Principal Life Insurance Company Group Insurance Benefits



Proposal for: COOR ISD
Effective Date: July 1, 2016
Prepared by: BRENT STERLING

Group Non-Medical Sales and Services

CG Financial Services

Thank you for considering Principal Life's group insurance for your employee benefits program. This proposal includes rates and benefits information for:



VOLUNTARY TERM LIFE

SHORT-TERM DISABILITY

✓ LONG-TERM DISABILITY

✓ DENTAL

✓ VISION

GP61690

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CRITICAL ILLNESS

Depend on Principal Life

You can count on Principal Life for the choice, flexibility and support you need. Our broad portfolio of products includes life, short-term disability, long-term disability, dental, vision and critical illness insurance. These comprehensive benefits help you attract and retain the most qualified employees.

Our commitment to you doesn't stop with the sale. Professional staff assists with employee education, enrollment and account management. And our experienced local sales and service teams help meet your needs – every step of the way.

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GROUP TERM LIFE					
	Employee Monthly Rate	Volume	Lives	Estimated Monthly Cost	Estimated Annual Cost
Group Term Life	\$.131 (per \$1,000)	\$1,980,000	45	\$259.38	\$3,112.56
AD&D	\$.022 (per \$1,000)	\$1,980,000	45	\$43.56	\$522.72

RATE GUARANTEE: Two years, unless volume increases or decreases by more than 25%

		LONG TERM DISABILITY % of CME ¹		
Rate	Volume	Lives	Estimated Monthly Cost	Estimated Annual Cost
\$.38	\$164,284	45	\$624.28	\$7,491.35

RATE GUARANTEE: Two years, unless covered monthly earnings increase or decrease by more than 25% since the last policy anniversary ¹Covered monthly earnings

DENTAL				
	Lives	Monthly Rate	Estimated Monthly Cost	Estimated Annual Cost
Employee	12	\$28.83	\$345.96	\$4,151.52
Employee & 1 Dependent	7	\$52.69	\$368.83	\$4,425.96
Family	26	\$94.41	\$2,454.66	\$29,455.92

RATE GUARANTEE: One year

Rate includes:

Orthodontia - Child

VISION				
	Lives	Monthly Rate	Estimated Monthly Cost	Estimated Annual Cost
Employee	12	\$7.53	\$90.36	\$1,084.32
Employee & Spouse	7	\$13.88	\$97.16	\$1,165.92
Employee & Child(ren)	0	\$15.14	\$.00	\$.00
Family	26	\$23.40	\$608.40	\$7,300.80
RATE GUARANTEE: One year				



GROUP TERM LIFE FOR		
	NON UNION SUPPORT MEMBERS	
Life Benefit	\$40,000 benefit	
Accidental Death &	\$40,000 benefit	
Dismemberment	Coverage for employees on and off the job.	
Panafit Aga Badustian	35% reduction at age 65 and an additional 15% reduction at age 70	
Benefit Age Reduction	Age reductions apply to the benefit amount after proof of good health.	
Proof of Good Health	Required for life insurance amounts greater than \$100,000	
	Persons age 70 and over shall have an amount that is the lesser of the amount shown or the amount with the prior carrier.	
	Proof of good health is required if on the date the member becomes eligible for coverage there are fewer than five members insured.	

GROUP TERM LIFE FOR		
	TEACHERS	
Life Benefit	\$30,000 benefit	
Accidental Death &	\$30,000 benefit	
Dismemberment	Coverage for employees on and off the job.	
Panafit Aga Badustian	35% reduction at age 65 and an additional 15% reduction at age 70	
Benefit Age Reduction	Age reductions apply to the benefit amount after proof of good health.	
Proof of Good Health	Required for life insurance amounts greater than \$100,000	
	Persons age 70 and over shall have an amount that is the lesser of the amount shown or the amount with the prior carrier.	
	Proof of good health is required if on the date the member becomes eligible for coverage there are fewer than five members insured.	

GROUP TERM LIFE FOR		
ADMIN MEMBERS		
Life Benefit	\$100,000 benefit	
Accidental Death & Dismemberment	\$100,000 benefit Coverage for employees on and off the job.	

