

Group benefits

# Understand your benefits

Floor Interior Services Corp  
All Members





# Enroll in your benefits today. It's easy.

Congratulations! As part of your benefits package, you can enroll in insurance from Principal®. It takes just three easy steps:



Evaluate the insurance you need to protect what's most important to you.



Get details about your coverage by reading the Benefit Summary for each coverage.



Complete and sign the Employee Enrollment and Waiver form.

Keep in mind, you need to elect or decline each coverage. If you decline, please indicate why. For the coverage(s) you elect, tell us how much you want, if applicable. And if electing coverage for dependents, include their names and birth dates.

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In the following pages, you'll find information about:

- Dental
- Vision
- Critical illness
- Accident

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

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

**Critical illness** – Note if you've used nicotine products in the past 12 months.





# Your dental benefits







Policyholder: Floor Interior Services Corp

## Voluntary Dental PPO Benefit Summary

Effective Date: 10/01/2019

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

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

Eligibility				
Job Class	All Members			
Benefits Payable				
Network	Dental Preferred Provider Organization (PPO)			
	Calendar Year Deductible		Coinsurance (Policy Pays)	
	In-Network	Non-Network	In-Network	Non-Network
Unit 1 – Preventive	\$0	\$0	100%	100%
Unit 2 – Basic	\$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 \$1,000 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?

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) - two 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>• 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>• 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>• 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> </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>• Non-surgical Periodontics, including scaling and root planing - once each quadrant each 24 months (For expectant mothers, diabetics and those with heart disease, this procedure is provided with no deductible and 100% coinsurance.)</li> <li>• Periodontal Surgical Procedures – one each quadrant each 36 months</li> <li>• Simple Endodontics (root canal therapy for anterior teeth)</li> <li>• Complex Endodontics (root canal therapy for molar teeth)</li> <li>• Repairs to Partial Denture, Bridge, Crown, Relines, Rebasing, Tissue Conditioning and Adjustment to Bridge/Denture, within policy limitations</li> <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>• Implants – each 60 months</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) and children. Additional eligibility requirements may apply.

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

### How Do I Find A Participating Provider?

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

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

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

### What Are The Restrictions Of My Coverage?

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

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>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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# Floor Interior Services Corp

## Dental

Estimated employee monthly premium amounts

End of rate guarantee period: 09/30/2020

Coverage	Premium
Employee only	18.71
Employee and spouse	37.24
Employee and child(ren)	43.14
Employee and family	64.58

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

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

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Dental insurance

# See the rewards of making healthy dental choices

Be prepared for big dental expenses with Maximum Accumulation



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

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

That's where Maximum Accumulation comes in.

## How does Maximum Accumulation work?

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

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

**How do you know if you're eligible to carry benefits over to the next year?** If your dental benefits paid are less than 50% of your annual maximum, you can roll over 25% and accumulate up to 1x your annual maximum. The amount accumulated is added to your annual maximum for the next year.

**Let's look at an example of how the rollover amount is calculated assuming a \$1,000 calendar-year maximum.**

	Maximum*	Claim limit	Benefits paid	Rollover amount	Accumulated rollover
Year 1	\$1,000	\$500	\$450	\$250	\$250
Year 2	\$1,250	\$500	\$850	\$0	\$250
Year 3	\$1,250	\$500	\$450	\$250	\$500
Year 4	\$1,500	\$500	\$0	\$0	\$0
Year 5	\$1,000	\$500	\$450	\$250	\$250

\*Calendar-year maximum, plus accumulated rollover from the prior year.

You can see that in year 2, where benefits paid were more than the yearly claim limit — which is 50% of the maximum — there was no rollover. And in year 4, where there were no claims at all, your accumulated amount went back down to zero. That's why it pays to visit the dentist regularly for preventive care.

**With Maximum Accumulation,** you won't leave money for costly dental procedures on the table. See the rewards of making healthy choices for your teeth — all it takes is making regular visits to your dentist.

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

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

This is an overview of the benefits dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal is contracted to administer the coverage on your employer's behalf.

For members with split maximums, the accumulation amount is based on the non-network maximum. If your dental coverage is effective in October, November or December, you're eligible to start qualifying for rollover beginning in January. The amount you accumulate will be added to your maximum the following January.

