

Frequently Asked Questions – Benefits

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Enrollment

How do I enroll?

As a new employee, visit www.workforcenow.adp.com (or the ADP mobile app) to enroll. Enrollment is required; if you do not complete enrollment by the deadline (31 days from your date of hire), you will not be eligible to enroll in voluntary benefits. You will receive required benefits only (Basic Employee life insurance, short- and long-term disability).

How do I know which benefits to choose?

We recommend using [ALEX](#), our new benefits decision support tool—he'll ask you questions and then give you personalized recommendations. You can choose to set up an account with ALEX in order to save your progress, or just access the tool as a Guest.

What happens if I don't enroll?

You will be defaulted into your current voluntary life insurance elections and required benefits only (Basic Employee life insurance, short- and long-term disability).

When can I expect to receive my ID or debit cards?

You'll receive your UMR healthcare ID card, SunLife Dental Card and Inspira Financial (HSA and Healthcare FSA) debit cards within 10-14 business days. You will not receive an ID card for vision insurance. Your vision provider can look up your benefits without an ID card.

Where do I go with questions?

Start by using these resources:

- [Benefits Guide](#) (a comprehensive guide on all of Principia's benefits)
- [Benefits Hub](#) (a website with plan summaries and details)
- [ALEX](#), a decision-support tool that will ask you questions and make recommendations based on your situation

If you still need help, you can reach out to our team of Benefits Specialists provided by our broker, USI, Monday through Friday 8-5 CT at 855-874-0829 or via e-mail at BRCMidwest@usi.com.

Any escalated issues or questions can be directed to Principia's Sr. Benefits Specialist [June Brill](#).

My spouse works for Principia. Should we both enroll under one spouse's benefits?

This could be different for different families. For example, someone may want one spouse to have a health plan with a higher deductible, and the other spouse and children to be covered under a health plan with a lower deductible. You can choose what makes the most sense for your family. Both employees cannot simultaneously cover their children on the same plan (so both employees cannot each elect to cover their children on their health, dental, vision, or life insurance benefits).

ADP is automatically enrolling me in the Health Savings Account. How do I waive it?

To ensure you receive the Principia contributions, do not waive your HSA. Instead, elect a \$0 employee contribution.

If you are not eligible for the HSA (because you're on Medicare, Tricare, or other insurance), but still want to elect the Silver or Gold plan, then follow these steps to waive:

1. When you're going through Open Enrollment, under the Health Savings Account benefit, elect \$0 for the employee contribution and click "Confirm Details."
2. Return to the Open Enrollment page to select benefits, and under "Selected Plans", Health Savings Account, select "View All Plans".
3. Where you previously made an election, a red "X Unenroll" now appears on the bottom left. Select that. Then, "Yes, unenroll benefit."

4. You have successfully waived the HSA Principia and employee contribution. Now, you can elect a Limited Purpose FSA, if you'd like.

Health

What's included in the healthcare plans?

Christian Science Care

- Practitioners
- Nurses
- Nursing Facilities

Medical services (including, but not limited to):

- Preventive care (covered at 100% in-network)
- Telehealth* (virtual healthcare through www.Teladoc.com)
- Mental health
- Prescription coverage
- Allergy testing
- Chiropractors and podiatrists
- Durable medical equipment, including hearing aids* (up to an annual limit) and orthotics
- Hospital, emergency room and urgent care visits
- Inpatient and outpatient surgeries

Note: Covered services are subject to deductible, then coinsurance. On the Platinum, copays may apply. For example, a \$25 copay applies to primary care and mental health providers and a \$50 copay applies to specialists (chiropractors, podiatrists, dermatologists, etc).

Do I have to elect a health plan with Principia?

No. You can choose between the four plans or opt out of health insurance with Principia.

Are healthcare plans available elsewhere?

You are not required to choose one of Principia's health plans. You can review plans available at www.healthcare.gov, and if you're 65 or older, [Medicare](#) may be a better option for you.

What are the differences between the four health plans?

Check out the [Benefits Guide](#) (pp. 7–8) to see a side-by-side comparison of the four health plans.

