



Group insurance benefits

Count on Principal for your employee benefits.

Presented to
D&V Package Express LLC

Prepared by
AUSTIN MOSES

Presented by
Innovative Bps LLC

Effective date
August 1, 2026

Solutions
Short-term disability
Dental
Vision

The information in this proposal explains the solution(s) noted above. For information regarding other group insurance benefits, refer to the proposal that outlines those solutions.

Voluntary rates

Presented to: D&V Package Express LLC

Effective date: August 1, 2026



The volume, lives, monthly costs and annual costs will be determined upon final enrollment.

Voluntary short-term disability per \$ 10 of weekly benefit	
Age	Monthly rate
24 & under	\$.20
25 - 29	\$.33
30 - 34	\$.45
35 - 39	\$.22
40 - 44	\$.24
45 - 49	\$.28
50 - 54	\$.35
55 - 59	\$.49
60 - 64	\$.56
65 - 69	\$.63
70 & over	\$.67

Rate guarantee: two years, unless covered weekly earnings increase or decrease by more than 25% since the last policy anniversary

Voluntary dental	
	Monthly rate
Employee	\$29.70
Employee & spouse	\$63.06
Employee & child(ren)	\$77.38
Family	\$116.45

Rate guarantee: one year

Voluntary vision all members	
	Monthly rate
Employee	\$6.01
Employee & Spouse	\$12.70
Employee & Child(ren)	\$13.25
Family	\$21.38

Rate guarantee: two years

Rating assumptions

Presented to: D&V Package Express LLC

Effective date: August 1, 2026



Rating assumptions

These rates are based on the following:

New York 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 August 1, 2026. 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.

STD commissions are paid using a flat 15%.

Dental commissions are paid using a flat 15%.

Vision commissions are paid using a flat 15%.

Short-term disability



Presented to: D&V Package Express LLC

Effective date: August 1, 2026

Voluntary short-term disability for all members	
"Or" definition of disability	An employee will be considered disabled if, because of sickness, injury or pregnancy, one of the following applies: • Unable to perform a majority of the substantial and material duties of his/her own job; OR • Unable to earn 80% of his/her predisability income while working in his/her own job in a modified capacity or any job.
Elimination period	Benefits begin on: • The 15th day for disability due to injury • The 15th day for disability due to sickness
Weekly benefit	Benefit percentage: 60% of predisability earnings Maximum: \$1,500
Minimum weekly benefit	\$15
Maximum benefit duration	11 weeks
Definition of earnings	Base wage, including commissions and bonus Compensation for business owners covers the net profits plus salary, averaged over the prior two calendar years.
Salary continuation	Offset
Preexisting conditions	3 months prior / 12 months insured
Employer contributions	Contributory - employer pays 0%
Employee participation	20% or 5 lives, whichever is greater
Re-enrollment of coverage	If employees contribute toward the cost of their STD coverage today and Principal Life has agreed to a re-enrollment of coverage, employees may be required to submit proof of good health depending on the method of re-enrollment.
Maternity	Treated the same as any other disability
Coverage for work related disabilities	No
Mandatory rehabilitation	Yes
Replacement of a prior program	If this policy is replacing coverage under a prior program, replacement of prior plan provisions may apply. If employees are not actively at work on the day coverage would become effective, or become disabled due to a preexisting condition, they may still qualify for benefits if they had STD coverage under a prior program, they are not receiving any benefits under the prior program but would have been entitled to these benefits if the prior program remained in force and no provision other than the actively at work provision would otherwise prohibit benefits from being paid under our policy. Any benefit payable is the lesser of the benefits under our policy or the benefits that would have been paid under the prior program, had it remained in force.

Short-term disability



Presented to: D&V Package Express LLC

Effective date: August 1, 2026

Income from other sources	We coordinate disability benefits with income disabled employees receive from other sources. These include all retirement or disability benefits that employees and their dependents receive or could have received from Social Security or other government agencies; salary continuance; Workers' Compensation benefits; income from state disability plans; payments from policies that provide coverage for time away from work, if paid in part by and deducted from payroll by the policyholder or paid in full by the policyholder, regardless of whether benefits run concurrently, or the employee files a claim (It is the policyholder's responsibility to notify employees that coverage runs concurrently.); disability or retirement benefits the employee elects to receive paid by pension plans sponsored by the policyholder; income received from no-fault auto laws; renewal commissions received from the policyholder; severance pay; and all payments for the month that the member receives under state unemployment laws. Other income sources do not include individual disability insurance; profit sharing plans; thrift savings plans; nonqualified deferred compensation plans; 401(k) plans; individual retirement accounts (IRAs); stock ownership plans; Keogh (HR-10) plans; any cost of living increases paid in connection with other sources of income; Social Security or pension plan payments that were being received prior to the current disability; and any income the member receives for services rendered prior to the member's date of disability.
Full capacity	Included
Limitations	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. No benefits will be paid to employees with disabilities resulting from: willful self injury while sane or insane / war or an act of war / participation in an assault or felony / a new or continuing disability that begins after an employee's benefit payment period has ended, but the employee has not returned to active work / a work-related sickness or injury. Preexisting Conditions A preexisting condition is a sickness or injury, including all related conditions and complications, or pregnancy for which employees received medical treatment, consultation, care or service; or were prescribed or took prescription medications in the three months prior to their effective date under the policy. Benefits will be payable during the pre-existing investigation for up to 6 weeks following the date of disability. Benefits are not paid beyond the date six weeks following the date of disability for disabilities resulting from preexisting conditions unless, when employees become disabled, they have been actively at work for one full day after being covered under the policy for 12 consecutive months. No benefits will be paid for any disability that is caused by, a complication of, or resulting from the same preexisting condition that the employee had previously received benefits for. Preexisting condition limitation also apply for benefit increases due to amendments or changes in earnings of 25% or greater.