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## Save money with network dentists

You'll enjoy lower out-of-pocket costs and pay less for dental services when you visit a dentist in our large network.

When it comes to visiting a dentist, you want quality dentists to choose from and value for your money. That's where we can help. With dental coverage from Principal®, you have access to a preferred provider organization (PPO). These network dentists include general dentists and those who specialize in root canals, pulling teeth and more.

When you receive services from a dentist in our network, your cost may be lower. Why? Network dentists agree to lower their fees for dental services and not charge you the difference. But, if you use a non-network dentist, you're responsible for paying any fees above the amount most dentists charge for a dental service in the area.\* This means you may pay more for the same procedure if you visit a non-network dentist.

### Let's look at an example

Phil has an infected tooth that requires a root canal. His out-of-pocket expenses will be lower if he visits a network (PPO) dentist.

### Comparing out-of-pocket costs on a root canal

Phil visits a <b>network</b> dentist		Phil visits a <b>non-network</b> dentist	
Dentist charge	\$1,400	Dentist charge	\$1,400
Negotiated fee	\$980	Fee most dentists charge in area	\$1,370
Coinsurance 20% (\$980 x .20)	\$196	Coinsurance 20% (\$1,370 x .20)	\$274
Difference of dentist charge and negotiated fee. Phil <b>isn't responsible</b> for the difference because it's in-network.	\$420	Difference of dentist charge and fee most dentists charge in the area. Phil <b>is responsible</b> for the difference because it's non-network.	\$30
Coverage pays	\$784	Coverage pays	\$1,096
<b>Phil pays</b>	<b>\$196</b>	<b>Phil pays (\$274 + 30)</b>	<b>\$304</b>

Example is for illustrative purposes only.

\*The difference may also be determined by the amount agreed to by network dentists.

Find a  
network  
dentist

**Go to [principal.com/dentist](https://principal.com/dentist).** You can find a network dentist, listed by specialty. And if your favorite dentist isn't in the network, click the link to refer your provider.



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

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

This is an overview of the benefits dental insurance provides, but there are limitations and exclusions. For additional details, contact your employer. If your dental benefits are self-funded, then your employer assumes financial responsibility for paying claims, and Principal® is contracted to administer the coverage on your employer's behalf.

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Your vision  
benefits





Policyholder: Floor Interior Services Corp

## Voluntary Vision Benefit Summary

Effective Date: 10/01/2019

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

Eligibility		
Job Class	All Members	
Your Coverage with a VSP Preferred Provider		
Doctor Network	VSP Choice Network	
Covered Charges	Benefit	Frequency
Exams	\$10 copay	One exam every 12 months
Prescription Glasses	\$25 copay	Two lenses (one pair) every 12 months
Lenses	Single vision, lined bifocal, lined trifocal and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	Members pay for lens enhancements as an out-of-pocket expense after the copay; they are discounted 20-25% by VSP providers.***  \$150 allowance for a wide selection of frames; 20% off amount over allowance***	
Elective Contacts	Up to \$60 copay for your elective contact lens exam (fitting and evaluation)	Once every 12 months
	\$150 allowance for elective contacts	Contacts are instead of frames and lenses
Necessary Contacts**	\$25 copay	Once every 12 months
	Covered in full for members who have specific conditions	Contacts are instead of frames and lenses
Additional Savings ***		
Glasses and Sunglasses	Members save an average of 20-25% off additional glasses and sunglasses, including lens options, from any VSP doctor within 12 months of your last covered vision exam	
Laser Vision Correction	Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	

## VOLUNTARY VISION

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

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

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

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

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



## Understanding Your Vision Benefits

### Am I Eligible For Coverage?

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

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

### How Do I Find a VSP Provider?

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



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

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

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# Floor Interior Services Corp

## Vision

Estimated employee monthly premium amounts

End of rate guarantee period: 09/30/2021

Coverage	Premium
Employee only	5.54
Employee and spouse	11.38
Employee and child(ren)	11.06
Employee and family	18.02

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

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

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# Set your sights on healthy eyes

Vision coverage that gives you choice of provider options for exams and eyewear

Everyone likes choices – especially when it comes to choosing your eye doctor and eyewear. Managed care vision insurance through Principal® and vision expert VSP® Vision Care puts you in the driver's seat.

