



Policyholder: AMERICAN CONSERVATION EXPERIENCE

## Dental PPO Benefit Summary

Effective Date: 12/01/2019

**Predetermination of Benefits:** Before treatment begins for inlays, onlays, single crowns, prosthetics, periodontics and oral surgery, you may file a dental treatment plan with Principal Life Insurance Company. Principal Life will provide a written response indicating benefits that may be payable for the proposed treatment.

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

Eligibility	
Benefit Choice	Eligible members may select ONE OF THE TWO BENEFIT OPTIONS outlined below

### Option 1

Benefits Payable				
Job Class	MEMBERS ELECTING HIGH PLAN			
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	100%	80%
Unit 3 – Major	\$50	\$50	60%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,500 per person. Non-network Calendar year maximums are \$1,000 per person.			
Scheduled/MAC Design	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			
Additional Benefits				
	Lifetime Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 4 - Orthodontia • Child  Lifetime Maximum: In-Network: \$1,000 Non-Network: \$1,000	\$0	\$0	50%	50%

### How Are Dental Procedures Covered Under Option 1?

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

<b>Unit 1 – Preventive Procedures</b>	<ul style="list-style-type: none"> <li>• Routine exams - two per calendar year</li> <li>• Routine cleaning (prophylaxis) - four per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 14)</li> <li>• Space maintainers - covered only for dependent children under age 14; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<b>Unit 2 – Basic Procedures</b>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 14</li> <li>• Fillings and stainless steel crowns</li> <li>• Composite fillings on molars</li> <li>• Simple Oral Surgery</li> <li>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> </ul>
<b>Unit 3 – Major Procedures</b>	<ul style="list-style-type: none"> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Complex Oral Surgical Procedures</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> <li>• Crowns – each 60 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup - each 60 months per tooth</li> <li>• Bridges - Initial placement / Replacement of bridges 60 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>
<b>Unit 4 - Orthodontic Procedures</b>	<ul style="list-style-type: none"> <li>• For dependent children when bands are placed before age 19, x-rays and other diagnostic procedures, fixed and removable appliances</li> </ul>

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

## Option 2

Benefits Payable				
Job Class	MEMBERS ELECTING LOW PLAN			
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$50	\$50	80%	80%
Unit 3 – Major	\$50	\$50	50%	50%
Family Deductible Maximum	3 times the per person deductible amount			
Combined Deductible	In-network deductibles for basic and major procedures are combined. Non-network deductibles for basic and major procedures are combined.			
Combined Maximums	Maximums for preventive, basic, and major procedures are combined. In-network Calendar year maximums are \$1,500 per person. Non-network Calendar year maximums are \$1,000 per person.			
Scheduled/MAC Design	Claim payments for both in-network and non-network services are based on the provider fee schedule amounts.			
Maximum Accumulation	This allows for a portion of unused maximum benefit to carry over to next year's maximum benefit amount. To qualify, you must have had a dental service performed within the Calendar year and used less than the maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold is carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. You can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year.			

### How Are Dental Procedures Covered Under Option 2?

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

<b>Unit 1 – Preventive Procedures</b>	<ul style="list-style-type: none"> <li>• Routine exams - two per calendar year</li> <li>• Routine cleaning (prophylaxis) - four per calendar year (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Second Opinion Consultation</li> <li>• Fluoride – one treatment each calendar year (covered only for dependent children under age 14)</li> <li>• Space maintainers - covered only for dependent children under age 14; repairs not covered</li> <li>• Sealants – on first and second permanent molars for dependent children under age 14; one each tooth each 36 months</li> <li>• X-rays - Bitewing (one set every calendar year), occlusal, periapical</li> <li>• X-rays – Full mouth survey (one every 60 months), extraoral</li> </ul>
<b>Unit 2 – Basic Procedures</b>	<ul style="list-style-type: none"> <li>• Periodontal prophylaxis - if three months have elapsed after active surgical periodontal treatment; subject to Routine cleaning frequency limit (Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.)</li> <li>• Emergency exams – subject to Routine exam frequency limit</li> <li>• Harmful Habit Appliance - covered only for dependent children under age 14</li> <li>• Fillings and stainless steel crowns</li> <li>• Composite fillings on molars</li> <li>• Simple Oral Surgery</li> <li>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> </ul>
<b>Unit 3 – Major Procedures</b>	<ul style="list-style-type: none"> <li>• General Anesthesia (covered only for specific procedures)/IV Sedation</li> <li>• Complex Oral Surgical Procedures</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> <li>• Crowns – each 60 months per tooth if tooth cannot be restored by a filling.</li> <li>• Inlays, Onlays, Cast Post and Core, Core Buildup- each 60 per tooth</li> <li>• Bridges - Initial placement / Replacement of bridges 60 months old.</li> <li>• Dentures - Initial placement of complete or partial dentures / Replacement of complete or partial dentures over 60 months old</li> </ul>

