

Group Benefits



Hire and retain the best employees with top-notch benefits

A guide to selecting the right benefits for you and your employees



DENTAL¹

PPO	In-network	Non-network
Annual deductible ²	\$25	\$25
Preventive coinsurance	100%	100%
Basic coinsurance	90%	80%
Major coinsurance	60%	50%
Annual maximum	\$1,500	\$1,500

Cost-saving options

- Lower non-network benefits
- Add deductible for non-network preventive
- Lower basic and major coinsurance
- Lower annual maximum benefit

PPO	In-network	Non-network
Annual deductible ²	\$50	\$50
Preventive coinsurance	100%	80%
Basic coinsurance	80%	80%
Major coinsurance	50%	50%
Annual maximum	\$1,000	\$1,000

Cost-saving options

- Employees pay part of the cost
- Lower non-network benefits
- Add deductible for non-network preventive
- Non-network claims are paid using the fee schedule for services provided by an in-network dentist
- Pay for a core level of preventive, basic, and major services and let employees buy more coverage

PPO	In-network	Non-network
Annual deductible	\$0	\$0
Preventive coinsurance	100%	100%
Annual maximum	\$500	\$500

› Allow employees to buy additional coverage

Cost-saving option

- Employees pay all of the cost
- Non-network claims are paid using the fee schedule for services provided by an in-network dentist

DISABILITY: SHORT-TERM³

Benefit amount: 60% of salary

Elimination period: 1 day for accident,
8 days for sickness

Weekly maximum: \$1,500

Benefit duration: 13 weeks

Cost-saving options

- Lower benefit amount
- Longer elimination period
- Shorter benefit duration

Benefit amount: 60% of salary

Elimination period: 8 days for accident,
8 days for sickness

Weekly maximum: \$1,000

Benefit duration: 26 weeks

Cost-saving options

- Longer elimination period
- Shorter benefit duration

Benefit amount: 60% of salary

Elimination period: 15 days for accident,
15 days for sickness

Weekly maximum: \$1,000

Benefit duration period: 26 weeks

Cost-saving option

- Employees pay all of the cost

COST

COST

COST

¹ Some states require the same benefit levels when a member visits a dentist in or out of the dental network.

² Deductible applies only to basic and major services.

DISABILITY: LONG-TERM³

Benefit amount: 60% of salary
Elimination period: 90 days
Monthly maximum: \$10,000
Own occupation period: 2 years
Benefit duration: Social Security
Normal Retirement Age (SSNRA)

💰 Cost-saving options

- Longer elimination period
- Lower monthly maximum
- Shorter benefit duration

LIFE

Employee benefit amount:
1 times salary to \$100,000
Waiver of premium duration:
to age 70
Accidental Death & Dismemberment
Dependent coverage

› Allow employees to buy
additional coverage

💰 Cost-saving options

- Lower benefit amount
- No Accidental Death & Dismemberment
- Employees pay part of cost
- No dependent coverage

VISION

Exams: \$0 co-pay
Prescription glasses: \$10 co-pay
• **Lenses:** one pair every 12 months
• **Frames:** covered up to \$200 every 12 months
Contact lenses: every 12 months
• **Elective:** covered up to \$200
• **Necessary:** covered in full after \$10 co-pay

💰 Cost-saving options

- Increase exams co-pay to \$10
- Increase glasses and necessary contact co-pay to \$25
- Reduce frames and elective contact lenses allowance up to \$150

Benefit amount: 60% of salary
Elimination period: 180 days
Monthly maximum: \$6,000
Own occupation period: 2 years
Benefit duration: to age 65

💰 Cost-saving options

- Longer elimination period
- Shorter benefit duration

Employee benefit amount: \$50,000
Waiver of premium duration:
to age 65
Accidental Death & Dismemberment
› Allow employees to buy
additional coverage

💰 Cost-saving options

- Lower benefit amount
- No Accidental Death & Dismemberment
- Employees pay part of cost

Exams: \$10 co-pay
Prescription glasses: \$25 co-pay
• **Lenses:** one pair every 12 months
• **Frames:** covered up to \$150 every 12 months
Contact lenses: every 12 months
• **Elective:** covered up to \$150
• **Necessary:** covered in full after \$25 co-pay

💰 Cost-saving options

- Employees pay part of the cost
- Employees pay all of the cost
- Cover frames up to 24 months

Benefit amount: 60% of salary
Elimination period: 180 days
Monthly maximum: \$6,000
Own occupation period: 2 years
Benefit duration: 5 years

› Allow employees to buy
additional coverage

💰 Cost-saving option

Employees pay all of the cost with two choices—higher benefit/higher cost or lower benefit/lower cost

Employee benefit amount: \$10,000
Waiver of premium duration: two years

› Allow employees to buy
additional coverage

💰 Cost-saving option

Employees pay part of the cost

Exams: \$10 co-pay
Prescription glasses: \$25 co-pay
• **Lenses:** one pair every 12 months
• **Frames:** covered up to \$130 every 24 months
Contact lenses: every 12 months
• **Elective:** covered up to \$130
• **Necessary:** covered in full after \$25 co-pay

💰 Cost-saving option

- Employees pay all of the cost
- Reduce frames and elective contact lenses covered up to \$130

³ When offering short-term and long-term disability, align the benefit duration and elimination period to avoid any lapse in benefit.

Take your benefits up a notch.

Enhance your benefits package with accident and critical illness⁴ insurance once you have the essential benefits in place for your employees (dental, vision, disability, and life insurance). These benefits, which are designed to supplement your medical and disability coverage, help cover the unexpected expenses that may come with an accident or serious illness. The costs for these benefits are usually paid by the employee.



Learn more

Contact your local sales representative or visit principal.com today.

Understanding these terms

Dental

Annual deductible. The amount a member pays annually before insurance pays for any services.

Basic services. Treatments and procedures, such as fillings.

Co-insurance. Percent of covered charges paid by the insurance company after the deductible.

In-network. Services performed by dentists who are part of the insurance plan's Preferred Provider Organization (PPO).

Major services. Procedures and treatments, such as crowns and bridgework.

Non-network. Services performed by dentists who aren't part of the insurance plan's Preferred Provider Organization (PPO).

Preferred Provider Organization⁵ (PPO) network.

A group of dentists who have agreed to discount their fees.

Preventive services. Refers to procedures that help prevent and detect dental disease, such as cleanings, exams, and x-rays.

Disability

Benefit duration. Period of time benefits are paid.

Elimination period. Amount of time an employee must be disabled before receiving benefits.

Own occupation period. Employees are considered disabled for a period of time if they're unable to perform their own occupation—the occupation they were routinely performing when the disability began.

Life

Accidental Death & Dismemberment.

Pays a benefit when a death is considered an accident. Also pays a benefit for the loss of use of certain body parts, such as a hand or foot.

Waiver of premium duration. The period of time coverage continues without any premium payments when an employee has a qualifying disability.

Vision

Elective contacts. When the insured chooses to correct their vision with contact lenses instead of glasses.

Necessary contacts. When contact lenses are prescribed because certain medical conditions hinder vision correction with glasses.

⁴ Specified disease in New York.

⁵ Contracted provider network in Texas.

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