Whether you're looking to visit an eye doctor or want to enjoy the convenience of online shopping, we've got you covered. Through an established network of providers, you'll get access to the highest level of care and the lowest out-of-pocket costs.<sup>1</sup>

<p><b>VSP</b> Full-service locations with satisfaction guaranteed, offering a WellVision Exam® that can detect signs of eye and overall health conditions, such as diabetes. Plus, a wide selection of eyewear and 24-hour access to emergency care.</p>	<ul style="list-style-type: none"> <li>• Early morning, evening and weekend appointments offered by 91% of providers</li> <li>• Special savings on preferred frame brands, contact lens services and sunglasses</li> <li>• Integrated medical management with VSP's Eye Health Management Program®</li> <li>• Extra \$20 to spend on featured frame brands, like bebe®, ck Calvin Klein®, Flexon®, Lacoste®, Nike®, Nine West® and more</li> <li>• 20% off any amount over the allowance for frames</li> </ul>
<p><b>Online shopping</b> With Eyeconic®, you get the convenience of shopping online plus the personal touch from a VSP® network doctor. Visit <a href="http://eyeconic.com">eyeconic.com</a>.</p>	<ul style="list-style-type: none"> <li>• Free shipping and returns</li> <li>• Virtual try on tool</li> <li>• Free frame adjustment or contact lens consultation</li> <li>• All-inclusive pricing</li> <li>• Average savings of \$220</li> </ul>
<p><b>Retail chains</b> 5,000 VSP doctor chain locations, plus 3,000 retail chain partner locations nationwide.</p>	<ul style="list-style-type: none"> <li>• Same benefits you'd receive if you visited a VSP doctor<sup>2</sup></li> <li>• No required forms – you pay only copays, costs over coverage amounts and/or for non-covered options</li> <li>• Providers report Eye Health Management Program data to VSP</li> <li>• Retail partners include Costco® Optical, Visionworks®, Wisconsin Vision, Heartland Vision, RxOptical®, Cohen's Fashion Optical® and Pearle Vision.</li> </ul>
<p><b>Out-of-network</b> Coverage includes a reimbursement schedule for any out-of-network provider.</p>	<ul style="list-style-type: none"> <li>• Visit <a href="http://VSP.com">VSP.com</a> or call 800.877.7195 to submit claims.</li> <li>• Providers at Walmart® and Sam's Club® locations can submit claims on your behalf.</li> </ul>

# How to access your vision benefits

It's as easy as 1-2-3 to look up your benefits, locate providers near you and use your benefits.

## 1 Access your benefits

- Visit **VSP.com** and click on "Create an account."
- Follow the online Member Registration form using your member ID found on your vision ID card.

## 2 Search for providers

- Visit **VSP.com** or **principal.com/vsp**.
- Enter your ZIP code or address and click Search.

## 3 Use your benefits

- Schedule your appointment with your provider of choice.
- At your appointment, present your vision ID card and remind the provider to look up your benefits using the member ID on your card (not your Social Security number).

**Prefer to access your vision ID card on your mobile device? It's simple.**

1. Set up your username and password at **principal.com**.
2. Download Principal® Mobile from the App Store® or Google Play™.
3. Log in to the app using your principal.com username and password.



### Let's connect

Contact your employer or call the VSP member support line at **800.877.7195**.

<sup>1</sup> Based on your coverage options and national averages for comprehensive eye exams and most commonly purchased brands.

<sup>2</sup> Frame allowances can vary at participating retailers.



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

Managed care vision insurance is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392, and is administered by VSP. VSP is not a member of the Principal Financial Group.

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

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# Your critical illness benefits



# Protect your financial security during a serious illness

A serious illness can happen to anyone. And while it certainly comes with a physical and emotional price, have you thought about how you might handle the financial costs ... if it happened to you?



These days, we're more connected with friends and family than ever before. That means it's more common to hear about loved ones, friends — even friends of friends — being diagnosed with serious illnesses like cancer, heart disease, organ failure and stroke.

Most of us think about how we'd deal physically with a diagnosis if it were to happen. But the additional expenses that come along with an illness can be a challenge, too. And when you're not feeling well, you sure don't need that extra financial stress.

## Here's how critical illness coverage works

Critical illness insurance can help alleviate your financial worries during a serious illness. Health insurance helps pay for medical expenses, and disability coverage can help you protect your income. But what about travel costs for treatment, home healthcare needs and other costs? That's where critical illness insurance comes in. It provides a lump-sum payment you can use however you need to.