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

## Understanding Your Dental Benefits

### Am I Eligible For Coverage?

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

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

An annual enrollment applies. Members can enroll for dental coverage during the annual enrollment period and not be subject to the late entrant waiting period. Certain restrictions apply.

### How Do I Find A Participating Provider?

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

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

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

### What Are The Restrictions Of My Coverage?

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

Limitations & Exclusions	
<b>Late Entrant Provision</b>	Those members enrolling more than 31 days after becoming eligible will be subject to an individual benefit waiting period, subject to policy guidelines.
<b>Missing Tooth</b>	Benefits for the initial placement of bridges, partials and dentures are not covered if those teeth were missing prior to becoming insured under the Principal Life policy. When the policy replaces coverage under a prior plan, continuous coverage under the prior plan may be applied to the missing tooth provision requirement.
<b>Orthodontia</b>	<p>If there is orthodontia (ortho) treatment in progress on the coverage effective date and you are covered under any prior group coverage for ortho, there will be immediate coverage for treatment if proof is submitted that shows:</p> <ol style="list-style-type: none"> <li>1) The lifetime maximum under any prior group coverage has not been exceeded,</li> <li>2) Ortho treatment was started and bands or appliances were inserted while insured under any prior group coverage, and</li> <li>3) Ortho treatment has been continued while insured under this policy.</li> </ol> <p>Principal Life will credit payments made by the prior carrier toward the Principal Life lifetime ortho payment limit.</p> <p>You will not be covered if ortho treatment is in progress prior to the effective date with Principal Life and you are not covered under any prior group coverage for ortho.</p>
<b>Other Limitations</b>	There are additional limitations to your coverage. A complete list is included in your booklet.



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

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

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# Voluntary Vision Benefit Summary

**Effective Date: 12/01/2019**

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

Eligibility		
Job Class	ACTIVE MEMBERS	
Your Coverage with a VSP Preferred Provider		
Doctor Network	VSP Choice Network	
Covered Charges	Benefit	Frequency
Exams	\$10 copay	One exam every 12 months
Prescription Glasses	\$25 copay	Two lenses (one pair) every 12 months
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18  Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted 20-25% by VSP providers.***	
Frames*	\$150 allowance for a wide selection of frames; 20% off amount over allowance***	
Elective Contacts	Up to \$60 copay for your elective contact lens exam (fitting and evaluation)	Once every 12 months
	\$150 allowance for elective contacts	Contacts are instead of frames and lenses
Necessary Contacts**	\$25 copay	Once every 12 months
	Covered in full for members who have specific conditions	Contacts are instead of frames and lenses

Additional Savings ***	
Glasses and Sunglasses	Members save an average of 20-25% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last covered vision exam
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities

## VOLUNTARY VISION

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

\*VSP has agreements established with some Participating Retail Chain Providers that may also provide benefits for this covered service. Up to a \$80 allowance is given for a wide selection of frames. Please talk to your provider or contact VSP customer care for further details.