- Most notably, the deductibles and out-of-pocket maximums are different on each plan. The lower your deductible, the higher your monthly premium.
- All the plans cover the same services. On the Platinum plan, you'll just pay a copay for most of your health care needs (doctor, specialist, prescription, urgent care, and ER). On all other plans, you pay 100% of the cost of care until you meet your deductible (except preventive care, which is covered at 100% on all the plans).
- Only the Silver and Gold are HSA plans and include a Principia contribution to your HSA.
- Christian Science coverage is included on all the plans, but only the Bronze and Platinum plans have a distinct (and lower) Christian Science deductible (which is integrated with your medical deductible).
- All the plans, except the Gold HSA plan, have an embedded individual deductible, meaning that each individual on a family plan is limited by their own individual

deductible. On the Gold HSA plan, there is one family deductible, and an individual on a family plan is limited only by the family deductible.

How is Christian Science care covered on our health plans?

Christian Science practitioners, nurses, and nursing facilities are covered expenses on all our health plans. You can submit your expenses directly to UMR. UMR will apply your expenses to your deductible (on the Bronze and Platinum plan, a lower Christian Science deductible of \$300 for each individual and \$900 for a family). Once you've met your deductible, UMR will reimburse you directly for 80% of the expense, depending on how you submit the claim. Once you meet the out-of-pocket maximum, the plan will then pay for all covered services at 100%.

Note: The explanation above assumes you're using an in-network provider (one listed in *The Christian Science Journal*). The benefits are less for non-*Journal*-listed providers (higher coinsurance and higher out-of-pocket maximum).

How do I check to see if my doctor is in the UMR network?

All our UMR health plans are preferred provider plans, so you may choose any provider, but staying in-network will provide significant savings. To see if your doctor is in the UMR network, go to www.umar.com and search using the **United Healthcare Choice Plus Network**.

Do I need to get a referral to see a specialist?

No. Some plans require that you designate a Primary Care Provider (PCP), and that you get referrals from that PCP to see specialists (like chiropractors, dermatologists, etc). Our plans do not require you to designate a PCP or get referrals to see specialists.

Are Principia's plans considered creditable coverage by Medicare?

All of Principia's health plans meet the requirements to be creditable coverage to allow you to opt out of Medicare Part B, if you choose. The Silver, Gold, and Platinum plans (**all but the Bronze**) now provide creditable prescription coverage, allowing you to opt out of Plan D.

Keep in mind that Medicare, especially Medicare Advantage plans, may provide better health coverage (including dental and vision on some plans) at a lower cost (premium + deductible) than the Principia health plans. Consider your options carefully.

Learn more about Medicare and your Principia plan [here](#).

Do I need to enroll separately for the Pharmacy Program?

No. With the election of a health plan, you automatically receive prescription drug benefits through a pharmacy program with OptumRx, and the premium is built into the health plan premium.

Which pharmacy can I go to?

You can visit any in-network pharmacy, which includes most major pharmacies (including Walgreens, CVS, Costco, Target, Walmart, and many more) and many neighborhood pharmacies, too. Log into www.umar.com and select Pharmacy to review in-network providers and to manage your pharmacy benefits.

How do I know if my prescription is covered?

The formulary (the listing of covered medications) for OptumRx is on the Benefits Hub, under Prescriptions [here](#).

Do I have a separate deductible for the OptumRx Pharmacy Program?

No, your pharmacy costs will continue to apply to your health plan deductible and out-of-pocket maximums. When you visit the pharmacy, your claim under OptumRx is tied "real-time" to UMR's claim management system to ensure the proper cost is charged.

Do I have to participate in mail order Rx?

Yes, if you regularly use a prescription, you will be required to use mail order. This normally happens after 3 consecutive months and sometimes longer. OptumRx will reach out to you, but being proactive will save you time and ensure a seamless transition between refills.

Dental

How do I check to see if my dentist is in the SunLife network?

Visit www.sunlife.com/findadentist. Select PPO Plans, then "Sun Life Dental Network." You can still visit an out-of-network dentist, but if you plan to do so, you might consider the Dental High Plan, which has even better out-of-network benefits.

Vision

How do I check to see if my optometrist is in the VSP network?

Visit www.vsp.com/eye-doctor. Select "Choice Network." You can still visit an out-of-network eye doctor, you can do so. Remember, you will have to submit your receipts to VSP to receive out-of-network reimbursement costs.

Does VSP provide a member card?

No, VSP does not provide a card. You can go to the website and print out a generic card. By creating an account at www.VSP.com, you can see your member identification number.

