

Frequently Asked Questions—Benefits Open Enrollment 2027

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What's Changing?

What's changing with Principia's benefits for 2027?

Several benefits, providers, premiums, and support resources are changing for 2027:

- ▶ **New life, disability, and voluntary benefits provider:** The Hartford will replace Sun Life for life insurance, disability insurance, and voluntary Accident, Critical Illness, and Hospital Indemnity coverage.
- ▶ **New dental and vision provider:** Delta Dental and DeltaVision, using the EyeMed network, will replace Sun Life for dental and vision coverage.
- ▶ **Enhanced dental benefits at a lower cost:** Dental premiums will decrease by approximately 7%. Under both dental plans, covered preventive care will no longer reduce the annual benefit maximum available for other dental services. Under the High Plan, the lifetime orthodontia maximum will each increase from \$1,000 to \$2,000.
- ▶ **New Employee and Family Assistance Program:** LifeCare will replace SupportLinc as Principia's Employee and Family Assistance Program. LifeCare offers confidential counseling and additional resources for caregiving, life coaching, work-life needs, legal and financial concerns, and more at no cost to employees.
- ▶ **Expanded virtual mental health coverage:** Talkspace mental health visits will be available for a \$10 copay rather than being subject to the deductible and coinsurance. Teladoc will also offer virtual mental health services for a \$10 copay.
- ▶ **Changes to the health plan include:**
 - **More flexibility for maintenance prescriptions:** The mandatory mail-order requirement will be eliminated. Employees may choose home delivery or obtain 30- or 90-day maintenance prescriptions through participating retail pharmacies or optional mail order.
 - **Personalized support through UMR:** UMR's new Plan Advisor service will provide personalized telephone support to help employees understand their medical coverage, find providers, schedule appointments, navigate medical and Christian Science claims, and make informed care decisions.
 - **Medical plan deductible changes:** The Silver, Gold, and Platinum plan deductibles will increase for 2027. The Bronze plan deductible will remain unchanged.
- ▶ **Premium changes:** Medical premiums will increase based on the plan and coverage tier selected. Premiums for most other benefits will decrease, including dental, vision, life insurance, long-term disability, Hospital Indemnity, and Critical Illness coverage.
- ▶ **Increased contribution limits:** The annual contribution limits for Health Savings Accounts, Flexible Spending Accounts, and Retirement (403(b)) will increase for 2027.
- ▶ **A new benefits decision-support tool:** ADP Decision Support will replace ALEX and will be available within ADP to help employees compare plans and choose benefits based on their individual circumstances.

More information about each change is included in the FAQs below and in the 2027 Benefits Guide.

Are premiums changing?

Yes. Medical premiums will increase by \$3 to \$81 per month, depending on the plan and coverage tier selected. Most employees enrolled in the Silver and Gold plans will see an increase of \$5 to \$40 per month.

Premiums for most other benefits will decrease:

- ▶ Dental: approximately 7% lower
- ▶ Vision: approximately 22% lower
- ▶ Life insurance: approximately 60% lower

- ▶ Long-term disability: approximately 15% lower
- ▶ Critical Illness: lower for most employees, with the amount varying by age and tobacco status
- ▶ Hospital Indemnity: approximately 2% lower

Accident and voluntary life insurance premiums do not change.

Are any carriers or plan options changing?

Yes. Beginning January 1, 2027:

- ▶ Delta Dental will replace Sun Life for dental coverage.
- ▶ DeltaVision, using the EyeMed network, will replace Sun Life for vision coverage.
- ▶ The Hartford will replace Sun Life for life insurance, disability insurance, Accident, Critical Illness, and Hospital Indemnity coverage.

UMR will continue to administer Principia's four medical plans using the UnitedHealthcare Choice Plus network. OptumRx will continue to administer prescription benefits, and Inspira Financial will continue to administer HSAs and FSAs.

Enrollment

How do I enroll?