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

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

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



## Understanding Your Vision Benefits

### Am I Eligible For Coverage?

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

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

### How Do I Find a VSP Provider?

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

### How Do I Submit A Claim?

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

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

## What Are The Restrictions Of My Coverage?

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

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



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Policyholder: AMERICAN CONSERVATION EXPERIENCE

## Voluntary Short Term Disability (STD) Benefit Summary

Effective Date: 12/01/2019

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

Eligibility	
Job Class	ALL MEMBERS
Eligible Members	All active, full time employees (except seasonal, temporary, or contract workers) who work at least 30 hours per week
Benefits Payable	
Primary Weekly Benefit	60% of your predisability earnings up to \$2,500
Benefit Amount	Primary Weekly Benefit less other income sources
Definition of Earnings	Base wage with commissions
Benefit Qualification	
Elimination Period	Benefits begin on the 15th day for accident and 15th day for sickness
Benefit Payment Period	Up to 11 weeks after the elimination period is satisfied
Maternity	Treated the same as any other disability
Additional Benefits	
Rehabilitation Incentive Benefit	5% increase in the primary weekly benefit
Limitations & Exclusions	
Pre-Existing Conditions	3 months prior/12 months insured
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.

## Understanding Your Short-Term Disability Benefits

### Am I Eligible For Coverage?

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

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

### How Do I Qualify For Benefits?

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

**During the elimination period and the benefit payment period, one of these situations must apply:**

- You cannot perform the majority of the substantial and material duties of your own job.
- You are performing the duties of your own job on a modified basis and lose at least 20% of the income you earned before becoming disabled.
- You are performing the duties of any other job and lose at least 20% of the income you earned before becoming disabled.

- 2) **Satisfy the Elimination Period.** The amount of time you must be disabled before receiving benefits is called the elimination period. Benefits begin on the 15th day when due to injury and begin on the 15th day when due to sickness. The elimination period can be satisfied with days of total or partial disability.

### How Much Weekly Benefit Will I Receive?

Your benefits will be determined by using your base wage with commission.

The benefit payment period is the length of time you will receive benefits for a qualifying disability after the elimination period is satisfied. When you are unable to work in any capacity during the benefit payment period, your primary weekly benefit is equal to 60% of your predisability earnings, up to \$2,500. Your primary weekly benefit less income from other sources is the benefit amount you will receive. Your benefit amount will never be less than the \$15 minimum benefit.

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

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

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

You must work to your full medical and vocational capacity. If you choose not to, your benefits will be paid as if you are working to your full capacity.

**Income you receive from other sources** can be deducted from your primary weekly benefit. For a complete list of other sources, please refer to your booklet. Other sources may include: All retirement or disability benefits that you and your dependents receive or could have received from Social Security or other government agencies/ Salary continuance, personal time off or sick pay / Workers' Compensation benefits / Income from state disability plans / Disability or retirement benefits paid by pension plans sponsored by the policyholder / Severance pay / All payments for the month that the member receives under state unemployment laws.

### How Long Will I Receive My Benefits?

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

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

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

### What Additional Benefits Are Included?

<b>Rehabilitation Plan</b>	While disabled, you may qualify to participate in a rehabilitation plan. Our rehabilitation staff works with you, your physician(s) and your employer to create an individual rehabilitation plan to assist you in returning to work. If you are not disabled, but have a condition that could prevent you from performing the substantial and material duties of your own job, preventive rehabilitation services may be offered.
<b>Rehabilitation Incentive Benefit</b>	The Rehabilitation Incentive Benefit can increase the primary weekly benefit by 5% if you become totally disabled and participate in and satisfy the requirements of an individual rehabilitation plan.
<b>Mandatory Rehabilitation</b>	Your Mandatory Rehabilitation provision indicates that, if appropriate, you may be required to participate in an individual rehabilitation plan.