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	continued
Benefit Age Reduction	35% reduction at age 65 and an additional 15% reduction at age 70
benene/ige neddedon	Age reductions apply to the benefit amount after proof of good health.
Proof of Good Health	Required for life insurance amounts greater than \$100,000
	Persons age 70 and over shall have an amount that is the lesser of the amount shown or the amount with the prior carrier.
	Proof of good health is required if on the date the member becomes eligible for coverage there are fewer than five members insured.

	ADDITIONAL BENEFITS
Accelerated Benefits	Terminally ill employees can receive up to 75% of their life insurance benefit, up to \$250,000, if their life expectancy is 12 months or less (as diagnosed by a physician) and the death benefit is at least \$10,000. When an employee uses the accelerated benefit, the death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated benefit payment and the employee should contact a tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance.
Coverage During Disability	If an employee becomes totally disabled before age 60, coverage will continue and premium will be waived. The employee must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until the employee recovers or turns age 65, whichever occurs first. No benefits will be paid for any disability that results from: willful self-injury or self-destruction, while sane or insane / war or act of war / voluntary participation in an assault, felony, criminal activity, insurrection, or riot.
Accidental Death & Dismemberment	 Benefit is paid when the loss occurs within 365 days of the accident. Full benefit - Loss of life, loss of both hands, both feet, sight of both eyes, one hand and sight of one eye, one foot and sight of one eye, or one hand and one foot. Half the benefit - Loss of one hand, one foot, or sight of one eye. One fourth the benefit - Loss of thumb and index finger on the same hand. Additional AD&D benefits: Standard package - Seatbelt/airbag, education, repatriation, loss of use/paralysis, loss of speech and/or hearing, exposure, disappearance.
Individual Purchase Rights	Employees who terminate employment may be able to convert to individual policies. Upon coverage termination, employers are required to inform employees of their right to convert to an individual policy without proof of good health. The purchase amount varies depending on the termination situation.

HIGHLIGHTS		
Participation	100% participation for all non-contributory coverages.75% participation for all contributory coverages.	

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Group Term Life

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continued		
Eligibility	EMPLOYEE: Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. DEPENDENT: Eligible dependents include the employee's spouse and children. Additional eligibility	
	requirements may apply.	
Express Claim Processing	For claims meeting certain criteria, decisions are reached within 5 working days without the employer or beneficiary submitting paperwork.	
Life Benefit Limitations and Exclusions	Benefits are not paid if you are outside the United States for certain reasons for more than six months.	
AD&D Limitations	Unless otherwise covered in the policy or required by state or federal law, AD&D benefits are not paid for losses resulting from: willful self-injury or self-destruction / disease or treatment of disease or complications following the surgical treatment of disease / participation in certain criminal activities / participation in certain activities such as flying, ballooning, parachuting, parasailing, bungee jumping or other aeronautic activities / duty as a member of a military organization / war or act of war / the use of alcohol, if the member's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the member's operation of a motor vehicle or motor boat if the member's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the member's use of certain drugs, narcotics or hallucinogens not prescribed by a licensed physician.	

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LONG-TERM DISABILITY FOR					
	TEACHERS				
"Or" Definition of Disability	 An employee will be considered disabled if, because of sickness, injury or pregnancy, during the elimination period and own occupation period, one of the following applies: Unable to perform a majority of the substantial and material duties of his/her own occupation; OR Unable to earn 80% of his/her predisability income while working in his/her own occupation in a modified capacity or any occupation. An employee will be considered disabled if, after completing the elimination period and own occupation period, one of the following applies: Unable to perform a majority of the substantial and material duties of any occupation for which he/she is or may reasonably become qualified based on education, training or experience; OR Unable to earn 80% of his/her predisability income while working in his/her own occupation or any occupation in a modified capacity. 				
Own Occupation Period	2 years				
Elimination Period	90 days				
Monthly Benefit	Benefit percentage: 66 2/3% of predisability earnings Maximum: \$3,500				
Minimum Monthly Benefit	Minimum: \$50				