Premiums

What is premium cost-sharing, and how much does Principia pay for health premiums?

The premium you pay for your health insurance with Principia is only a small portion of the overall premium cost. Principia shares in the cost with you and covers most of the premium. For example, for the Bronze and Silver plans, Principia pays about 90% of the employee-only premium and about 80% of the Family premium. The chart below shows the full premium, the employee and Principia portion of that premium, and the percentage that Principia covers.

Tax Savings

I currently have/will have Medicare (Part A and/or Part B). Can I enroll in the HSA plan? If so, can I contribute to the HSA with my own money?

You can enroll in the HSA health plan, but you cannot contribute to the HSA or receive Principia contributions if you are enrolled in Medicare (even Part A). Since you can't enjoy the Principia contributions or the tax savings of the HSA Plans, the Principia Bronze or Platinum health plan or a Medicare Advantage or Medigap plan may be a better fit for you.

My spouse is on Medicare. Can I still enroll in the HSA plan?

Yes, you can enroll yourself and your spouse on the HSA plan and make contributions to your HSA plan, as long as **you** are not enrolled in Medicare.

My children and/or spouse are not enrolled on my HSA plan. Can I still use the HSA to pay for their medical expenses?

Yes, if they meet the IRS qualifications for dependents.

Can you enroll in the HSA account and health plan separately?

No, the HSA account requires a Principia HSA health plan. If you are enrolled in one of the HSA health plans, you will receive a Principia contribution (unless you waive it due to your ineligibility for contributions), and you can also make your own contribution through payroll deduction.

Can I enroll in a Flexible Spending Account and health plan separately?

Yes, you can elect the Healthcare Flexible Spending Account (FSA) without enrolling in a health plan. The FSA allows you to contribute your own pre-tax dollars to an account to pay for eligible medical, dental, and vision expenses. Note: If you do elect the Silver or Gold Health Plan with an HSA and elect an FSA, you'll be automatically enrolled into the Limited-Purpose (HSA-compatible) FSA, and FSA funds can only be used on dental or vision expenses until you've met your medical deductible.

If I enroll in the HSA plan, can I still have a Healthcare FSA?

Yes; however, you are not permitted to have both an HSA and a **Traditional** Healthcare FSA. You can, instead, elect a Limited-Purpose FSA (also known as an HSA-Compatible FSA). If you elect the HSA health plan and an FSA, then your Limited-Purpose Healthcare FSA can only be used **on dental and vision expenses**.

If you participate in the HSA, you can still participate in the Dependent Care Flexible Spending Account.

Why would I want a Limited-Purpose (HSA-Compatible) FSA?

There are a few reasons you might want to contribute to a Limited Purpose FSA, while participating in an HSA:

- It helps you maximize your tax savings. You can save even more taxes when you contribute to both the HSA and the FSA.

- You can reserve your HSA as a savings/investment account and use your Limited-Purpose FSA for eligible **dental and vision expenses**. Once you've met your medical deductible, you can also request that your Limited-Purpose FSA allow for eligible health expenses, including Christian Science practitioners, coinsurance, and more (by contacting PayFlex directly).
- Limited-Purpose FSA election amounts are available immediately, while the HSA balance is only available as you and Principia contribute. Keep in mind, your FSA election cannot be changed, and you must incur expenses by March 15 of the following year (and claim by March 30) or you forfeit any remaining funds. Your HSA election, on the other hand, can be changed at any time, and there are no deadlines to spend your HSA balance.

Can I enroll in a Dependent Care Flexible Spending Account, even if I elect an HSA health plan or waive the health plan?

Yes, your Dependent Care FSA election is not impacted by your health plan election.