Short-term disability



Presented to: D&V Package Express LLC

Effective date: August 1, 2026

Highlights	
Eligible employees	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.
Integration method	Direct offsets
Social security integration	Primary and family
Proof of good health	Required if fewer than 5 members insured.
Recurring disability	Disabled employees who recover and return to work for 30 days or less during the benefit duration are not required to complete a new elimination period if they become disabled again due to the same or related cause.
Weekly payment limit	Benefits paid are reduced if total income exceeds 100% of predisability earnings. Total income includes: • The employee's normal benefit payable • Additional benefits payable under the policy • Return to work earnings • Other income sources defined in the policy • PTO, sick pay, and salary continuance payments (if these income sources are not considered other income sources)
Form W-2 and FICA services	Upon request, we offer Form W-2 preparation and FICA services for employees on disability. • Form W-2 - Prepare and mail to employees, report to appropriate governmental agencies and provide employers with reports. • Standard FICA services - Calculate and withhold employees' portions of appropriate taxes, deposit employee tax withholdings with appropriate government agencies, provide employers with reports. • Additional FICA services* - Calculating and depositing the employer FICA match with the appropriate government agency, reporting FICA match on our tax deposits, and issuing Form W-2's to each individual who received a disability payment during the calendar year. *Employers are still responsible for other tax reporting such as Federal Unemployment Tax Act (FUTA) and State Unemployment Tax Act (SUTA).
State mandated disability benefits	The policy does not provide state mandated disability benefits in CA, NY, NJ, RI or HI
Benefit payment period	In no event will a benefit payment continue beyond the lesser of the maximum benefit duration or if any of the following occur: an employee recovers, ceases to be under the regular and appropriate care of a physician, fails to provide any required proof of disability, fails to submit to a required medical examination, fails to report income from other sources or any other required earnings information, fails to pursue Social Security benefits or Workers' Compensation benefits; or dies.

Voluntary dental PPO network benefit design all members						
	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%	100%	\$1,000	\$1,000
Basic	\$50	\$50	80%	80%	\$1,000	\$1,000
Major	\$50	\$50	50%	50%	\$1,000	\$1,000
Family deductible = 3 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 90th percentile. The maximum accumulation plan was elected. This allows for a portion of unused dollars to roll over to next year's maximum benefit amount. To qualify, a member must have had a dental service performed within the calendar year and use less than a maximum threshold. The threshold is equal to the lesser of 50% of the maximum benefit or \$1000. If qualification is met, 50% of the threshold will be carried over to next year's maximum benefit. Individuals with fourth quarter effectives will start qualifying for rollover at the beginning of the next calendar year. A member can accumulate no more than four times the carry over amount. The entire accumulation amount will be forfeited if no dental service is submitted within a calendar year. Participation: 20% or 5 lives, whichever is greater						
Covered services						
Preventive	Exams (2 per calendar year) Second opinion consultation Cleanings (2 per calendar year) - Expectant mothers, diabetics, those with heart disease, or those who are menopausal receive one additional routine or periodontal cleaning. X-rays - Bitewing (1 per calendar year) - Occlusal (2 per calendar year) - Periapical (4 per calendar year) Fluoride application (1 per calendar year); covered only for dependent children under age 14					

Basic	Emergency exams (subject to exam frequency) Periodontal maintenance (if 3 months have elapsed after active surgical periodontal treatment; subject to routine cleaning frequency limit) - Expectant mothers, diabetics, those with heart disease, or those who are menopausal receive one additional routine or periodontal cleaning. X-rays - Full mouth survey (1 per 60 months) - Extraoral (2 per 12 months) Sealants on first and second permanent molars for dependent children under age 14 (1 per 36 months) Space maintainers (covered only for dependent children under age 14; repairs not covered) Harmful habit appliance (covered only for dependent children under age 14) Fillings Stainless steel crowns
Major	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) 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)

Highlights

Coordination of benefits	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.
--------------------------	---

Eligibility	Employee: 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. Dependent: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.
Waiting periods	None
Prior dental coverage	This proposal assumes the group had no prior dental coverage.
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Limitations	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. The insurance does not pay for treatment or services above: unless specifically mentioned above, veneers, anterior $\frac{3}{4}$ 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 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.