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continued					
	To age 65 (reducing benefit duration) For employees who become disabled before age 62, disability benefits are payable until the later of the date they reach age 65 or 42 months after the benefit payment period begins. For employees who become disabled at or after age 62, disability benefits are payable until the date the benefit payment period reaches the number of months shown below:				
Benefit Duration	Age 62 Age 63 Age 64	Length of benefit payment period 42 months 36 months 30 months			
	Age 65 Age 66 Age 67	24 months 21 months 18 months			
	Age 68 Age 69 and over	15 months 12 months			
	Disability benefits end when employees 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, or die.				
Definition of Earnings	Base wage Compensation for business owners covers the net profits plus salary, averaged over the prior two calendar years.				
Salary Continuation	Offset				
Preexisting Conditions	No limitation applies				
Mental Health Conditions	24 month benefit limit				
Drug and Alcohol Abuse Conditions	24 month benefit limit				
Special Conditions	24 month benefit limit				
Employer Contributions	Noncontributory - employer pays 100%				
Integration Method	Direct				
Social Security Integration	Primary and family				
Work Incentive Benefit	12 months				
Coverage for Work Related Disabilities	Yes				
Survivor Benefit	3 months gross				
Mandatory Rehabilitation	Included If employees do not comply with the rehable benefits may cease.	oilitation plan without good cause, disability			

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Income from Other Sources	We coordinate disability benefits with income disabled employees receive from other sources. These include all retirement or disability benefits that employees and their dependents receive or could have received, from Social Security or other governmer agencies; salary continuance; personal time off or sick pay; Workers' Compensation benefits; income from state disability plans; payments from policies that provide coverage for time away from work, if paid in part by or deducted from payroll by the policyholder; income from other group disability insurance policies; disability or retirement benefits paid by pension plans sponsored by the policyholder; income received from no-fault auto laws; renewal commissions received from the policyhold severance pay; and all payments for the month that the member receives under state unemployment laws. Other income sources do not include individual disability insurance; profit sharing plans; thrift savings plans; nonqualified deferred compensation plans; 401(k) plans individual retirement accounts (IRAs); stock ownership plans; Keogh (HR-10) plans; cost of living increases paid in connection with other sources of income; Social Secu or pension plan payments that were being received prior to the current disability; any income the member receives for services rendered prior to the member's date or	
	disability. Any income the Member receives for services rendered prior to the Member's date of Disability will not be considered Other Income Sources.	
Limitations	The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.	
	Limitations No benefits will be paid to employees with disabilities resulting from: willful self injury while sane or insane / war or an act of war / participation in an assault or felony / a new or continuing disability that begins after an employee's benefit payment period has ended, but the employee has not returned to active work.	

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Treatment of Mental Health Conditions and 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.

The following maximum benefit payment periods apply:

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 toward one lifetime maximum. However, if at the end of the benefit duration, an employee is 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 an employee remains 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 (TMI) / 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, but not including conditions such as arthritis, ruptured intervertebral discs, scoliosis, spinal fractures, spinal tumors, malignancy or vascular malformations.

Replacement of a Prior Program

This policy is replacing coverage under a prior program. If employees are not actively at work on the day coverage would become effective or if employees are disabled due to a preexisting condition, they may still qualify for benefits if they had LTD coverage under a prior program or they are not receiving any benefits under the prior program but would have been entitled to these benefits if the prior program remained in force and no provision other than the actively at work provisions would otherwise prohibit benefits from being paid under our policy. Any benefit payable is the lesser of the benefits under our policy or the benefits that would have been paid under the prior program, had it remained in force.

REHABILITATION BENEFITS		
Reasonable Accommodation Benefit	\$2,000	
Rehabilitation Incentive Benefit	5% increase in the monthly benefit percentage for 12 months	

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	continued			
LONG-TERM DISABILITY FOR				
NON UNION SUPPORT MEMBERS, ADMIN MEMBERS				
"Or" Definition of Disability	An employee will be considered disabled if, because of sickness, injury or pregnancy, during the elimination period and own occupation period, one of the following applies: • Unable to perform a majority of the substantial and material duties of his/her own occupation; OR • Unable to earn 80% of his/her predisability income while working in his/her own occupation in a modified capacity or any occupation. An employee will be considered disabled if, after completing the elimination period and own occupation period, one of the following applies: • Unable to perform a majority of the substantial and material duties of any occupation for which he/she is or may reasonably become qualified based on education, training or experience; OR • Unable to earn 80% of his/her predisability income while working in his/her own occupation or any occupation in a modified capacity.			
Own Occupation Period	2 years			
Elimination Period	90 days			
Monthly Benefit	Benefit percentage: 66 2/3% of predisability earnings Maximum: \$2,500			
Minimum Monthly Benefit	Minimum: \$50			
Benefit Duration	For age 65 (reducing benefit duration) For employees who become disabled before age 62, disability benefits are payable until the later of the date they reach age 65 or 42 months after the benefit payment period begins. For employees who become disabled at or after age 62, disability benefits are payable until the date the benefit payment period reaches the number of months shown below: Age disability occurs			
	Age 68 Age 69 and over Disability benefits end when employees 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, or die.			

