



Group insurance benefits

# Count on Principal for your employee benefits.

Presented to  
CITY OF CRETE

Prepared by  
BRIAN E COADY

Effective date  
July 1, 2024

Solutions  
Dental

The information in this proposal explains your dental coverage.

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

Proposal number: 05132410375-7

1047409

Contract state: NE

GP61690-14 | 07/2022

Today's date: 05/17/2024

Page 1 of 11

# Rates



Presented to: CITY OF CRETE  
Effective date: July 1, 2024

Dental benefit choice <sup>1</sup> all members electing low plan	
	Monthly rate
Employee	\$27.53
Employee & spouse	\$53.89
Employee & child(ren)	\$59.05
Family	\$89.17

<sup>1</sup>Lives, monthly cost and annual cost determined upon final enrollment.

Dental benefit choice <sup>1</sup> all members electing high plan	
	Monthly rate
Employee	\$34.12
Employee & spouse	\$66.79
Employee & child(ren)	\$83.39
Family	\$121.94

<sup>1</sup>Lives, monthly cost and annual cost determined upon final enrollment.

Rate includes:

- Orthodontia - child

**Rate guarantee:** this policy change does not impact your next renewal or rate guarantee period.

# Rating assumptions

Presented to: CITY OF CRETE

Effective date: July 1, 2024



## Rating assumptions

These rates are based on the following:

**Nebraska 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, 2024. 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. This proposal assumes the group has been in business for 12 months.

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.

## Dental PPO network benefit design

### Benefit choice for all members electing low plan

	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
<b>Preventive</b>	\$0	\$0	100%	80%	\$1,000	\$1,000
<b>Basic</b>	\$25	\$25	80%	80%	\$1,000	\$1,000
<b>Major</b>	\$25	\$25	50%	50%	\$1,000	\$1,000

Family deductible = 2 x per person deductible.

Combined deductibles: deductibles for basic and major in-network services are combined.

Deductibles for basic and major non-network services are combined.

Services applied to the in-network deductible will apply to the non-network deductible and vice versa.

Combined maximums: calendar year maximums for preventive, basic and major in-network services are combined.

Calendar year maximums for preventive, basic and major non-network services are combined.

Services applied to the in-network maximum will apply to the non-network maximum and vice versa.

We process claims using prevailing fees at the 90<sup>th</sup> percentile.

A minimum of 10 enrolled lives is required for a choice offering.

#### Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 10 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 50% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

### Covered services

<b>Preventive</b>	<p>Exams ( 2 per calendar year)</p> <p>Emergency exams (subject to exam frequency )</p> <p>Second opinion consultation</p> <p>Cleanings (2 per calendar year )</p> <ul style="list-style-type: none"> <li>• Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.</li> </ul> <p>X-rays</p> <ul style="list-style-type: none"> <li>• Bitewing (1 per calendar year)</li> <li>• Occlusal (2 per calendar year)</li> <li>• Periapical (4 per calendar year)</li> <li>• Full mouth survey (1 per 36 months)</li> <li>• Extraoral (2 per 12 months)</li> </ul>
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	Fluoride application (1 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) 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 ) <ul style="list-style-type: none"><li>Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.</li></ul> Harmful habit appliance (covered only for dependent children under age 19)  Fillings 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)					
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)  Bridges - initial placement; replacement after 120 months  Complete or partial dentures - initial placement; replacement after 60 months  Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)					
Dental PPO network benefit design Benefit choice for all members electing high plan						
	Calendar year deductible		Coinsurance (policy pays)		Calendar year maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
Preventive	\$0	\$0	100%	80%	\$1,500	\$1,500
Basic	\$25	\$25	80%	80%	\$1,500	\$1,500
Major	\$25	\$25	50%	50%	\$1,500	\$1,500
Family deductible = 2 x per person deductible.						
Combined deductibles: deductibles for basic and major in-network services are combined.						

Deductibles for basic and major non-network services are combined.

Services applied to the in-network deductible will apply to the non-network deductible and vice versa.

Combined maximums: calendar year maximums for preventive, basic and major in-network services are combined.

Calendar year maximums for preventive, basic and major non-network services are combined.

Services applied to the in-network maximum will apply to the non-network maximum and vice versa.

We process claims using prevailing fees at the 90<sup>th</sup> percentile.

## Additional benefit riders

	Lifetime deductible		Coinsurance (policy pays)		Lifetime maximum	
	In-network	Non-network	In-network	Non-network	In-network	Non-network
<b>Orthodontia Child</b>	\$0	\$0	50%	50%	\$1,000	\$1,000

Minimum enrolled lives required for child orthodontia: 5

Child orthodontia provides coverage for children up to age 19.

A minimum of 10 enrolled lives is required for a choice offering.

### Participation:

- If the employer contributes less than 50% of the employee cost for both plans, combined participation of 20% or 10 lives, whichever is greater, is required between choice offerings.
- If the employer contributes 50-99% of the employee cost for either choice plan, 50% combined employee participation is required between choice offerings.
- If the employer contributes 100% of the employee cost for either choice plan, 100% combined employee participation is required between choice offerings.