From October 27 through November 16, visit workforcenow.adp.com (or the ADP mobile app) to enroll. It's your once-a-year opportunity, outside of a life event, to make changes to your benefits, effective January 1, 2027. If you make no changes, your current elections will roll over into 2027, **except for Dependent Care and Healthcare Flexible Spending Accounts**, which always require an annual election.

How do I know which benefits to choose?

As you move through enrollment in ADP, select "Help Me Choose" to access ADP Decision Support. The tool asks optional questions about your anticipated healthcare needs and recommends benefit options that may be a good fit. You can compare the recommendations and continue directly to enrollment in ADP. The recommendation is guidance only; the final benefit elections are yours.

Is ADP Decision Support replacing ALEX?

Yes. ADP Decision Support replaces ALEX beginning with 2027 Open Enrollment. Because the new tool is built into ADP, you can review recommendations and make your benefit elections in the same system.

Are my responses in ADP Decision Support confidential?

Yes. Your individual responses are confidential and are not available to Principia. You may skip questions or choose "Prefer not to answer." Principia may receive aggregate information about use of the tool, but not your individual responses.

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

If you choose a new health plan, or enroll newly in an HSA or Healthcare FSA, you'll receive your UMR healthcare ID card and Inspira Financial (HSA and Healthcare FSA) debit cards by December 31. Employees enrolled in dental or vision coverage for 2027 will receive new coverage information because Principia is changing carriers.

Where do I go with questions?

Start by using these resources:

- ▶ **Benefits Hub** (a website with plan summaries and details)
- ▶ **Benefits Guide** (a comprehensive guide to all of Principia's benefits)
- ▶ AskHR within **Ask Principia**—with access to all our new benefits information
- ▶ **USI Benefits Resource Center**: Assistance with benefit questions and escalated eligibility or claim concerns, Monday through Friday, 8 a.m.–5 p.m. CT, at 855.874.0829 or BRCMidwest@usi.com
- ▶ **Principia HR**: Questions requiring additional assistance or involving your ADP enrollment or employment record at HR@principia.edu

Any escalated issues or questions can be directed to Principia's HR team at HR@principia.edu.

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

You may enroll separately or have one employee cover the other, depending on what works best for your family. Consider the premiums, deductibles, anticipated healthcare needs, and whether you want individual or family coverage.

The same dependent cannot be enrolled by both Principia employees in the same benefit. For example, both employees cannot each cover the same children under medical, dental, vision, or voluntary child life insurance.

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

Employees on the Silver and Gold HSA plans receive a Principia contribution to their HSA. To ensure you receive the Principia HSA contributions, do not waive your HSA (unless you're not eligible—detailed below). 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.

How do I make changes to my retirement contributions?

You can make those changes any time throughout the year at transamerica.com/portal.

Premiums

What are the new health plan premiums?

Monthly Premiums	Bronze		Silver		Gold		Platinum	
	2026	2027	2026	2027	2026	2027	2026	2027
Employee	\$33	\$35.64	\$67	\$72.36	\$100	\$110.00	\$168	\$188.16
Employee + Child(ren)	\$66	\$71.28	\$134	\$144.72	\$200	\$220.00	\$336	\$376.32
Employee + Spouse	\$99	\$106.92	\$201	\$217.08	\$300	\$330.00	\$504	\$564.48
Family	\$132	\$142.56	\$268	\$289.44	\$400	\$440.00	\$672	\$752.64

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 percent of the employee-only premium and about 80–90 percent 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.

2027	Bronze				Silver (HSA)				Gold (HSA)				Platinum			
	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%	Total Monthly Premium	Employee Monthly Premium	Principia Monthly Premium	Principia Cost Share%
Employee Only	\$594.81	\$35.64	\$559.17	94%	\$713.81	\$72.36	\$641.45	90%	\$813.64	\$110.00	\$703.64	86%	\$881.04	\$188.16	\$692.88	79%
Employee + Child(ren)	\$832.74	\$71.28	\$761.46	91%	\$999.33	\$144.72	\$854.61	86%	\$1,139.08	\$220.00	\$919.08	81%	\$1,233.44	\$376.32	\$857.12	69%
Employee + Spouse	\$1,070.66	\$106.92	\$963.74	90%	\$1,284.86	\$217.08	\$1,067.78	83%	\$1,464.54	\$330.00	\$1,134.54	77%	\$1,585.86	\$564.48	\$1,021.38	64%
Family	\$1,308.58	\$142.56	\$1,166.02	89%	\$1,570.37	\$289.44	\$1,280.93	82%	\$1,789.98	\$440.00	\$1,349.98	75%	\$1,938.25	\$752.64	\$1,185.61	61%

How do Principia's healthcare premiums compare to other organizations?