### Let's look at an example



Tony has a busy job and lives in a small town near the city where his office is. His wife works full-time and they have two young children. When Tony was diagnosed with cancer, he and his wife began to worry about how they'd pay for extra childcare needed during his treatments, not to mention the trips back and forth to the hospital in the city.

But with help from Tony's critical illness insurance, the family could do what they needed to do to get through this challenging time, instead of losing sleep over additional expenses.

## How much coverage do you need?

Everyone's expenses during a time of illness will be different, but the ones listed below are typical for many people. Use this table to calculate your possible expenses.

Expenses	Estimated funds needed
Health insurance deductible (your illness may cross plan years)	\$ _____
Health insurance co-payments	\$ _____
Lost income of spouse or caregiver	\$ _____
Childcare	\$ _____
Travel costs for medical treatment	\$ _____
Home/car modifications (widening doorways, installing lifts or ramps, etc.)	\$ _____
Home healthcare needs	\$ _____
Other expenses	\$ _____
Total estimated funds needed	\$ _____

Of course, we always hope an illness won't occur. But enrolling in [critical illness insurance](#) can help ensure you have the financial protection you'd need if you experience a serious diagnosis.



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

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

**Critical illness insurance provides limited benefits.** This is an overview of the benefits critical illness insurance provides, but there are limitations and exclusions. For additional details, contact your employer.

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Policyholder: Floor Interior Services Corp

## Critical Illness Benefit Summary

Effective Date: 10/01/2019

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	\$10,000	\$5,000 Cannot exceed 50% of your scheduled benefit	Not Applicable
Guarantee Issue	Not applicable	Not applicable	Not Applicable
	Scheduled Benefit Amounts, during the initial enrollment period, are available with no proof of good health.		
Maximum Lifetime Benefit	Two times the scheduled benefit amount.		

## CRITICAL ILLNESS

Additional Employee Benefits	
Wellness	If you or your spouse have a covered wellness test performed, you may be eligible for a \$50 benefit. This benefit is payable only once per 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.
Limitations & Exclusions	
Preexisting Conditions	6 months prior / 12 months insured.
Other Limitations	There are additional limitations to your coverage. A complete list is included in your booklet.



## Understanding Your Critical Illness Benefits

### Am I Eligible For Coverage?

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

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

### Are My Dependents Eligible For Coverage?

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

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

	<p>HDL, LDL); or</p> <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>Routine follow-up care to determine whether a breast cancer has recurred in a Member or Dependent who has been previously determined to be breast cancer free will not be considered a Preexisting Condition unless evidence of breast cancer is found during or as a result of such follow-up.</p> <p>No benefits will be paid for a critical illness that results from a preexisting condition unless, on the date you or your dependent incurs the critical illness, you have been actively at work for one full day for your critical illness or your dependent has been insured for one full day for a dependent's critical illness, after completing 12 consecutive months during which you or your dependent was insured under the group policy.</p> <p>Preexisting condition exclusions also apply to benefit increases due to policy amendments.</p>
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## CRITICAL ILLNESS

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## Floor Interior Services Corp

### Critical illness - employee (non-smoker)

Estimated employee monthly premium amounts

End of rate guarantee period: 09/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
<b>\$5,000</b>	\$2.83	\$3.36	\$4.07	\$5.18	\$7.13	\$11.35	\$17.06	\$24.67	\$38.20	\$49.49	\$68.10
<b>\$10,000</b>	\$5.65	\$6.71	\$8.13	\$10.35	\$14.25	\$22.69	\$34.11	\$49.33	\$76.39	\$98.97	\$136.20

### Critical illness - spouse (non-smoker)

Estimated spouse monthly premium amounts

End of rate guarantee period: 09/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
<b>\$2,500</b>	\$1.41	\$1.68	\$2.03	\$2.59	\$3.56	\$5.67	\$8.53	\$12.33	\$19.10	\$24.74
<b>\$5,000</b>	\$2.83	\$3.36	\$4.07	\$5.18	\$7.13	\$11.35	\$17.06	\$24.67	\$38.20	\$49.49

Note: Critical illness spouse coverage terminates at age 70.