## Covered services

<b>Preventive</b>	<p>Exams ( 2 per calendar year)</p> <p>Emergency exams (subject to exam frequency )</p> <p>Second opinion consultation</p> <p>Cleanings (2 per calendar year )</p> <ul style="list-style-type: none"> <li>• Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.</li> </ul> <p>X-rays</p> <ul style="list-style-type: none"> <li>• Bitewing (1 per calendar year)</li> <li>• Occlusal (2 per calendar year)</li> <li>• Periapical (4 per calendar year)</li> <li>• Full mouth survey (1 per 36 months)</li> <li>• Extraoral (2 per 12 months)</li> </ul> <p>Fluoride application (1 per calendar year); covered only for dependent children under age 19</p>
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	<p>Sealants on first and second permanent molars for dependent children under age 19 (1 per 36 months)</p> <p>Space maintainers (covered only for dependent children under age 19; repairs not covered)</p>
<b>Basic</b>	<p>Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit )</p> <ul style="list-style-type: none"> <li>Expectant mothers, diabetics and those with heart disease receive one additional routine or periodontal cleaning.</li> </ul> <p>Harmful habit appliance (covered only for dependent children under age 19)</p> <p>Fillings</p> <p>Stainless steel crowns</p> <p>Simple oral surgery</p> <p>Complex oral surgery</p> <p>General anesthesia/IV sedation</p> <p>Periodontics (non-surgical), including scaling and root planing (1 per quad per 24 months)</p> <p>Periodontal surgical procedures (1 per quad per 36 months)</p> <p>Simple endodontics (root canal therapy for anterior teeth)</p> <p>Complex endodontics (root canal therapy for molar teeth)</p>
<b>Major</b>	<p>Crowns (1 per tooth per 120 months) if tooth cannot be restored by a filling</p> <p>Inlays, onlays, cast post and core, core buildup (1 per tooth per 120 months)</p> <p>Bridges - initial placement; replacement after 120 months</p> <p>Complete or partial dentures - initial placement; replacement after 60 months</p> <p>Repairs - partial denture, bridge, crown, relines, rebasing, tissue conditioning and adjustment to bridge/denture (within policy limitations)</p>
<b>Orthodontia</b>	<p>X-rays and other diagnostic procedures</p> <p>Fixed and removable appliances</p> <p>Lifetime maximum</p>

<b>Highlights</b>	
<b>Coordination of benefits</b>	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.



<b>Eligibility</b>	<p><b>Employee:</b> 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.</p> <p><b>Dependent:</b> Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
<b>Waiting periods</b>	None
<b>Prior dental coverage</b>	This proposal assumes the group had prior dental coverage for preventive/basic/major services.
<b>Open enrollment period</b>	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
<b>Limitations</b>	<p>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.</p> <p>The insurance does not pay for treatment or services above: unless specifically mentioned above, veneers, anterior <math>\frac{3}{4}</math> 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 / unless specifically mentioned above, implants / 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 / unless specifically mentioned above, 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 (TMJ) disorders.</p>



# Discounts and services



Presented to: CITY OF CRETE

Effective date: July 1, 2024

Discounts and services	
Laser vision correction	Employees, their spouses and dependent children save \$800 with featured providers Lasik <b>Plus</b> , TLC Laser Eye Centers or The LASIK Vision Institute or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's administered by LCA Vision.
Hearing aid program	Through Start Hearing, employees and their families are eligible for up to 48% off hearing aids.
Emotional health support line	Employees, their spouses and dependent children have free access to licensed behavioral health clinicians who can provide emotional support, tips for health coping and referrals to local resources.
Vision care	Employees, their spouses and dependent children can get discounts on eye exams, prescription glasses and lens options, contact lens evaluations and fittings, as well as LASIK surgery through a nationwide network of VSP providers.
Principal oral health center	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. Stay informed about your dental health: <a href="https://www.principal.com/find-dentist">https://www.principal.com/find-dentist</a>
Teeth whitening	Employees, their spouses and dependent children can save 20% on a dentist-invented teeth whitening technology from GLO Science. Available for home use, it's fast and sensitivity free.
<b>These discounts are not insurance.</b> The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services. <sup>4</sup> The articles and resources on Employers Dental Health Edge are made available for the sole purpose of general education on dental health related matters. This information is not intended as medical advice. For answers to your own health concerns, contact your dentist or other health care provider. Employers Dental Services (EDS) does not provide dental or medical advice. EDS is a member of the Principal Financial Group®.	

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

Proposal number: 05132410375-7

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Contract state: NE

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Page 9 of 11

# Services & general provisions



Presented to: CITY OF CRETE

Effective date: July 1, 2024

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.

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.

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®, Des Moines, IA 50392.

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

Proposal number: 05132410375-7

1047409

Contract state: NE

GP61699-16 | 07/2023

Today's date: 05/17/2024

Page 10 of 11

# Amendment information



Presented to: CITY OF CRETE

Effective date: July 1, 2024

## Existing group amendment information

Principal Life Insurance Company is pleased to team up with you to develop flexible benefit solutions that fit your employees' needs and your budget. With our customer-first approach, we're committed to offering you comprehensive benefits at an affordable price.

We're pleased to present you with this proposal, generated from your existing Principal Life account. The proposal contains additional benefit options you may wish to consider. If this proposal reflects a revision of existing products, the changes indicated on this proposal will be made to the products selected. Other features and provisions would stay the same. The sign-off below will approve the revisions for processing.

If this proposal adds a coverage to your account, [please include a signed application](#) with this proposal.

If non-benefit changes such as updates to eligibility, waiting periods and/or name or contact information are requested, please document in the space below.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Sign below for authorization of request(s):

\_\_\_\_\_  
Officer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Producer Signature

\_\_\_\_\_  
Date

**Please note:** The final approval of this proposal and any accompanying non-benefit changes are subject to Principal Life underwriting guidelines and federal or state regulations.

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

Proposal number: 05132410375-7

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Contract state: NE

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Page 11 of 11