Each year, we compare our plans (both the coverage and the employee premiums) with colleges and universities and K-12 schools. Our premiums and plan design, even with the changes for 2027, continue to position us as highly competitive.

For example, see below for a comparison of the monthly premiums on Principia's Silver and Gold Plans with other plans with similar coverage (deductible and out-of-pocket maximum) outside Principia:

- ▶ Employee-only monthly premiums:
 - 2027 Principia Silver: \$72.36 (Principia paying 90% of employee-only premium)
 - 2027 Principia Gold: \$110 (Principia paying 86% of employee-only premium)
 - Midwest Benchmark Colleges: \$160
 - Midwest Benchmark Schools: \$122
- ▶ Family monthly premiums:
 - 2027 Principia Silver: \$289.44 (Principia paying 82% of family premium)
 - 2027 Principia Gold: \$440 (Principia paying 75% of family premium)
 - Midwest Benchmark Colleges: \$724
 - Midwest Benchmark Schools: \$807

What are the 2027 dental premiums?

With the change to Delta Dental, employees will enjoy enhanced coverage and decreased premiums (by about 7%) in 2027. Additionally, Delta Dental has provided Principia with a rate guarantee on our dental premiums for two years (meaning the dental premiums will not change again until 2029).

Coverage Level	Dental Low Plan	Dental High Plan
Employee	\$24.14	\$45.60
Employee + Child(ren)	\$61.16	\$97.14
Employee + Spouse	\$48.76	\$82.72
Family	\$91.54	\$139.22

What are the 2027 vision premiums?

With the change to DeltaVision, employees will enjoy similar coverage and decreased premiums (by about 22%) in 2027. Additionally, DeltaVision has provided Principia with a rate guarantee on vision premiums for three years (meaning the vision premiums will not change again until 2030).

Vision Monthly Premiums	2027
Employee	\$5.40
Employee + Child(ren)	\$11.88
Employee + Spouse	\$10.80
Family	\$17.30

Health

What's included in the health plans?

All four medical plans cover the same general categories of services, including:

- ▶ Preventive care
- ▶ Physician and specialist care
- ▶ Hospital, emergency room, and urgent care
- ▶ Inpatient and outpatient surgery
- ▶ Prescription drugs
- ▶ Mental health care
- ▶ Teladoc virtual medical, dermatology, and mental health care
- ▶ Christian Science practitioner, nursing, facility, and in-home care
- ▶ Other covered services and medical equipment

What you pay and how benefits are applied differ by plan. Review the 2027 Benefits Guide and plan documents for complete coverage information.

How are the health plan deductibles changing?

The Silver and Gold deductibles are increasing to maintain the plans' HSA-qualified status under IRS requirements. The Platinum deductible will also increase for 2027. The Bronze deductible will not change.

In-Network Benefits*	Bronze	Silver (HSA)	Gold (HSA)	Platinum
Health Plan Deductible				
2026 Calendar Year Deductible Individual / Family	\$9,100 / \$18,200	\$3,400 / \$6,800	\$1,700 / \$3,400	\$1,000 / \$2,000
NEW Calendar Year Deductible Individual / Family	No change	\$3,500 / \$7,000	\$1,750 / \$3,500	\$1,250 / \$2,500

Do I have to enroll in a Principia health plan?

No. You can choose between the four plans or opt out of health insurance with Principia. Other coverage may be available through a spouse's employer, at [healthcare.gov](https://www.healthcare.gov), [Medicare](#) (generally available if you're 65 or older), or another option.