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	continued			
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Salary Continuation	Offset			
Preexisting Conditions	No limitation applies			
Mental Health Conditions	24 month benefit limit			
Drug and Alcohol Abuse Conditions	24 month benefit limit			
Special Conditions	24 month benefit limit			
Employer Contributions	Noncontributory - employer pays 100%			
Integration Method	Direct			
Social Security Integration	Primary and family			
Work Incentive Benefit	12 months			
Coverage for Work Related Disabilities	Yes			
Survivor Benefit	3 months gross			
Mandatory Rehabilitation	Included If employees do not comply with the rehabilitation plan without good cause, disabilitation benefits may cease.			
Income from Other Sources	We coordinate disability benefits with income disabled employees receive from other sources. These include all retirement or disability benefits that employees and their dependents receive or could have received, from Social Security or other government agencies; salary continuance; personal time off or sick pay; Workers' Compensation benefits; income from state disability plans; payments from policies that provide coverage for time away from work, if paid in part by or deducted from payroll by the policyholder; income from other group disability insurance policies; disability or retirement benefits paid by pension plans sponsored by the policyholder; income received from no-fault auto laws; renewal commissions received from the policyholder; severance pay; and all payments for the month that the member receives under state unemployment laws. Other income sources do not include individual disability insurance; profit sharing plans; thrift savings plans; nonqualified deferred compensation plans; 401(k) plans; individual retirement accounts (IRAs); stock ownership plans; Keogh (HR-10) plans; any cost of living increases paid in connection with other sources of income; Social Security or pension plan payments that were being received prior to the current disability; and any income the member receives for services rendered prior to the member's date of disability. Any income the Member receives for services rendered prior to the Member's date of			
	Disability will not be considered Other Income Sources.			

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Limitations

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Limitations

No benefits will be paid to employees with disabilities resulting from: willful self injury while sane or insane / war or an act of war / participation in an assault or felony / a new or continuing disability that begins after an employee's benefit payment period has ended, but the employee has not returned to active work.

Treatment of Mental Health Conditions and 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.

The following maximum benefit payment periods apply:

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Special conditions are considered to be: thoracic outlet syndrome / headaches, such as functional, migraine, organic, sinus and tension / chronic fatigue syndrome / fibromyalqia / 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, but not including conditions such as arthritis, ruptured intervertebral discs, scoliosis, spinal fractures, spinal tumors, malignancy or vascular malformations.

Replacement of a Prior Program

This policy is replacing coverage under a prior program. If employees are not actively at work on the day coverage would become effective or if employees are disabled due to a preexisting condition, they may still qualify for benefits if they had LTD coverage under a prior program or they are not receiving any benefits under the prior program but would have been entitled to these benefits if the prior program remained in force and no provision other than the actively at work provisions would otherwise prohibit benefits from being paid under our policy. Any benefit payable is the lesser of the benefits under our policy or the benefits that would have been paid under the prior program, had it remained in force.

