions of the plan. Plan amendments describe any material changes made to the benefit plan since its **SPD was originally drafted. A plan's SPD and plan amendments** are very important documents. In order for us to provide you with this opportunity, you must consent to receive all Employee Benefit notices electronically by signing the form below. Prior to consenting, you should understand that:

- When a new benefit notice, announcement, newsletter, SPD or other document is posted to the Internet, you will receive a notification at the email address you provide to inform you of the availability of the document.
- You have the right to withdraw your consent to electronic distribution at any time at no charge to you. To withdraw consent, you must notify Lena Smith – [lenas@printnw.net](mailto:lenas@printnw.net) in writing or by email.
- If you consent to electronic distribution, you may still request a paper version of any document free of charge.
- All benefit notices, including SPDs and plan amendments, will be available on the Internet as Acrobat PDF. If you do not have access to the Internet, or if you do not have the programs necessary to view this type of file, you should not consent.
- To withdraw your consent or update your email address, please contact Lena Smith – [lenas@printnw.net](mailto:lenas@printnw.net).

I consent to the electronic disclosure of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments.

I acknowledge that I have read the contents of this notice and understand that I am entitled to withdraw my consent at any time at no cost to myself. I understand that I have the right to receive paper copies of all Employee Benefit notices, including Summary Plan Descriptions and plan amendments, upon request at no additional charge. I also confirm that I have the ability and the necessary equipment and software to access the Employee Benefits websites, view the documents and print copies.

Employee Name

Job Title

Date

Employee Signature

Employee Email Address