## What Are The Restrictions Of My Coverage?

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

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

## Critical Illness Benefit Summary

Effective Date: 12/01/2019

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

Eligibility			
Job Class	ALL MEMBERS		
Eligible Employees	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
		% of Scheduled Benefit for First Occurrence	% of Scheduled Benefit for Additional Occurrences
Covered Illnesses	Cancer One	100%	100%
	Cancer Two	25%	25%
	Heart Attack	100%	100%
	Major Organ Failure	100%	100%
	Stroke	100%	100%
Multiple Payouts	<ul style="list-style-type: none"><li>Benefits for a first occurrence of a different critical illness will be payable if incurred more than 12 months after the preceding critical illness.</li><li>Benefits for additional occurrences of the same critical illness will be payable if incurred more than 12 months after the preceding critical illness and 12 months treatment free.</li></ul>		
Scheduled Benefits			
	Employee Benefits	Spouse Benefits	Child Benefits
Scheduled Benefit	You may choose to purchase a benefit in increments of \$5,000	You may choose to purchase a benefit in \$2,500 increments. NOTE: Spouse coverage terminates at age 70.	\$2,500
Minimum Scheduled Benefit	\$5,000	\$2,500	Not Applicable
Maximum Scheduled Benefit	\$100,000	\$50,000 Cannot exceed 50% of your scheduled benefit	Not Applicable
Guarantee Issue	\$15,000	\$7,500	Not Applicable
	For benefit amounts above the guarantee issue, proof of good health is required.		
Maximum Lifetime Benefit	Two times the scheduled benefit amount.		
Additional Employee Benefits			

## CRITICAL ILLNESS

Wellness	If you or your spouse have a covered wellness test performed, you may be eligible for a \$50 benefit. This benefit is payable only once per calendar year and does not count toward the critical illness maximum lifetime benefit amount.
Portability	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.
<b>Limitations &amp; Exclusions</b>	
Preexisting Conditions	6 months prior / 12 months insured.
Incurred Date	No benefits will be paid for a critical illness that is not diagnosed while you or your dependents are alive.
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



## Understanding Your Critical Illness Benefits

### Am I Eligible For Coverage?

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

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

### Are My Dependents Eligible For Coverage?

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

Eligible dependents include your spouse (if not also enrolled as an employee) and children, if not hospital, skilled nursing facility or home confined and provided they do not elect benefits as an employee (the term "spouse" in this material includes domestic partner).

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

Additional eligibility requirements may apply.

### How Do I Qualify For Benefits?

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

#### ❖ Cancer One

A malignant tumor characterized by uncontrolled growth of malignant cells and invasion of normal tissue. Cancer One also covers the following blood cancers: Lymphoma, leukemia and multiple myeloma.

#### ❖ Cancer Two

Means the following:

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

#### ❖ Heart Attack

## CRITICAL ILLNESS

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

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

### ❖ Major Organ Failure

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

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

### ❖ Stroke

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

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

## What Additional Benefits are Included?

Wellness Benefits	<p>If you or your dependent spouse have one of the following wellness tests or procedures performed, you may be eligible for a \$50 benefit. No benefits are payable for dependent child(ren).</p> <p>One benefit will be payable once per calendar year for either you or your dependent spouse.</p> <p>You or your dependent spouse must submit proof of the test or procedure performed. The group policy will pay a benefit regardless of the results or the cost of the test or procedure.</p> <p>The wellness benefit does not count toward the critical illness maximum lifetime benefit.</p> <p>Wellness tests or procedures covered are limited to:</p> <ul style="list-style-type: none"><li>• Bone marrow cancer screening (serum protein electrophoresis); or</li><li>• Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, ultrasound); or</li><li>• Chest x-ray; or</li><li>• Colorectal cancer screening (CEA, colonoscopy, fecal occult blood test, sigmoidoscopy); or</li><li>• Completion of a smoking cessation program; or</li><li>• Completion of a weight reduction program; or</li><li>• Diabetes testing (fasting blood glucose test, hemoglobin A1c); or</li><li>• Electrocardiogram (ECG) – resting or stress; or</li><li>• Standard blood chemistry profile or lipid panel (cholesterol, triglycerides,</li></ul>
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## CRITICAL ILLNESS

	HDL, LDL); or <ul style="list-style-type: none"> <li>• Ovarian cancer screening; or</li> <li>• Pap Smear; or</li> <li>• Prostate cancer screening (digital rectal exam, PSA blood test); or</li> <li>• Skin cancer screening.</li> </ul>
Portability	You may continue benefits, without proof of good health, for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must be less than age 70, insured under the group policy for at least 12 consecutive months, have not incurred a critical illness and enroll within 60 days from the date you cease to qualify as a member.
Continuation of Coverage for Sickness or Injury	If you stop working because you are sick or injured, the Continuation of Coverage for Sickness or Injury may allow your critical illness coverage to be continued, with payment of premium, for up to 90 days.