Life Insurance

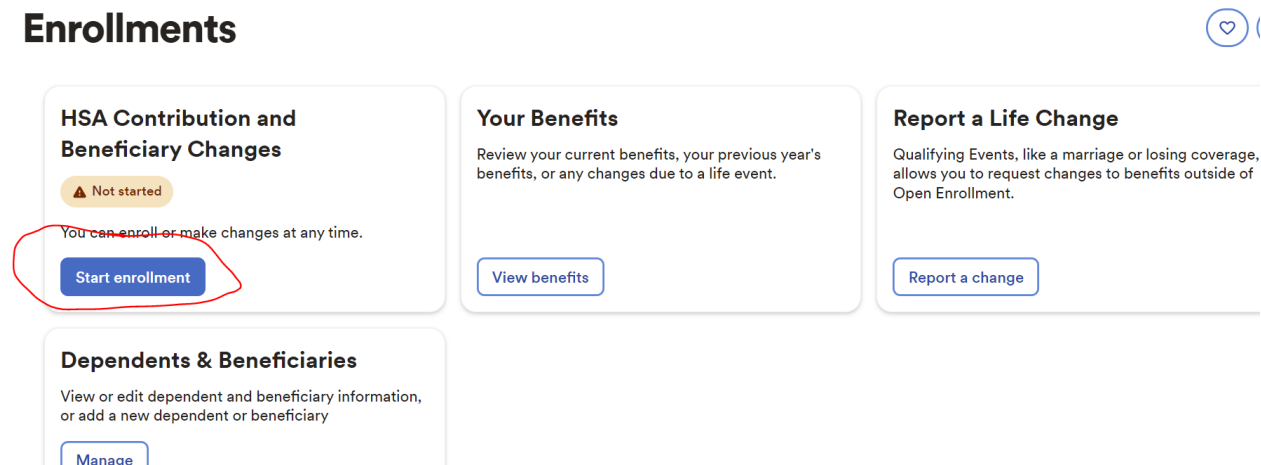
What life insurance is provided to me by Principia?

All benefits-eligible employees receive 2x their salary (up to a maximum of \$550k) in basic life insurance and an additional 2x their salary (up to the same maximum) in accidental death insurance. Principia and you share in the cost of this premium.

Additionally, Principia provides you with \$2,000 in life insurance for your spouse and children, up to age 26.

How do I update my life insurance beneficiaries?

To update beneficiaries, log into ADP, and under Benefits, find HSA Contribution and Beneficiary Changes, and select "Start Enrollment". See screenshot:



The screenshot shows the ADP Benefits page with a heart icon in the top right corner. There are four main sections:

- HSA Contribution and Beneficiary Changes**: This section has a yellow "Not started" status indicator. Below it, a red circle highlights the text "You can enroll or make changes at any time." and a blue "Start enrollment" button.
- Your Benefits**: This section includes the text "Review your current benefits, your previous year's benefits, or any changes due to a life event." and a blue "View benefits" button.
- Report a Life Change**: This section includes the text "Qualifying Events, like a marriage or losing coverage, allows you to request changes to benefits outside of Open Enrollment." and a blue "Report a change" button.
- Dependents & Beneficiaries**: This section includes the text "View or edit dependent and beneficiary information, or add a new dependent or beneficiary" and a blue "Manage" button.

To make someone a primary beneficiary who is currently secondary, you must first delete the secondary percentage and then add a % to primary.

What is Guaranteed Issue?

Our **voluntary** life insurance benefit includes a Guaranteed Issue—meaning, no medical questions will be asked if you elect coverage up to the Guaranteed Issue amounts during your initial enrollment:

- Employee coverage: \$200,000
- Spouse coverage: \$40,000
- Child: \$5,000

My spouse works at Principia. Can I cover them or my children on my voluntary life insurance?

Because you and your spouse both already have basic life insurance coverage through Principia, neither of you can elect voluntary spouse coverage. You can, however, elect additional voluntary coverage for yourself.

Only one spouse can cover the child(ren) on the voluntary child coverage.

Retirement

What is the Principia match?

Principia matches 100% of the first 6% of your voluntary contributions, up to an annual maximum match of \$4,500. There is no longer a mandatory component to your contributions.

Time Off Benefits

What's changing about short-term disability?

The short-term disability benefit provides 60% salary replacement in the event you can't work for an extended period of time due to injury or illness. Our short-term disability plan with paid benefits begins after seven consecutive days out of work.

How is maternity leave impacted?

New parents receive six weeks of Paid Parental Leave. Additionally, birthing parents receive short-term disability, paid at 60% while they rest and recover from childbirth (typically five weeks for a vaginal birth, seven weeks for a C-section). This STD benefit can be topped-up to 100% using accrued vacation, health or personal time (or even Parental Leave). At the conclusion of their recovery period, birthing parents can then use their six weeks of 100% Paid Parental Leave.