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, and telehealth, which is a \$10 copay through Teladoc and Talkspace).
- ▶ 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 plan, there is one family deductible, and an individual on a family plan is limited only by the family deductible.

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 umr.com and search using the **United Healthcare Choice Plus Network**.

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

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

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 in to umr.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.

What is changing with maintenance prescriptions?

Beginning in 2027, you will no longer be required to use OptumRx mail order for maintenance medications. You may continue using mail order if it works well for you or fill your prescriptions through an eligible in-network retail pharmacy.

Can I still use OptumRx mail order?

Yes. Mail order remains available in 2027. The change simply means that it is no longer required for maintenance medications.

What is UMR Plan Advisor?

UMR Plan Advisor is a personalized support service for employees and covered family members enrolled in a Principia health plan, available starting January 2027. Plan Advisor can help you understand and use your medical benefits throughout the year, not only during Open Enrollment.

What can Plan Advisor help me with?

Plan Advisor can assist with:

- ▶ Understanding your benefits and eligibility
- ▶ Finding in-network healthcare providers
- ▶ Scheduling appointments
- ▶ Navigating provider networks
- ▶ Interpreting Explanation of Benefits statements
- ▶ Resolving medical claim and billing questions
- ▶ Connecting with preventive care and health resources
- ▶ Understanding Christian Science care benefits and submitting Christian Science claims

How is Plan Advisor different from the USI Benefit Resource Center or Principia HR?

Use Plan Advisor for personalized help navigating your UMR medical benefits, such as finding a provider, understanding an Explanation of Benefits statement, scheduling an appointment, or working through a medical claim or bill.

The USI Benefit Resource Center can assist with questions about Principia's broader benefit offerings and escalated claim or eligibility concerns. Contact Principia HR when a question requires HR action or involves your enrollment or employment record.

Teladoc

What is Teladoc?

Teladoc is our 24/7 virtual care option for non-emergency medical and mental health concerns. You can connect by video or phone to get care from anywhere. Get started at [Teladoc.com](https://www.teladoc.com) or call 800.TELADOC (800.835.2362).

How much does Teladoc cost?

Virtual visits through Teladoc are a \$10 copay on all our plans.

Who can use Teladoc?

Anyone enrolled in a Principia health plan—employees and covered dependents—can use Teladoc for eligible non-emergency care.

What kinds of care are available through Teladoc?

Teladoc offers:

- ▶ General medical care for common non-emergency conditions such as cold and flu symptoms, sinus infections, minor rashes, pink eye, and stomach concerns
- ▶ Dermatology care
- ▶ Mental health care

A Teladoc provider may prescribe medication when clinically appropriate.

How do prescriptions from a Teladoc visit work?

If the provider determines that a prescription is appropriate, the prescription can be sent to the pharmacy you select. The medication will be covered according to the OptumRx formulary and the provisions of your medical plan.

Will the Teladoc copay count toward my out-of-pocket maximum?

Yes—copays count toward your plan's out-of-pocket maximum for the year, just like other covered services under your plan design.

Do I need to meet my deductible first on the HSA plans (Silver/Gold)?

No. The \$10 Teladoc copay applies right away on all the plans, even the Silver and Gold HSA plans, for Teladoc visits, even if you haven't met your deductible. To pay the copay, you can use

your preferred payment method—or, if you have one, your Inspira HSA or Healthcare FSA debit card.

How do I get started or set up my account?

Visit [Teladoc.com](https://www.teladoc.com) or call 800.TELADOC (800.835.2362) to create your account and complete your health profile. We recommend setting this up before you need it, so you can connect quickly when you need care.

Mental Health & Employee & Family Assistance Program

What is LifeCare?

Beginning January 1, 2027, LifeCare replaces SupportLinc as Principia's Employee and Family Assistance Program, or EFAP. LifeCare provides free, confidential support to employees and their household family members for personal, family and work-life concerns. Resources include counseling, child and elder care assistance, financial and legal consultation, identity-theft support, referrals and work-life resources.