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

**\$2,500** \$0.75

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

Critical illness insurance from Principal® is issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.  
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## Floor Interior Services Corp

### Critical illness - employee (smoker)

Estimated employee monthly premium amounts

End of rate guarantee period: 09/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69	70 & over
<b>\$5,000</b>	\$2.86	\$3.50	\$4.48	\$6.22	\$9.43	\$17.60	\$29.31	\$45.83	\$75.84	\$104.73	\$139.07
<b>\$10,000</b>	\$5.71	\$6.99	\$8.96	\$12.44	\$18.86	\$35.20	\$58.62	\$91.65	\$151.67	\$209.45	\$278.14

### Critical illness - spouse (smoker)

Estimated spouse monthly premium amounts

End of rate guarantee period: 09/30/2020

Benefit amount	24 & under	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64	65-69
<b>\$2,500</b>	\$1.43	\$1.75	\$2.24	\$3.11	\$4.72	\$8.80	\$14.66	\$22.91	\$37.92	\$52.36
<b>\$5,000</b>	\$2.86	\$3.50	\$4.48	\$6.22	\$9.43	\$17.60	\$29.31	\$45.83	\$75.84	\$104.73

Note: Critical illness spouse coverage terminates at age 70.

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

**\$2,500** \$0.75

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

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# Your accident benefits





# Be financially prepared for accidents before they happen

If everything happened the way we expected it to, life would be different. But one thing is certain — accidents happen. Are you prepared financially to handle life's curve balls?

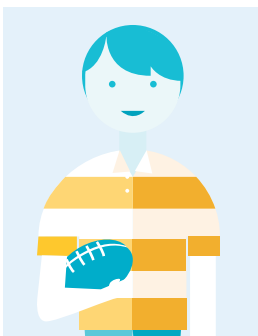
Life can be unpredictable. With all its activities and events, travels and plans, accidents are bound to happen. And that can be a pain, literally — even leading to emergency room visits. Especially for people who lead active lifestyles or have kids in sports.

We all know medical expenses can add up quickly. That's why it's important to be protected financially from accidents before they occur.

## Here's how accident insurance works

Accident insurance can help you and your family manage out-of-pocket expenses that result from an accidental injury. The coverage pays tax-free cash benefits directly to you, regardless of other insurance coverages or actual expenses ... and the benefits can be used however you need them. That could mean anything from medical expenses like emergency care, exams and hospital stays to other expenses, including transportation, food and lodging. You're in control.

### Let's look at an example



All week, Sam works hard at his job, but it's the weekends he looks forward to. That's because Sam's a forward for his rec league rugby team. One weekend he had a rough collision with another player, resulting in a concussion and a separated shoulder. Sam was transported to the local medical center, and his brother came from 50 miles away to help.

Sam's accident coverage paid him benefits he used to get through this challenging time. He was able to cover his medical expenses up to his medical deductible, and also help his brother with travel expenses.

While a life free from accidents might be easier, it's not always a reality. Enrolling in [accident insurance](#) can help you be prepared for the unexpected before it takes place.



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

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

ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.

This is an overview of the benefits accident insurance provides, but there are limitations and exclusions. Some provisions aren't available in all states. For additional details, contact your employer.

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Policyholder: Floor Interior Services Corp

## Accident Benefit Summary

Effective Date: 10/01/2019

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>Accidental Death &amp; Dismemberment (AD&amp;D)</b>	
You	\$25,000
Your covered spouse	\$12,500
Your covered children	\$6,250
<b>Covered Loss</b>	<b>% of AD&amp;D Benefit</b>
Loss of life	100%
Loss of one hand or one foot	50%
Loss of both hands or both feet or one hand and one foot	100%
Loss of thumb and index finger on the same hand	25%
If the loss is due to exposure to the elements or disappearance, the loss may be covered. The loss must occur within 365 days of the accident.	
Common carrier	An additional 200% of the scheduled benefit will be paid if the loss is incurred while a passenger in an airplane, ship, train, subway, bus, taxi, rideshare or trolley.
Seat belt/airbag	An additional 25% of the scheduled benefit will be paid if you or your covered dependent dies in an automobile accident while wearing a seat belt or protected by an airbag.
Repatriation	Up to an additional 10% of the scheduled benefit will be paid to prepare the body and its transportation to the place of burial or cremation if you or your covered dependent dies at least 100 miles from your permanent residence.
<b>Loss of Use or Paralysis</b>	<b>% of AD&amp;D Benefit</b>
Total and irrevocable loss of voluntary movement for 12 consecutive months or paralysis that is permanent, complete and irreversible.	
Quadriplegia	100%
Paraplegia or hemiplegia	50%
Loss of use of both hands or both feet or one hand and one foot	50%
Loss of use of one arm, one leg, one hand or one foot	25%
<b>Loss of Sight, Speech and/or Hearing</b>	<b>% of AD&amp;D Benefit</b>
Total and irrevocable loss for 12 consecutive months that is permanent, complete and irreversible.	
Loss of speech and hearing in both ears	100%
Loss of speech or hearing in both ears	50%
Loss of hearing in one ear	25%
Loss of sight in both eyes	100%
Loss of sight in one eye	50%
<b>Additional Benefits</b>	
Wellness	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.
Portability	If you cease to qualify as an employee, you may be able to continue coverage for you and your covered dependents.