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REHABILITATION BENEFITS		
Reasonable Accommodation Benefit	\$2,000	
Rehabilitation Incentive Benefit	5% increase in the monthly benefit percentage for 12 months	

	HIGHLIGHTS			
Eligible Employees	All active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week.			
Re-Enrollment of Coverage	If employees contribute toward the cost of their LTD coverage today and Principal Life has agreed to a re-enrollment of coverage, employees may be required to submit proof of good health depending on the method of re-enrollment.			
Proof of Good Health	Required if fewer than 5 members insured.			
Recurring Disability	Disabled employees who recover and return to work for 6 months or less during the benefit duration are not required to complete a new elimination period if they become disabled again due to the same or related cause.			
Monthly Payment Limit	Benefits paid are reduced if total income exceeds 100% of predisability earnings. Total income includes: The employee's normal benefit payable Additional benefits payable under the policy Return to work earnings Other Income Sources defined in the policy PTO, sick pay, and salary continuance payments (if these income sources are not considered direct offsets under Other Income Sources)			
W-2 and FICA Services	 Upon request, we offer W-2 preparation and FICA services for employees on disability. W-2 - Prepare and mail to employees, report to appropriate governmental agencies and provide employers with reports. Standard FICA Services - Calculate and withhold employees' portions of appropriate taxes, deposit employee tax withholdings with appropriate government agencies, provide employers with reports. Additional FICA Services* - Calculating and depositing the employer FICA match with the appropriate government agency, reporting FICA match on our tax deposits, and issuing W-2's to each individual who received a disability payment during the calendar year. *Employers are still responsible for other tax reporting such as Federal Unemployment (FUTA) and State Unemployment (SUTA). 			
State Mandated Disability Benefits	The Policy does not provide state mandated disability benefits in CA, NY, NJ, RI or HI.			

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DENTAL PPO NETWORK BENEFIT DESIGN TEACHERS, NON UNION SUPPORT MEMBERS, ADMIN MEMBERS						
	Calendar Year Deductible Coinsurance Calendar Year (Policy Pays) Maximum Benefit					
	In- Non- Network Network		In- Network	Non- Network	In- Network	Non- Network
Preventive	\$0	\$0	75%	75%	\$1,000	\$1,000
Basic	\$0	\$0	75%	75%	\$1,000	\$1,000
Major	\$0	\$0	50%	50%	\$1,000	\$1,000

Combined deductibles: Deductibles for in-network and non-network services are combined.

Combined maximums: Calendar Year maximums for preventive, basic and major services are combined.

We process claims using prevailing fees at the 90th percentile.

ADDITIONAL BENEFIT RIDERS						
		time ctible	Coinsurance (Policy Pays)		Lifetime Maximum	
	In- Network	Non- Network	In- Network	Non- Network	In- Network	Non- Network
Orthodontia Child	\$0	\$0	75%	75%	\$1,200	\$1,200

Minimum enrolled lives required for child orthodontia: 5

Child orthodontia provides coverage for children up to age 19.

Participation: 75% employee participation assumed

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	COVERED SERVICES
Preventive	Exams (2 per calendar year)
	Emergency exams (2 per calendar year)
	Second opinion consultation
	Cleanings (2 per calendar year)
	 Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.
	X-rays
	Bitewing (1 per calendar year)Occlusal (2 per calendar year)
	Periapical (4 per calendar year)
	• Full mouth survey (1 per 60 months)
	Extraoral (2 per 12 months)
	Fluoride application (2 per calendar year); covered only for dependent children under age 19
	Sealants on first and second permanent molars for dependent children under age 19 (1 per 36 months)

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	Space maintainers (covered only for dependent children under age 19; repairs not covered)
Basic	Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit) • Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning within a calendar year.
	Harmful habit appliance (covered only for dependent children under age 19)
	Fillings
	Composite fillings on molars
	Stainless steel crowns
	Simple oral surgery
	Complex oral surgery
	General anesthesia/IV sedation
	Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)
	Periodontal surgical procedures (1 per quad per 36 months)
	Simple endodontics (root canal therapy for anterior teeth)
	Complex endodontics (root canal therapy for molar teeth)
	Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)
Major	Crowns (1 per tooth per 120 months) if tooth cannot be restored by a filling
	Inlays, onlays, cast post and core, core buildup (1 per tooth per 120 months)
	Implants (1 per tooth per 120 months)
	Bridges - initial placement; replacement after 120 months
	Complete or partial dentures - initial placement; replacement after 60 months
Orthodontia	X-rays and other diagnostic procedures Fixed and removable appliances Lifetime maximum

	HIGHLIGHTS
Coordination of benefits	As allowed by state law, we coordinate benefits with coverage provided by any other employer, trust, union, association, or educational institution - other than student accident policies, governmental program or state law. Total benefits from all sources cannot exceed 100% of covered charges.