How many counseling sessions are available through LifeCare?

LifeCare provides up to three counseling sessions per issue, up to three separate issues per year, for a maximum of nine sessions annually. Sessions may be available in person, by phone or by video with a licensed clinician.

Who can use LifeCare, and do I have to be enrolled in a Principia health plan?

LifeCare is available at no cost to all Principia employees and their household family members.

Is my use of LifeCare confidential?

Yes. Contact with LifeCare is confidential, and information about an employee's or family member's situation is not provided to Principia.

How do I access LifeCare?

Log in to ADP, select **Resources**, and then select **My Tools** for single sign-on access to LifeCare. You may also call LifeCare at 800.697.7315. Support is available 24/7.

What is changing with Talkspace in 2027?

Talkspace is not a new benefit, but the cost is changing. Beginning in 2027, covered Talkspace visits will have a \$10 copay. Previously, Talkspace services were subject to the health-plan deductible and coinsurance, which meant the cost could vary.

Who can use Talkspace?

Employees and covered dependents enrolled in a Principia health plan can use Talkspace for virtual behavioral health support. Beginning in 2027, covered visits are available for a \$10 copay.

How are LifeCare, Talkspace, and Teladoc Mental Health different?

Each resource offers a different way to access support:

- ▶ **LifeCare** is a free Employee and Family Assistance Program for all employees (no health plan enrollment required) that provides immediate short-term counseling and broader work-life resources, including child and elder care assistance, financial and legal consultation, identity-theft support, and referrals.
- ▶ **Talkspace**, available through a Principia health plan, provides virtual mental health care through a digital platform, including messaging and live sessions with licensed

providers. Covered visits are available for a \$10 copay. You can schedule ongoing visits with the same provider.

- ▶ **Teladoc Mental Health** (similar to Talkspace) is available through a Principia health plan, and provides virtual mental health care by video or phone through the same Teladoc platform used for medical and dermatology visits. Covered visits are available for a \$10 copay. You can schedule ongoing visits with the same provider.

You may choose the resource and format that best fit your needs.

Are Talkspace and Teladoc Mental Health the same service?

No. Talkspace and Teladoc are separate services with different provider networks and ways to receive care. Talkspace offers digital messaging and live sessions, while Teladoc provides care by video or phone. Both are available for a \$10 copay starting in 2027.

Do I need to meet my deductible before paying the \$10 Talkspace or Teladoc copay?

No. The \$10 copay applies to covered Talkspace and Teladoc visits even if you have not met your health plan deductible.

Can I use both Talkspace and Teladoc Mental Health?

Yes. Talkspace and Teladoc provide different ways to access virtual mental health care. You may use the service that best fits your needs and preferred way of receiving support.

Health Savings Account (HSA) and Flexible Spending Accounts (FSAs)

Each year, the IRS sets new contribution limits on tax-advantaged plans. In 2027, you can expect the following annual contribution limits with FSA projected amounts:

Health Savings Account (HSA)

- ▶ Individual: \$4,500 (up from \$4,400 in 2026)
- ▶ Family: \$9,000 (up from \$8,750 in 2026)
- ▶ Catch-up: \$1,000 for those 55 and older (no change)

Flexible Spending Accounts (FSA)

- ▶ Healthcare and Limited-Purpose: \$3,500 (up from \$3,400 in 2026)
- ▶ Dependent Care: \$7,500 (no increase). Employees with dependent children up through the age of 12, who have aftercare, summer day camp, or preschool tuition expenses can save taxes by participating in the DCFSA.

We'll confirm once the IRS finalizes 2027 FSA limits.

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 also 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 [Inspira Financial](#) 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 31) 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.

What is a Dependent Care Flexible Spending Account (DCFSA)?

A DCFSA lets you set aside pre-tax dollars to pay for eligible dependent care expenses, such as preschool, before- and after-school programs, summer day camps (not overnight), licensed daycare centers, and in-home care (like a nanny or babysitter) so you and your spouse can work or look for work. For 2027, you can contribute up to \$7,500. Note: school tuition for kindergarten and older is not an eligible expense.