### What Are The Restrictions Of My Coverage?

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

Preexisting Conditions	<p>A preexisting condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which you or your dependent:</p> <ul style="list-style-type: none"> <li>• received medical treatment, consultation, care or service; or</li> <li>• were prescribed or took prescription medications</li> </ul> <p>in the 6 month period before you or your dependent became insured under the group policy.</p> <p>No benefits will be paid for a critical illness that results from a preexisting condition unless, on the date you or your dependent incurs the critical illness, you have been actively at work for one full day for your critical illness or your dependent has been insured for one full day for a dependent's critical illness, after completing 12 consecutive months during which you or your dependent was insured under the group policy.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments.</p>
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CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS. This benefit summary is for administrative purposes only. It is not an insurance contract or a complete statement of the rights, benefits, limitations or exclusions of the coverage. You'll receive a benefit booklet with details about your coverage. If there is a discrepancy between this summary and your benefit booklet, the benefit booklet prevails. Insurance underwritten by Principal Life Insurance Company, a member of the Principal Financial Group®.

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# Accident Benefit Summary

Effective Date: 12/01/2019

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

Eligibility		
Job Class	ALL MEMBERS	
Eligible Employees	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.	
Benefits Payable		
Injury	Scheduled Benefit	
Burn		
2nd degree up to 25% of body	\$500	
2nd degree over 25% of body	\$1,500	
3rd degree up to 25% of body	\$2,500	
3rd degree over 25% of body	\$5,000	
Coma	\$15,000	
Concussion	\$500	
Dental injury	\$500	
Dislocation	Open reduction (surgical)	Closed reduction (non-surgical)
Hip	\$7,500	\$3,750
Knee	\$5,000	\$2,500
Ankle, collarbone, elbow, foot (excluding toes), hand (excluding fingers), lower jaw, shoulder, wrist	\$3,000	\$1,500
Eye injury with surgical repair	\$500	
Fracture	Open reduction (surgical)	Closed reduction (non-surgical)
Hip, skull (depressed), thigh (femur)	\$10,000	\$5,000
Lower leg (fibula, tibia), pelvis, skull (non-depressed), vertebrae	\$5,000	\$2,500
Ankle, arm, collarbone, elbow, facial bones, foot (excluding toes), hand (excluding fingers), jaw, knee cap, shoulder blade, wrist	\$3,000	\$1,500
Sternum, vertebral processes	\$2,000	\$1,000
Rib, tailbone (coccyx)	\$1,000	\$500
Injuries not specifically listed	\$100	

## ACCIDENT

Internal injury	\$1,500
Knee cartilage injury with surgical repair	\$1,500
Ruptured disc with surgical repair	\$1,500
Tendon / ligament / rotator cuff injury with surgical repair	\$1,500
<b>Additional Benefits</b>	
<b>Wellness</b>	If you or your covered spouse has a covered wellness test performed, you may be eligible for a \$100 benefit. This benefit is payable once per calendar year.
<b>Portability</b>	If you cease to qualify as an employee, you may be able to continue coverage for you and your covered dependents.
<b>Limitations &amp; Exclusions</b>	
<b>Limitations</b>	For your covered spouse, benefits will not be paid for an injury arising from or during employment for wage or profit. There are additional limitations and exclusions to your coverage. A complete list is included in your booklet.

## Understanding Your Accident Benefits

### Am I Eligible For Coverage?

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

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

### Are My Dependents Eligible For Coverage?

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

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

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

Additional eligibility requirements may apply.

