

BOOKLET-CERTIFICATE RIDER

The benefits described below will replace the benefits described in your Group Booklet-Certificate.

Subject: Dental Services to Treat Conditions Prior to the Date Coverage Begins

Booklet-Certificate Form GH 1111, Schedule of Dental Procedures, Unit 3, is revised by removing the following:

Crowns

Crowning of implant replacing a tooth missing prior to the effective date is not covered.

Fixed Bridges

Initial placement of fixed bridges to replace teeth which were missing prior to the effective date of the insured person's coverage will not be covered unless it includes the replacement of a Performing Natural Tooth extracted while the person is insured under this Group Policy (provided that tooth was not an abutment to an existing partial denture that is less than 60 months old). In that event, benefits are payable only for the replacement of those teeth which were extracted while insured under this Group Policy.

Complete or partial dentures - initial placement or replacement

Initial placement of complete or partial dentures to replace teeth which were missing prior to the effective date of the insured person's coverage will not be covered unless it includes the replacement of a Performing Natural Tooth extracted while insured under this Group Policy. In that event, benefits are payable only for the replacement of those teeth which were extracted while insured under this Group Policy.

Dental Implants

Initial placement of dental implants and/or supporting structures to support the replacement of teeth which were missing prior to the effective date of the Member's or Dependent's coverage will not be covered.

Effective Date: January 1, 2025

If you question the payment of a claim that might be impacted by the change(s) described above, and which was incurred on or after the effective date, please contact us at the phone number shown on your insurance identification card.

Please keep this Rider with your Booklet-Certificate. All other benefits and provisions of your Group Booklet-Certificate remain in effect.

Nothing in this Rider will vary, alter, or extend any provision or condition of the Group Policy other than as stated in this Rider.

**PRINCIPAL LIFE INSURANCE COMPANY
DES MOINES, IOWA 50392-0002**

Dental Services to Treat Conditions Prior to the Date Coverage Begins
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