What expenses qualify for DCFSA reimbursement?

Eligible expenses include care for children under age 13 or a spouse/dependent who cannot care for themselves. Examples: preschool tuition, licensed daycare, summer day camps, and adult day care. Expenses must be work-related, and you'll need to provide receipts showing the provider's details and dates of service. Overnight camps, tutoring, private school tuition starting in kindergarten, and non-work-related babysitting are not eligible.

Christian Science Care

How is Christian Science care covered on our health plans?

Christian Science practitioners, nurses, nursing facilities, and in-home care 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 80% of the cost. Once you meet your 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 submit a claim for Christian Science care?

To submit a claim, complete a form available [here](#). When submitting multiple dates of service with a practitioner, use one claim form per individual, provider, and/or month and submit the form via email.

How do I pay for Christian Science practitioners?

UMR reimburses you for any Christian Science care, once your deductible has been met, so you should pay your practitioner directly, and you will get reimbursed from UMR for benefits covered by the plan. UMR does not pay practitioners directly.

Any practitioner care not covered by our health plan (while you're still paying toward your deductible, for example) can be reimbursed under a Traditional Healthcare FSA or a Health Savings Account.

Dental and Vision Transition

Do I need to provide my dentist or vision provider with new insurance information?

Yes. Because Principia is changing dental and vision carriers, provide your new coverage information when receiving services on or after January 1, 2027.

Will I need to change dentists?

You may continue seeing any dentist, but you will generally receive a higher benefit and pay less when you use a dentist in the Delta Dental PPO network. Many providers used by Principia employees participate in the Delta Dental network, but you should confirm your own dentist's network status before receiving care in 2027.

Will I need to change vision providers?

You may continue seeing any vision provider, but you will generally receive a higher benefit and pay less when you use a provider in the DeltaVision EyeMed network. Before receiving care in 2027, confirm that your provider participates in the EyeMed network.

Dental

What dental plans are available?

Principia offers two plans through Delta Dental: the Dental Low Plan and the Dental High Plan. Both plans allow you to visit any dentist, but you receive the greatest benefit when you use a dentist in the Delta Dental PPO network. Orthodontia is available only under the Dental High Plan.

Are the dental plan benefits changing in 2027?

Yes. Beginning January 1, 2027:

- ▶ Delta Dental will replace Sun Life as the dental carrier.
- ▶ Dental premiums will decrease by approximately 7%.
- ▶ Covered in-network preventive services will not count toward the annual benefit maximum under either dental plan.

- ▶ The Dental High Plan's lifetime orthodontia maximum will increase from \$1,000 to \$2,000 per covered person.

The annual benefit maximums are not changing. The Dental Low Plan annual maximum remains \$1,000 per person, and the Dental High Plan annual maximum remains \$1,500 per person.

How do the Dental Low and Dental High Plans compare?

Dental Plan Highlights	Dental Low Plan	Dental High Plan
Plan year deductible Individual / Family	\$50 / \$150	\$50 / \$150
Plan year maximum benefit Per covered individual	\$1,000	\$1,500
Preventive care (Tier 1) Two exams/cleanings per calendar year	100% Deductible waived Does not count toward annual maximum	100% Deductible waived Does not count toward annual maximum
Basic restorative care (Tier 2) Fillings, minor extractions	80%	90%
Major restorative care (Tier 3) Root canals, major extractions	50%	60%
Orthodontia Adult and child	Not covered	50%, up to a \$2,000 lifetime maximum per person

How do I find an in-network dentist?

Visit [DeltaDentalMO.com](https://www.DeltaDentalMO.com), select Find a Provider, choose Find a Dentist, and filter by the Delta Dental PPO network. You may use an out-of-network dentist, but your plan benefits and costs will differ.

How can I estimate what dental care will cost?

Log in to your Delta Dental member account to review benefit information and estimate the cost of services. For planned treatment, ask your dentist to submit a predetermination to Delta Dental before services are provided. A predetermination shows how the plan is expected to cover the proposed treatment but is not a guarantee of payment.