### How Do We Qualify For Benefits?

To qualify for a benefit, you or your covered dependents must incur an injury while insured under this policy; the injury must be through external, violent, and accidental means; the covered accident must be the direct and sole cause of the injury; and the terms and conditions for an applicable benefit listed below must be met.

#### **Burn**

We will pay a burn benefit when you or your covered dependent incurs a 2nd or 3rd degree burn as a result of a covered accident. If the burns meet more than one of the burn benefit classifications, we will pay the single highest burn benefit. We will pay 150% of the burn benefit if the burn requires a skin graft. We will pay one burn benefit per accident.

#### **Coma**

We will pay a coma benefit when you or your covered dependent has been in a coma for 15 or more consecutive days as a result of a covered accident. We will pay one coma benefit per accident.

#### **Concussion**

We will pay a concussion benefit when you or your covered dependent incurs a concussion as a result of a covered accident. We will pay one concussion benefit per accident.

#### **Dental Injury**

We will pay a dental injury benefit when you or your covered dependent incurs a broken tooth which requires extraction or repair with a crown, implant or denture as a result of a covered accident. We will pay one dental injury benefit per accident.

**Dislocation**

We will pay a dislocation benefit when you or your covered dependent incurs a dislocation requiring correction through open or closed reduction as a result of a covered accident. If a physician corrects the dislocation without anesthesia or diagnoses the dislocation as a partial dislocation, we will pay 25% of the scheduled benefit amount for the applicable dislocation. If multiple joints are dislocated due to the same accident, we will pay a maximum of 200% of the scheduled benefit amount for the dislocation with the highest benefit for all dislocations combined.

**Eye Injury with Surgical Repair**

We will pay an eye injury with surgical repair benefit when you or your covered dependent incurs an eye injury requiring surgical repair as a result of a covered accident. We will pay one eye injury with surgical repair benefit per accident.

**Fracture**

We will pay a fracture benefit when you or your covered dependent incurs a fracture requiring correction through open or closed reduction as a result of a covered accident. If a physician diagnoses the fracture as a chip fracture, we will pay 25% of the scheduled benefit amount for the applicable fracture. We will pay one fracture benefit per bone per accident. If multiple bones are fractured due to the same accident, we will pay a maximum of 200% of the scheduled benefit amount for the fracture with the highest benefit for all fractures combined.

**Injuries Not Specifically Listed**

We will pay an injuries not specifically listed benefit when you or your covered dependent incurs an injury not otherwise specifically listed as a result of a covered accident. We will pay 200% of the injuries not specifically listed benefit if the injury is surgically repaired by a physician. We will pay one injuries not specifically listed benefit per accident.

**Internal Injury**

We will pay an internal injury benefit when you or your covered dependent incurs an internal injury as a result of a covered accident. We will pay 200% of the internal injury benefit if the internal injury is surgically repaired by a physician. We will pay one internal injury benefit per accident.

**Knee Cartilage Injury with Surgical Repair**

We will pay a knee cartilage injury with surgical repair benefit when you or your covered dependent incurs a torn, ruptured or severed knee cartilage in one or both knees requiring surgical repair as a result of a covered accident. We will pay one knee cartilage injury with surgical repair benefit per accident.

**Ruptured Disc with Surgical Repair**

We will pay a ruptured disc with surgical repair benefit when you or your covered dependent incurs one or more ruptured discs in the spine requiring surgical repair as a result of a covered accident. We will pay one ruptured disc with surgical repair benefit per accident.

**Tendon / Ligament / Rotator Cuff Injury with Surgical Repair**

We will pay a tendon / ligament / rotator cuff injury with surgical repair benefit when you or your covered dependent incurs one or more torn, ruptured or severed tendons, ligaments and/or rotator cuffs requiring surgical repair as a result of a covered accident. We will pay up to two tendon / ligament / rotator cuff injury with surgical repair benefits per accident.

