

Prompt and accurate claims processing



*We take care of your benefits,
so you can enjoy life.*

At the Principal Financial Group® (The Principal®), we have more than 50 years of experience in providing employee benefits and paying claims. You can expect individualized service, quick response time and accurate claim payments through our nationwide service centers.

Our goal is to make sure the claim payment process is prompt, easy and effective. Experience has shown following the tips outlined below will help ensure you receive the best possible service.

SIMPLE CLAIM FILING

Claim filing is typically handled by your provider. This is especially true if you are in a Preferred Provider Organization (PPO). The most efficient way to submit a claim is for your provider to file the claim electronically.

Unless you elect otherwise, you will receive a paper Explanation of Benefits (EOB) form every time a health coverage claim is submitted to us. The EOB form explains how we calculate claim payments. You can also access EOB forms on our Internet site at www.principal.com. If you have questions about an itemized bill or how your claim was processed, please contact your Claim Service Center. You can find the number on any EOB or on your ID card.

TIPS FOR PROMPT CLAIMS PROCESSING

- If you do need to file a claim, group your statements and receipts by family member. Although a claim form is not required, each statement you send in should be itemized.
- Keep balance due statements for your records. If we receive a billing statement with only a balance due amount, your claim service could be delayed while we request an itemized breakdown.
- Keep track of all covered services you and your dependents receive. Your EOB will outline how your benefit was calculated, the amount of the benefit paid, and an accumulation for the year. You can view your EOB on our Internet site at www.principal.com. If you have questions, please call your Claim Service Center.

TIMING OF CLAIM PAYMENTS

Once a claim is mailed, allow about three weeks for processing and to receive a response. If you receive a letter requesting more information about the services you received, responding quickly will help ensure prompt handling of your claim.

WHEN OTHER COVERAGES APPLY

If you or your dependents have other health coverage (including Medicare) that pays first, send the claim to the primary benefit program first. Then send us the EOB that explains how the primary benefit program processed the claim and the itemized billing statement of charges.

Keep in mind, the other coverage would usually pay first if:

1. Your spouse is the patient and has other coverage, or
2. The claim is for your dependent child and he/she is covered under your spouse's program. The parent whose birthday (month and day only) is earlier in the calendar year usually has primary coverage.