Which dental plan covers orthodontia?

The Dental High Plan covers orthodontia for eligible adults and children. The plan pays 50% of covered expenses, up to a \$2,000 lifetime maximum per covered person. The Dental Low Plan does not cover orthodontia.

What happens if orthodontic treatment is already in progress on January 1, 2027?

You may be eligible for continued orthodontic benefits under Delta Dental if:

- ▶ You had orthodontic coverage under your prior plan.
- ▶ There is no break in coverage.
- ▶ You remain eligible under the Delta Dental plan.
- ▶ Treatment remains active.
- ▶ You provide the required documentation.

Amounts paid by your prior dental plan will count toward Delta Dental's \$2,000 lifetime orthodontia maximum.

If treatment began before Delta Dental coverage and you did not have orthodontic coverage under the prior plan, the treatment is not eligible during the first 12 months of Delta Dental coverage. Benefits may become available after 12 months if treatment is still active and all other plan requirements are met.

What information is required for orthodontic treatment already in progress?

Provide documentation to Delta Dental showing your prior orthodontic coverage, the treatment plan, and the total amount paid by the prior carrier. Delta Dental may request additional information from you or your orthodontist.

Contact Delta Dental before relying on coverage because benefits remain subject to the official plan documents, rider, eligibility requirements, age limits, and lifetime maximum.

Can I use an HSA or FSA for dental expenses?

Dental expenses are eligible expenses under a Health Savings Account (HSA) and both a Traditional and Limited-Purpose Healthcare Flexible Spending Account (FSA).

Where can I get help with coverage or a claim?

For plan or claim questions, contact Delta Dental customer service at 800.335.8266. The USI Benefit Resource Center can also help with benefit questions and escalated claim or eligibility issues at 855.874.0829, Monday through Friday, 8 a.m.–5 p.m. CT, or BRCMidwest@usi.com.

Vision

Are the vision benefits changing in 2027?

With the change from Sun Life to DeltaVision, the new vision plan provides similar coverage through DeltaVision using the EyeMed network. Vision premiums will decrease by about 22% for 2027.

How do I check to see if my optometrist is in the DeltaVision EyeMed Insight network?

Visit DeltaDentalMO.com. Go to **Find a Provider** and choose **Find a Vision Provider**. You can still visit an out-of-network eye doctor, but the plan benefits are lower, and you will have to submit your receipts to receive out-of-network reimbursement costs.

Does DeltaVision provide a member card?

Yes, EyeMed will provide an ID card, arriving in the mail before December 31. After January 1, you can also visit the website to print out a generic card. When you create an account at DeltaDentalMO.com, you can find your member identification number (though your vision provider can also verify your coverage simply through your Social Security number).

Life, Disability, and Voluntary Transition

What benefits are moving to Hartford?

Beginning January 1, 2027, The Hartford will replace Sun Life as the carrier for:

- ▶ Basic and voluntary life insurance
- ▶ Accidental death and dismemberment insurance
- ▶ Short-term and long-term disability insurance

- ▶ Accident insurance
- ▶ Critical Illness insurance
- ▶ Hospital Indemnity insurance

Do I need to re-enroll because the carrier is changing?

No. Most current life, disability, and voluntary benefit elections will roll over to The Hartford if you do not make changes during Open Enrollment.

Review your elections, covered dependents, coverage amounts, and beneficiaries in ADP to make sure they continue to meet your needs.

What happens to a disability claim that began before January 1, 2027?

A disability claim that begins in 2026 will remain with Sun Life through resolution. New claims beginning under the 2027 coverage will be administered by Hartford.

Do I need to update my beneficiaries because the carrier is changing?

No. Your current beneficiary elections will remain in place unless you change them. However, Open Enrollment is a good opportunity to review your beneficiaries and make any needed updates in ADP.

What voluntary benefits are available through The Hartford?

