

**Devereux**

EXTRATERRITORIAL LEGISLATION

**EFFECTIVE DATE:** January 1, 2026

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This document printed in November, 2025 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.



# Table of Contents

IMPORTANT INFORMATION .....	4
CERTIFICATE RIDER – Arizona Residents.....	5
CERTIFICATE RIDER – California Residents .....	5
CERTIFICATE RIDER – Colorado Residents.....	9
CERTIFICATE RIDER – Connecticut Residents .....	10
CERTIFICATE RIDER – Florida Residents.....	11
CERTIFICATE RIDER – Illinois Residents .....	12
CERTIFICATE RIDER – Indiana Residents .....	13
CERTIFICATE RIDER – Maryland Residents.....	13
CERTIFICATE RIDER – Massachusetts Residents .....	15
CERTIFICATE RIDER – Minnesota Residents.....	16
CERTIFICATE RIDER – Nevada Residents .....	17
CERTIFICATE RIDER – New Hampshire Residents .....	18
CERTIFICATE RIDER – New Jersey Residents.....	19
CERTIFICATE RIDER – North Carolina Residents .....	20
CERTIFICATE RIDER – Ohio Residents .....	21
CERTIFICATE RIDER – Rhode Island Residents .....	23
CERTIFICATE RIDER – Texas Residents.....	23
CERTIFICATE RIDER – Utah Residents.....	25
CERTIFICATE RIDER – Virginia Residents .....	26
CERTIFICATE RIDER – Washington Residents .....	27



**CIGNA HEALTH AND LIFE INSURANCE COMPANY** a Cigna COMPANY (hereinafter called Cigna)

**CERTIFICATE RIDER**

Policyholder: Devereux  
Rider Eligibility: Each Employee as noted within this Certificate rider  
Policy No. or Nos.: 3342208  
Effective Date: January 1, 2026

This rider forms a part of the Certificate issued to You by Cigna describing the benefits provided under the Policy(ies) specified above. This rider replaces any other issued to You previously.

**IMPORTANT INFORMATION**

**For Residents of States other than the State of Pennsylvania:**

State-specific riders contain provisions that may add to or change Your Certificate provisions.

The provisions identified in Your state-specific rider, attached, are **ONLY** applicable to Employees residing in that state. The state for which the rider is applicable is identified at the beginning of each state specific rider in the "Rider Eligibility" section.

Additionally, the provisions identified in each state-specific rider only apply to:

- (a) Benefit plans made available to You and/or Your Dependents by Your Employer;
- (b) Benefit plans for which You and/or Your Dependents are eligible;
- (c) Benefit plans which You have elected for You and/or Your Dependents;
- (d) Benefit plans which are currently effective for You and/or Your Dependents.

Please refer to the Table of Contents for the state-specific rider that is applicable for Your residence state.

*Alicia M. Morrow, ESQ, Corporate Secretary*

HC-ETRDR2



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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER – Arizona Residents**

Rider Eligibility: Each Employee who is located in Arizona

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Arizona for group insurance plans covering insureds located in Arizona. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETAZRDR

**NOTICE**

This Certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this Certificate carefully.

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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER – California Residents**

Rider Eligibility: Each Employee who is located in California

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of California for group insurance plans covering insureds located in California. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETCARDR

**Important Notices**

**PLEASE READ THE FOLLOWING IMPORTANT NOTICE:**

**Important Information About Free Language Assistance**

**No Cost Language Services** for members who live in California and members who live outside of California who are covered under a policy issued in California. You can get an interpreter. You can get documents read to you and some sent to you in your language. For help, call us at the number listed on your ID card or 1-800-244-6224 for Cigna medical/dental or 1-866-421-8629 for Cigna Behavioral Health mental health/substance abuse. For more help call the CA Dept. of Insurance at 1-800-927-4357. English

**Servicios de idioma sin costo** para miembros que viven en California y para miembros que viven fuera de California y que están cubiertos por una póliza emitida en California. Puede obtener un intérprete. Puede hacer que le lean los documentos en español y que le envíen algunos de ellos en ese idioma. Para obtener ayuda, llámenos al número que aparece en su tarjeta de identificación o a 1-800-244-6224 para



servicios médicos/dentales de Cigna o al 1-866-421-8629 para servicios de salud mental/farmacodependencia de Cigna Behavioral Health. Para obtener ayuda adicional, llame al Departamento de Seguros de CA al 1-800-927-4357. Spanish