What Additional Benefits are Included?	
<b>Wellness</b>	<p>If you or your covered spouse has one of the following wellness tests or procedures performed, you may be eligible for a \$100 benefit. Wellness tests or procedures covered are limited to:</p> <ul style="list-style-type: none"> <li>– Bone marrow cancer screening (serum protein electrophoresis);</li> <li>– Breast cancer screening (CA 15-3, clinical breast exam, mammogram, MRI, ultrasound);</li> <li>– Chest x-ray;</li> <li>– Colorectal cancer screening (CEA, colonoscopy, fecal occult blood test, sigmoidoscopy);</li> <li>– Completion of a smoking cessation program;</li> <li>– Completion of a weight reduction program;</li> <li>– Diabetes testing (fasting blood glucose test, hemoglobin A1c);</li> <li>– Electrocardiogram (ECG) - resting or stress;</li> <li>– Standard blood chemistry profile or lipid panel (cholesterol, triglycerides, HDL, LDL);</li> <li>– Ovarian cancer screening;</li> <li>– Pap smear;</li> <li>– Prostate cancer screening (digital rectal exam, PSA blood test);</li> <li>– Skin cancer screening.</li> </ul>
<b>Portability</b>	<p>You may continue coverage for yourself and your covered dependents if you cease to qualify as an employee. You must be insured under the policy for at least 12 consecutive months and enroll within 60 days from the date you cease to qualify.</p>
<b>Continuation of Coverage for Sickness or Injury</b>	<p>If you stop working because you are sick or injured, your coverage may be continued, with payment of premium, for up to 90 days.</p>



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Policyholder: AMERICAN CONSERVATION EXPERIENCE

## Group Term Life Benefit Summary

Effective Date: 12/01/2019

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

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

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

## Understanding Your Life Coverage Benefits

### Am I Eligible For Coverage?

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

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

Spouse and child coverage is not available.

### What Additional Benefits Are Included?

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



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Policyholder: AMERICAN CONSERVATION EXPERIENCE

## Voluntary Term Life Benefit Summary

Effective Date: 12/01/2019

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

Eligibility			
Job Class	ALL MEMBERS		
Eligible Members	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. If you are covered as an employee, your dependents may also be eligible. Additional eligibility requirements may apply.		
Benefits Payable			
	Employee Life Benefits	Spouse Life Benefits	Child Life Benefits
Benefit Amount	You may choose to purchase benefits in increments of \$10,000	You may choose to purchase benefits in \$5,000 increments	For eligible children 14 days or older, you may choose to purchase benefits of <ul style="list-style-type: none"><li>\$10,000, or</li><li>\$20,000</li></ul> Eligible children under 14 days of age receive \$1,000.
Minimum	\$10,000	\$5,000	Not Applicable
Maximum	\$500,000	\$100,000	Not Applicable
		Cannot exceed 100% of your benefit amount	
Proof of Good Health	Proof of good health is required for life insurance amounts greater than:  If you are under age 70:  \$150,000  If you are age 70 and over:  \$10,000	Proof of good health is required for life insurance amounts greater than:  If your spouse is under age 70:  \$30,000  If your spouse is age 70 and over:  \$10,000	Not Applicable
Age Reductions	35% benefit reduction at age 65, with an additional 15% reduction at 70  Age reductions apply to the benefit amount after proof of good health.		Not Applicable
Additional Employee Benefits			
Coverage During Disability	If you become disabled before age 60, coverage will continue and premium may be waived for you and your covered dependents.		
Accelerated Death Benefit	If you become terminally ill, you may be able to receive a portion of your life coverage benefit as a lump sum.		

## VOLUNTARY TERM LIFE

<b>Open Enrollment</b>	If you and your enrolled dependents have existing coverage you may be able to increase coverage one increment per year during your open enrollment period without proof of good health.
<b>Individual Purchase Rights</b>	If you terminate employment, you may be able to convert benefits to an individual policy.
<b>Portability</b>	If you cease to qualify as a member, you may be able to continue coverage for you and your covered dependents.
<b>Limitations &amp; Exclusions</b>	
<b>Suicide Exclusion</b>	Benefits are not paid if you or your dependents commit suicide within the first 24 months of coverage (prior group voluntary life coverage applies towards the 24 month time period).
<b>Coverage Outside of the US</b>	Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.