Employees may elect the following voluntary benefits:

- ▶ **Accident insurance:** Pays scheduled benefits for certain covered injuries and related services after an accident.
- ▶ **Critical Illness insurance:** Pays a benefit when a covered person is diagnosed with an eligible covered condition.
- ▶ **Hospital Indemnity insurance:** Pays scheduled benefits for eligible overnight hospital admissions and stays.

These benefits pay according to the terms of the policy and are separate from the medical plan. Review the 2027 Benefits Guide for more benefit details.

Life Insurance

What life insurance is provided to me by Principia?

All benefits-eligible employees receive 2x their salary (up to a maximum of \$550,000) in basic life insurance and an additional 2x their salary (up to the same maximum) in accidental death and dismemberment 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."

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

What is Guaranteed Issue?

Our **voluntary** life insurance benefit includes a Guaranteed Issue—meaning, no medical questions will be asked (and no Evidence of Insurance (EOI) required) if you elect coverage up to the Guaranteed Issue amounts during Open Enrollment.

- ▶ Employee coverage: \$200,000

- ▶ Spouse coverage: \$40,000
- ▶ Child: \$5,000

Your current coverage levels will roll over to 2027 if you take no action. If you already have existing coverage above the Guaranteed Issue, no EOI will be required unless you increase your coverage during Open Enrollment.

What happens if I need to provide Evidence of Insurability (EOI)?

Some coverage elections require Evidence of Insurability (EOI), which is a review of your health information by The Hartford before additional coverage can be approved.

If EOI is required, your requested increase in coverage will be pending until The Hartford completes its review. After Open Enrollment, The Hartford will contact you directly with instructions for completing a Personal Health Application online. The application typically takes less than 10 minutes to complete. The Hartford may send reminder notices if the application is not started or completed. You must complete the application by the deadline provided by The Hartford in order for the requested coverage to be considered for approval.

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 each, however, elect additional voluntary coverage for yourself. Only one spouse can cover the child(ren) on the voluntary child coverage.

Medicare

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. Find more information about Principia plans and Medicare [here](#).

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.

Are Principia's plans considered creditable coverage by Medicare?

Yes. All four Principia health plans provide creditable prescription drug coverage for Medicare Part D purposes. Beginning in 2027, the Bronze plan also meets Medicare's creditable coverage requirements.

Employees and dependents who are eligible for Medicare should review Principia's annual Medicare notices and compare their coverage options before enrolling in or declining Medicare coverage.

For additional information about how Medicare may coordinate with Principia's benefits, visit the Medicare section of the Benefits Hub [here](#).

Retirement

What is the Principia match?

Principia automatically contributes 2% of your eligible compensation to your 403(b)

retirement plan, even if you do not make your own contributions. In addition, Principia matches your contributions dollar-for-dollar on the first 5% of eligible compensation you contribute, with no annual cap. To receive the full 5% match, you must contribute at least 5 percent of your pay. Because matching is tied to each paycheck, spread your contributions evenly throughout the year so you do not miss any matching funds.

In total, you can receive up to 7 percent from Principia (2% automatic contribution + 5% match) when you contribute at least 5%.

You may change your contribution rate at any time, and all Principia contributions vest immediately.

To update your election, log in to transamerica.com/portal or call 800.755.5801 at any time.

Can I make changes to my retirement contribution during Open Enrollment?

Yes—visit transamerica.com/portal. Of course, you can make changes to your retirement contribution at any time throughout the year. This is a great opportunity for you to review your elections and your beneficiaries.

What's changing with the retirement plan?

Each year, the IRS reviews the maximum employee contribution limits and typically makes adjustments. In 2027, the contribution limits are anticipated to be:

2027 IRS employee contribution limits*

- ▶ \$25,500 (up from \$24,500 in 2026)

Catch-up contribution limits*

- ▶ \$8,500 for those 50 (before December 31, 2027) and older, up from \$8,000 in 2026
- ▶ \$11,750 for those attaining ages 60–63 before December 31, 2027
- ▶ Note: Catch-up contributions for high-earners (that is, prior-year wages over a threshold—currently \$155,000 and indexed) will be automatically designated as Roth (after-tax) contributions.

*Projected 403(b) limits