居住在加州境內的會員和居住在加州境外但受到加州境內核發保單承保的會員可取得**免費之語言服務**。您可取得口譯員服務。我們可以用中文將文件讀給您聽，並將部分備有中文版的文件寄送給您。欲取得協助，請撥打您會員卡上所列示的電話號碼，或致電 1-800-244-6224 與 CIGNA 醫療 / 牙科聯絡，或撥打 1-866-421-8629 聯繫 CIGNA Behavioral Health 精神健康 / 物質濫用。欲取得其他協助，請致電 1-800-927-4357

與加州保險部聯絡。Chinese

خدمات لغوية بدون تكلفة للأعضاء المقيمين في ولاية كاليفورنيا والأعضاء المقيمين خارج ولاية كاليفورنيا المشمولين في تغطية بوليصة التأمين الصادرة في ولاية كاليفورنيا. يمكنكم الاستعانة بمتترجم وطلب قراءة الوثائق باللغة العربية. للحصول على المساعدة، اتصل بنا على الرقم المبين على بطاقة عضويتك على الرقم 1-800-244-6224 لخدمات CIGNA الطبية وصحة الأسنان أو على الرقم 1-866-421-8629 لخدمات CIGNA للصحة السلوكية والنفسية وإساءة استعمال المواد المخدرة. للحصول على المزيد من المساعدة، اتصل بإدارة التأمين لولاية كاليفورنيا على الرقم 1-800-927-4357. Arabic

무료 통역 서비스. 귀하는 한국어 통역 서비스 및 한국어로 서류를 낭독해주는 서비스를 받으실 수 있습니다. 도움이 필요하신 분은 본인의 ID 카드상에 기재된 안내번호, 혹은 CIGNA 의료/치과치료 안내번호 (1-800-244-6224번), 혹은 CIGNA Behavioral Health 정신건강/약물남용 안내번호(1-866-421-8629번)로 연락해 주십시오. 보다 자세한 사항을 문의하실 분은 캘리포니아 주 보험국, 안내전화 1-800-927-4357번으로 연락해 주십시오. Korean

Walang Gastos na mga Serbisyo sa Wika. Makakakuha ka ng isang interpreter o tagasalin at mapababasa mo ang mga dokumento sa Tagalog. Para sa tulong, tawagan kami sa numerong nakalista sa iyong ID card o kaya sa 1-800-244-6224 para sa CIGNA medical/dental o kaya sa 1-866-421-8629 para sa CIGNA Behavioral Health mental health/substance abuse. Para sa karagdagang tulong, tumawag sa CA Dept. of Insurance sa 1-800-927-4357. Tagalog

**Dịch Vụ Trợ Giúp Ngôn Ngữ Miễn Phí.** Quý vị có thể có thông dịch viên giúp đỡ và được đọc giúp tài liệu bằng tiếng Việt. Để được giúp đỡ, xin gọi chúng tôi tại số điện thoại ghi trên thẻ hội viên của quý vị hoặc gọi số 1-800-244-6224 nếu liên quan tới bảo hiểm y tế/nha khoa của CIGNA hoặc số 1-866-421-8629 nếu liên quan tới dịch vụ sức khỏe tâm thần/cai nghiện rượu/ma túy của CIGNA Behavioral Health. Để được giúp đỡ thêm, xin gọi Sở Bảo Hiểm California tại số 1-800-927-4357. Vietnamese.

ការបកប្រែភាសាដោយឥតគិតថ្លៃ ។ អ្នកអាចទទួលបានការបកប្រែ និងឱ្យអ្នកនាំការសាកល្បងជាភាសាខ្មែរបាន ។ សំរាប់ព័ន្ធយូស៊ីមតិសំបុត្រសមាជិក តាម លេខដែលមានកត់នៅលើប័ណ្ណ ID របស់អ្នក ឬលេខ 1-800-244-6224 សំរាប់ខាងពេទ្យ/គ្លីនិក CIGNA ឬ 1-866-421-8629 សំរាប់ខាងព័រមាតិកាបណ្តាញ អាមេរិក CIGNA/ការរំលោភសាមញ្ញភាព ។ សំរាប់ព័ន្ធយូស៊ីមតិសំបុត្រសមាជិកនៅក្រៅស្ថានភាពប្រកាសលើប័ណ្ណ តាមលេខ 1-800-927-4357 ។ Khmer