## ACCIDENT

Limitations & Exclusions	
Limitations	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 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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# Floor Interior Services Corp

## Accident

Estimated employee monthly premium amounts

End of rate guarantee period: 09/30/2020

Coverage	Premium
Employee only	23.13
Employee and spouse	33.33
Employee and child(ren)	38.56
Employee and family	57.05

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Your benefit  
resources



# Check your benefits when, where and how you want to

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



## Start by creating your account

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



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

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

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



## Keeping your account safe

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

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



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



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You have the right to receive, free of charge, a paper copy of your benefit booklet and any changes at any time. Please contact your employer if you'd like to request a paper copy.

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## Notice of Privacy Practices for Health Information

**THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

This Notice of Privacy Practices describes the practices of Principal Life Insurance Company for safeguarding individually identifiable health information. The terms of this Notice apply to members, their spouses and dependents for their group medical expense, group dental expense and/or group vision care expense insurance with us ("insurance"). As used in this Notice, the term "health information" means information about you that we create, receive or maintain in connection with your insurance; that relates to your physical or mental condition or payment for health care provided to you; and that can reasonably be used to identify you. This Notice was effective April 14, 2003 and revisions to this Notice are effective November 1, 2017.

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

### Uses and Disclosures of Your Health Information

**Authorization.** Except as explained below, we will not use or disclose your health information for any purpose unless you have signed a form authorizing a use or disclosure. Unless we have taken any action in reliance on the authorization, you have the right to revoke an authorization if the request for revocation is in writing and sent to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, Des Moines, IA 50392-0002. A form to revoke an authorization can be obtained from the Health Information Protection Analyst.

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

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

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

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

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

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

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

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

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

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

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



## Your Rights

**Restrictions on Use and Disclosure of Your Health Information.** You have the right to request restrictions on how we use or disclose your health information for treatment, payment or health care operations. You also have the right to request restrictions on disclosures to family members or others who are involved in your care or the paying of your care. To request a restriction, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a restriction can be obtained from the Health Information Protection Analyst. We are not required to agree to your request for a restriction. If your request for a restriction is granted, you will receive a written acknowledgement from us.

**Receiving Confidential Communications of Your Health Information.** You have the right to request communications regarding your health information from us by alternative means (for example by fax) or at alternative locations. We will accommodate reasonable requests. To request a confidential communication, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request a confidential communication can be obtained from the Health Information Protection Analyst.

**Access to Your Health Information.** You have the right to inspect and/or obtain a copy of your health information we maintain in your designated record set, subject to certain exceptions. To request access to your information, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request access to your health information can be obtained from the Health Information Protection Analyst. A fee will be charged for copying and postage.

**Amendment of Your Health Information.** You have the right to request an amendment to your health information to correct inaccuracies. To request an amendment, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an amendment to your health information can be obtained from the Health Information Protection Analyst. We are not required to grant the request in certain circumstances.

**Accounting of Disclosures of Your Health Information.** You have the right to receive an accounting of certain disclosures of your health information made by us during the 6 year period before your request. To request an accounting, you must send a written request to: Health Information Protection Analyst, Group Compliance, Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392-0002. A form to request an accounting of your health information can be obtained from the Health Information Protection Analyst. The first accounting in any 12-month period will be free; however, a fee will be charged for any subsequent request for an accounting during that same time period.

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

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







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