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continued	
Eligibility	EMPLOYEE: Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents. DEPENDENT: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.
Future enrollees	Late entrants (those enrolling more than 31 days after becoming eligible) will be subject to an individual benefit waiting period, as outlined below. Coverage for Preventive services begins on the individual's effective date. There is a 12 month waiting period for Basic services, and a 24 month waiting period for Major services (including riders).
Waiting Periods	None
Prior dental coverage	This proposal assumes the group had prior dental coverage for preventive/basic/major/ortho services.
Annual enrollment	One month before the policy anniversary date, employees and dependents (who were not previously enrolled) can enroll.
Limitations	The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy. The insurance does not pay for treatment or services: for veneers, anterior ¾ cast crowns, personalization or cosmetic reasons / performed by an immediate family member / performed by any person who is not a dentist, dental hygienist, or other authorized provider / that do not meet professionally recognized standards of quality / that are not for a Covered Charge / that exceed prevailing fee charges / to alter or maintain vertical dimension or restore or maintain occlusion / that are temporary / for provisional and permanent splinting / for a work related sickness or injury / paid for by U.S. government or its agencies (except Medicaid or as required under state or federal law) / resulting from participation in certain criminal activities / resulting from war or an act of war / for which there would be no cost in the absence of insurance / for duplicating or replacing lost or stolen appliances or prosthetic devices / for replacing tooth structure lost from abrasion or attrition / not expected to correct your dental condition for more than 3 years / for services performed outside a dental office / for patient management / occlusal guards / that are an experimental or investigational measure / paid for by a Medicare Supplement Insurance Plan. The insurance also does not cover: drugs or medicines other than antibiotic injections / instructions for plaque control, oral hygiene, or diet control / bite registration or occlusal analysis orthodontic treatment, service, appliance or bands provided prior to Ortho Procedures effective date / temporomandibular joint (TMI) disorders.

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VISION FOR TEACHERS, NON UNION SUPPORT MEMBERS, ADMIN MEMBERS

VSP CHOICE NETWORK		
Covered Charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription Glasses	\$25 copay	
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	1 pair per 12 months
Frames	\$150 allowance for a wide selection of frames; 20% off amount over allowance ¹	1 set per 24 months
Elective Contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation)	1 per 12 months
	\$150 allowance for elective contacts	Instead of lens and frames benefit
Necessary Contacts ²	\$25 copay	1 per 12 months
	Covered in full for members who have specific conditions.	Instead of lens and frames benefit
Lens Enhancements	Most popular options are covered after a copay, saving members an average of 20-25%. Members should see their doctor for special pricing on additional lens enhancements.	
Additional Savings ¹	Savings on laser vision correction, contact le prescription glasses and non-prescription su	·

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continued			
NON-NETWORK PROVIDERS			
Covered Charges	Benefit	Frequency	
Vision Exams	Up to \$45	1 per 12 months	
Single Vision lenses	Up to \$30	1 pair per 12 months	
Lined bifocal lenses	Up to \$50	1 pair per 12 months	
Lined trifocal lenses	Up to \$65	1 pair per 12 months	
Lenticular lenses	Up to \$100	1 pair per 12 months	
Frames	Up to \$70	1 set per 24 months	
Elective Contacts	Up to \$105	1 per 12 months Instead of lens and frame benefits	
Necessary Contacts ²	Up to \$210	1 per 12 months Instead of lens and frame benefits	

¹ Based on applicable laws; benefit may vary by doctor location.
² Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

HIGHLIGHTS	
Participation	75% employee participation assumed
Eligibility	EMPLOYEE: Eligible Employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents. DEPENDENT: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.
Annual Enrollment Period	One month before the policy anniversary date, employees and dependents (who were not previously enrolled) can enroll.
Future Enrollees	Late entrants (those enrolling more than 31 days after becoming eligible) are subject to an individual benefit waiting period.
Coordination of Benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses.