ਮੁਫਤ ਭਾਸ਼ਾ ਸੇਵਾਵਾਂ: ਤੁਸੀਂ ਦੁਬਾਰਾ ਦੀਆਂ ਸੇਵਾਵਾਂ ਹਾਸਲ ਕਰ ਸਕਦੇ ਹੋ ਅਤੇ ਦਸਤਾਵੇਜ਼ਾਂ ਨੂੰ ਪੰਜਾਬੀ ਵਿੱਚ ਸੁਣ ਸਕਦੇ ਹੋ। ਮਦਦ ਲਈ, ਤੁਹਾਡੇ ਆਈਡੀ (ID) ਕਾਰਡ 'ਤੇ ਦਿੱਤੇ ਨੰਬਰ 'ਤੇ, ਜਾਂ 1-800-244-6224 ਨੰਬਰ ਤੇ CIGNA ਮੈਡੀਕਲ/ਡੈਂਟਲ ਲਈ, ਜਾਂ 1-866-421-8629 ਨੰਬਰ ਤੇ CIGNA ਵਿਹਾਰਕ ਸਿਹਤ, ਮਾਨਸਿਕ ਸਿਹਤ ਅਤੇ /ਜਾਂ ਪਦਾਰਥਾਂ ਦੀ ਦੁਰਵਰਤੋਂ ਲਈ ਫੋਨ ਕਰੋ। ਵਧੇਰੇ ਮਦਦ ਲਈ ਕੈਲੀਫੋਰਨੀਆ ਡਿਪਾਰਟਮੈਂਟ ਆਫ ਇਨਸੂਰੈਂਸ ਨੂੰ 1-800-927-4357 'ਤੇ ਫੋਨ ਕਰੋ। Punjabi

خدمات مجانی مربوط به زبان. می توانید از خدمات یک مترجم شفاهی برخوردار شده و بگوئید مدارک به زبان خودتان برایتان خوانده شوند. برای دریافت کمک، با ما از طریق شماره تلفنی که روی کارت شناسائی شما قید شده است تماس بگیرید و یا به شماره 1-800-244-6224 برای طرح پزشکی/دندانپزشکی CIGNA و یا به شماره 1-866-421-8629 برای برنامه بهداشت روانی/سوء استفاده از مواد مخدر طرح سلامت رفتاری CIGNA تلفن کنید. برای دریافت کمک بیشتر به اداره بیمه کالیفرنیا به شماره 1-800-927-4357 تلفن کنید. Persian

無料の言語サービス。通訳がご利用になれば、書類を日本語でお読みします。サービスをご希望の方は、IDカード記載の番号までご連絡ください。また、CIGNA医療・歯科サービス担当、1-800-244-6224、或いは、CIGNA行動医療精神衛生/薬物乱用治療担当、1-866-421-8629にもお問い合わせいただけます。更なるお問い合わせは、カリフォルニア州保険庁、1-800-927-4357までご連絡ください。Japanese.



**Бесплатные услуги перевода.** Вы можете воспользоваться услугами устного переводчика, который прочитает вам документы на русском языке. Для получения помощи позвоните нам по номеру телефона, указанному в вашей карточке-удостоверении, либо по телефону 1-800-244-6224 по вопросам медицинского/стоматологического обслуживания CIGNA или 1-866-421-8629 по вопросам поведенческой медицины в области психиатрической помощи или помощи при злоупотреблении алкоголем и наркотикам CIGNA. Для получения дополнительной помощи обращайтесь в Департамент страхования штата Калифорния (California Department of Insurance) по телефону 1-800-927-4357.

• **Russian**

**Անվճար Լեզվալսման Օաղախություններ:** Դուք կարող եք օգտվել անվճար լեզվալսողի օգնությունից, որը կարդալիք փաստաթղթերը Ձեր համարի լեզվով: Օգնություն համար, գաղափարներ մեզ ձեր ինքնություն (ID) տոմսի վրա նշված կամ 1-800-244-6224 համարով՝ CIGNA-ի բժշկական/ստոմատոլոգիական ծրագիր, կամ 1-866-421-8629 համարով՝ CIGNA-ի վարքագծական Առողջություն հոգեկան առողջություն/թմրամիջոցի չարաշահման ծրագիր: Լրացուցիչ օգնություն համար 1-800-927-4357 համարով գաղափարներ Գալիֆոռնիայի Աստիճանագրություն Բաժանմունք: **Armenian**