Stay informed about your dental health: <https://www.principal.com/find-dentist>.

Presented to: D&V Package Express LLC

Effective date: August 1, 2026

Voluntary vision for all members		
VSP choice network		
Covered charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription glasses	\$25 copay	1 pair per 12 months
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	\$130 allowance for a wide selection of frames; 20% off amount over allowance ¹	
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation) \$130 allowance for elective contacts	1 per 12 months Instead of lens and frames benefit
Necessary contacts ²	\$25 copay Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	1 per 12 months Instead of lens and frames benefit
Lens enhancements ¹	\$0 copay standard progressive lenses Most other popular options are covered after a copay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months
LightCare enhancement in network	The member may choose non-prescription ready-made sunglasses or blue light filtering glasses instead of the Rx glasses or contacts. After the material copay they will be covered up to \$130, 1 set per 24 months. The frame allowance may be lower at retail chains and will not be available at all locations.	
Additional savings	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

Presented to: D&V Package Express LLC

Effective date: August 1, 2026

Non-network providers		
Covered charges	Benefit ³	Frequency
Vision exams	Up to \$45	1 per 12 months
Single vision lenses	Up to \$30	1 pair per 12 months
Lined bifocal lenses	Up to \$50	1 pair per 12 months
Lined trifocal lenses	Up to \$65	1 pair per 12 months
Lenticular lenses	Up to \$100	1 pair per 12 months
Frames	Up to \$70	1 set per 24 months
Elective contacts	Up to \$105	1 per 12 months Instead of lens and frame benefits
Necessary contacts ²	Up to \$210	1 per 12 months Instead of lens and frame benefits
LightCare enhancement	The member may choose non-prescription ready-made sunglasses or blue light filtering glasses instead of the Rx glasses or contacts. They will be covered up to \$70, 1 set per 24 months.	

¹ Based on applicable laws; benefit may vary by doctor location. Savings may not apply at participating retail chains.

² Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

³ The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable copay.

*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a \$70 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

Highlights	
Participation	20% or 5 lives, whichever is greater
Eligibility	Employee: 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. Dependent: Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Coordination of benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses.

Presented to: D&V Package Express LLC
Effective date: August 1, 2026

Limitations	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. No benefits will be paid for: visual analysis or vision aids that are not medically necessary / services and/or materials not specifically included in the benefit schedule / plano lenses / two pairs of glasses instead of bifocals / replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged / orthoptics, vision training or supplemental testing / medical or surgical treatment of the eyes / contact lens insurance policies or service agreements / refitting of contact lenses after the initial fitting period / contact lens modification, polishing or cleaning, local state and/or federal taxes, except where required by law. Benefits will not be paid for any vision care expense for: which proof is submitted by a person who is part of the member's or dependent's immediate family / vision aids provided outside the United States.
-------------	---

VSP is not a member of the Principal Financial Group.



Discounts and services



Presented to: D&V Package Express LLC

Effective date: August 1, 2026

Discounts and services	
Laser vision correction	Employees, their spouses and dependent children save \$800 with featured providers Lasik Plus , 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.
Employee assistance program	Services provided by ComPsych offer employees and their families with 24/7 access to support and can connect them with licensed professionals for counseling, coaching and more in person, by text, live chat, app, or phone for 3 counseling sessions per person, per issue, per year. Services include Work Life support that offers identity theft resources, and practical assistance with daily needs. This includes help with housing searches and connecting people with care services for children, elderly family members, and pets, among other valuable resources.
Oral care products	Help your smile be as healthy as possible. Buy one and get one free-choose from the Z Dental sonic pulse toothbrush or the Z Dental water flosser.
These discounts are not insurance. 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. ⁴The 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^o. Principal[®] has arranged with ComPsych to make its employee assistance program (EAP) available to employees with select group coverage insured by Principal Life Insurance Company[®]. EAP is not part of the insurance contract or policy and may be changed or canceled at any time. Not all services available to group policies issued in New York. ComPsych is responsible for all EAP services provided through this program. ComPsych is not a member of the Principal Financial Group[®].	

Services & general provisions



Presented to: D&V Package Express LLC

Effective date: August 1, 2026

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. Vision claim services are handled by VSP.
Simple payroll deduction	We make employee payroll deductions easy by aligning your bill with your employees' pay frequency: weekly, bi-weekly, monthly and bi-monthly.

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.

Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

Compensation information



Presented to: D&V Package Express LLC

Effective date: August 1, 2026

Disclosure of compensation information

As a result of this sale, I (or my firm) may receive compensation (cash or otherwise) that is based in part on factors such as total deposits, assets or premium volume and persistency or profitability of the business I sell. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. I may receive this compensation from the insurer and/or entities through which I place business.

Please contact me if you have any questions about this compensation.

Note: Customer's signature is required only when the producer is also receiving compensation directly from the customer. A copy of the signed document should be given to the customer. The broker should keep the original in the client file.

I acknowledge paying compensation directly to the producer and receipt of the above information before purchasing the contract under consideration.

Customer signature

Date

cc: Client File