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continued	
Limitations	The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.
	No benefits will be paid for: visual analysis or vision aids that are not medically necessary / services and/or materials not specifically included in the benefit schedule / plano lenses / two pairs of glasses instead of bifocals / replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged / orthoptics, vision training or supplemental testing / medical or surgical treatment of the eyes / contact lens insurance policies or service agreements / refitting of contact lenses after the initial fitting period / contact lens modification, polishing or cleaning, local state and/or federal taxes, except where required by law. Benefits will not be paid for any vision care expense for: which proof is submitted by a person who is part of the member's or dependent's immediate family / vision aids provided outside the United States.

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Discounts and Services

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DISCOUNTS AND SERVICES	
Laser Vision Correction	Through the National Lasik Network, administered by LCA-Vision, Inc., employees, their spouses and dependent children receive savings on one of the most frequently performed elective surgeries in America. The discount includes 15% off standard pricing or 5% off promotional pricing.
Hearing Aid Program	Through American Hearing Benefits, Inc. (AHB) and Ear Professionals International Corporation (EPIC), employees and their families are eligible for up to 60% off hearing aids.
Travel Assistance	Employees, their spouses and dependent children (whether traveling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits provided by AXA Assistance ¹ when traveling domestically or internationally more than 100 miles from home for up to 120 consecutive days.
Will & Legal Document Center	Employees and their spouses have free access to resources and tools provided by ARAG ^{®2} to create a Will, Living Will, Healthcare Power of Attorney, Durable Power of Attorney and Medical Treatment Authorization for Minors. Estate Planning resources and a Personal Information Organizer are also included.
Identity Theft Kit	This valuable resource from ARAG provides employees with information on how to protect their identity and restore it if stolen.
Beneficiary Support	Beneficiaries receive Grief Support Services from Magellan Healthcare. Financial professionals are available to help beneficiaries with insurance proceeds. Spouses and dependents also receive three months of free online access to will preparation services provided by ARAG.
Employee Assistance Program	Telephonic employee assistance services provided by Magellan Health Services including up to option 3 face to face counseling sessions per issue per year. Additional services include: Legal/Financial - provides assistance with legal and financial issues
Dental Health Edge SM	This resource helps employees make better decisions about oral health care. Certified dentists can answer questions, and a Dental Cost Estimator shows approximate costs in a specific ZIP code. The site is also available in Spanish.

These discounts are not insurance.

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The discounts and services are not a part of the insurance contract and may be changed or discontinued at any time. Principal Life and its affiliates are not responsible for any loss, injury, claim liability, or damages related to the use of the discounts and services. The third party providers are not members of the Principal Financial Group®.

¹Participants are responsible for any incurred fees or expenses. Insured transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third-party licensed insurance company.

²The use of the services provided by ARAG® Services, LLC should not be considered as a substitute for consultation with an attorney.

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Services & General Provisions

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OUR SERVICES		
Online Benefit Administration	eService offers free administration and management of all group insurance for employers and employees. Employers can add or remove employees, view and update employee information, pay premiums and more. Employees can view statuses of claims, confirm covered dependents and more.	
Claim Services	At Principal Life, we know filing a claim is a defining moment for clients. That's why we strive to make the claims process quick and easy for our customers. Vision claim services are handled by VSP.	
	GENERAL PROVISIONS	
Renewing your coverage	Your insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.	
Termination and renewability of your coverage	The insurance is renewable at your option. Principal Life has the right to nonrenew or terminate the insurance if: you fail to pay premium / fraud or misrepresentation occurs / your company relocates to a state where Principal Life does not offer group coverage(s) provided by your policy / your company no longer meets the participation or contribution rules / you no longer qualify as an eligible business or group / we give you advance notice of termination as required by your state.	
Policy changes	Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.	
Federal and state laws	Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.	

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RATING ASSUMPTIONS

These rates are based on the following:

Michigan as the contract state. If you have employees located in other states, we may apply benefits based on those states provisions, when applicable.

An effective date of July 1, 2016. Suggested premiums and benefits are provided for illustration purposes only. Acceptance of your group, the final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy.

There are limitations, restrictions and exclusions in this policy. There are also certain restrictions involving payment of premium, termination, fraud, eligibility and participation. Final rates are dependent on entering into an insurance contract where all limitations, exclusions, and restrictions are taken into consideration.

As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.

This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state, read your policy carefully for the exact definitions and provisions. Policy limitations and exclusions apply. Benefits are limited when living outside the United States. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group® (The Principal®).

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