## VOLUNTARY TERM LIFE

Accidental Death & Dismemberment (AD&D) Coverage	
<b>Eligible Members</b>	All active, full-time employees (except seasonal, temporary or contract workers) who work at least 30 hours per week. AD & D coverage does not apply to children.
<b>Benefit Amount</b>	<p>Your employee benefit is equal to your voluntary term life benefit amount, if loss is due to accident or injury.</p> <p>Your spouse's benefit is equal to their voluntary term life benefit amount, if loss is due to accident or injury.</p> <p>If loss is due to exposure to the elements or disappearance, the loss may be covered.</p> <p>Benefits may be paid:</p> <ul style="list-style-type: none"> <li>• <b>Full benefit</b> when you or your spouse lose: your life / both hands / both feet / sight of both eyes / one hand and sight of one eye / one foot and sight of one eye / one hand and one foot.</li> <li>• <b>Half of the benefit</b> when you or your spouse lose: one hand / one foot / sight of one eye.</li> <li>• <b>One-fourth of the benefit</b> when you or your spouse lose the thumb and index finger on the same hand.</li> </ul> <p>The loss must occur within 365 days of the accident.</p>
Additional Benefits	
<b>Seatbelt /Airbag</b>	\$10,000 if wearing a seatbelt or are protected by an airbag and die in an automobile accident
<b>Education</b>	\$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of death
<b>Repatriation</b>	Up to \$2,000 for preparation and transportation of the body if the insured dies at least 100 miles from their permanent residence
<b>Loss of Use/Paralysis</b>	For total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible, the benefit is: 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot
<b>Loss of Speech and/or Hearing</b>	When loss is irrevocable and continues for 12 consecutive months the benefit is: 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear
Limitations & Exclusions	
<b>Occupational Coverage</b>	For your covered spouse, benefits will not be paid for an injury arising from or during employment for wage or profit
<b>Other Limitations</b>	This Benefit Summary is a summary only. For a complete list of benefit restrictions, please refer to your booklet.



## Understanding Your Voluntary Term Life Benefits

### Am I Eligible For Coverage?

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

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

### Are My Dependents Eligible For Coverage?

If you are covered as a member, your dependents may also be eligible. Additional eligibility requirements may apply.

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

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

Additional eligibility requirements may apply.

### What Additional Benefits Are Included?

<b>Coverage During Disability</b>	If you become totally disabled before age 60, coverage will continue and premium will be waived for you and your covered dependents. You must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until you recover or turn age 65, whichever occurs first.
<b>Accelerated Death Benefit</b>	<p>If you are terminally ill you can receive up to 75% of your benefit amount in a lump sum, not to exceed \$250,000, as long as:</p> <ul style="list-style-type: none"> <li>Your life expectancy is 12 months or less (as diagnosed by a physician), and</li> <li>Your death benefit is at least \$10,000.</li> </ul> <p>If you use the accelerated benefit, your death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment. You should contact your tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this benefit is included in your premium.</p>
<b>Open Enrollment</b>	An open enrollment period will be available to you and your enrolled dependents each year during the calendar month prior to the policy anniversary. You and your dependents can request an increase of one benefit increment per year up to the guaranteed coverage amount without proof of good health. Once approved for coverage over the guaranteed coverage amount you can request an increase of one benefit increment per year up to the policy maximum benefit without proof of good health.

## VOLUNTARY TERM LIFE

<b>Individual Purchase Rights</b>	If you terminate employment, you, your spouse and your children may be able to convert coverage to individual life coverage. Upon coverage termination, your employer is required to inform you of your individual purchase rights to convert to an individual policy without proof of good health. The amount you can purchase varies depending on the termination situation.
<b>Claim Processing</b>	Principal Life makes claim administration easy and convenient for employers by offering an online life claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.
<b>Portability</b>	You may continue benefits for yourself and your covered dependents until age 70 if you cease to qualify as a member. You or your spouse must enroll within 60 days from the date you cease to qualify as a member. Refer to your benefit booklet for maximum age requirements.



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

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

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