• **Armenian**

**Cov Kev Pab Txhais Lus Uas Tsis Tau Them Nqi.** Yuav muaj ib tug neeg txhais lus thiab nyeem cov ntawv ua lus Hmoob rau koj. Yog xav tau kev pab, hu rau peb ntawm tus xov tooj nyob hauv koj daim yuaj ID los sis 1-800-244-6224 rau CIGNA qhov kev pab them nqi kho mob/kho hniav los sis 1-866-421-8629 rau CIGNA Kev Kaj Huv Ntawm Cev Kev Coj Cuj Pwm kev puas hlwb/kev siv tshuaj. Yog xav tau kev pab ntiv hu rau CA Lub Caj Meem Fai Saib Xyuas Txog Kev Tuav Pov Hwm ntawm 1-800-927-4357. **Hmong**

**कैलिफोर्निया और कैलिफोर्निया के बाहर रहने वाले कैलिफोर्निया में जारी पॉलिसी के तहत कवर ककये गए ग्राहकों के लिए नःशुल्क भाषा सेवाएं। आप एक दभुषिया प्राप्त कर सकते हैं। आप इन दस्तावेजों को ककसी से पढवा सकते हैं और कु छ दस्तावेजों को अपनी भाषी में प्राप्त कर**

सकते हैं। Cigna स्वास्थ्य/दंत के लिए अपने ID कार्ड पर सूचीबद्ध नंबर 1-800-244-6224 पर या Cigna व्यवहार स्वास्थ्य मानलसक स्वास्थ्य/नशे की

अधकित्ता की सहायता के लिए, 1-866-421-8629 पर कॉल करें। अधक सहायता के लिए, HMO सहायता के दर पर 1-888-466-2219 पर कॉल करें या गैर-HMO योजनाओं (उदा. PPO) के लिए 1-800-927-4357 पर CA बीमा षवभाग (CA Dept. of Insurance) को कॉल करें। Hindi

**บริการภาษาโดยไม่เสียค่าใช้จ่าย**

สำหรับลูกค้าที่อาศัยอยู่ในรัฐแคลิฟอร์เนีย และที่อาศัยอยู่นอกรัฐแคลิฟอร์เนียที่ได้รับการคุ้มครอง ภายใต้กรมธรรม์ที่ออกในรัฐแคลิฟอร์เนีย

คุณสามารถขอล่ามแปลภาษาได้

คุณสามารถขอให้อ่านเอกสารให้คุณฟัง และขอให้ส่งเอกสาร บางส่วนถึงคุณเป็นภาษาของคุณ หากต้องการความช่วยเหลือ โปรดโทรศัพท์ถึงเราตามหมายเลขที่ระบุไว้บนบัตรประจำตัวของคุณ หรือ หมายเลข 1-800-244-6224 สำหรับบริการของ Cigna ด้านการรักษายาบาล/ทันตกรรมของ Cigna หรือ 1-866-421-

8629 สำหรับบริการของ Cigna Behavioral Health

ด้านสุขภาพจิต/การใช้สารที่มีผลต่อจิตประสาทในทางที่ผิด หากต้องการความช่วยเหลือเพิ่มเติม โปรดโทรศัพท์

ถึงศูนย์ช่วยเหลือสำหรับแผนการรักษายาบาลแบบ HMO ที่หมายเลข 1-888-466-2219

หรือสำหรับแผนการรักษายาบาลที่ไม่ใช่ HMO (เช่น PPO) โปรดโทรศัพท์ถึง Dept. of Insurance

ของรัฐแคลิฟอร์เนียที่หมายเลข 1-800-927-4357 Thai

To contact the Department of Insurance, write or call:

Consumer Affairs Division  
California Department of Insurance  
Ronald Reagan Building  
300 South Spring Street  
Los Angeles, CA 90013

Calling within California: 1-800-927-4357

Los Angeles Area and Outside California: 1-213-897-8921



TDD number (800-482-4833)

Website: [www.insurance.ca.gov](http://www.insurance.ca.gov)

The Department of Insurance should be contacted only after discussions with the insurer have failed to produce a satisfactory resolution to the problem.

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## Eligibility - Effective Date

### Exception for Newborns

Any Dependent child born while You are insured will become insured on the date of the child's birth, and any Dependent minor child placed for adoption while You are insured will become insured on the date the child is placed in Your physical custody for adoption. If You do not elect to insure Your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

### Dual Eligibility

If both You and Your Spouse or Your Domestic Partner, or Your Civil Union Partner are in an Eligible Class of the Employer, You may each enroll individually or as a Dependent of the other, but not as both. Any eligible Dependent child may also be enrolled by either You or Your Spouse or Your Domestic Partner, or Your Civil Union Partner. If the Spouse or Your Domestic Partner, or Your Civil Union Partner who enrolls for Dependent coverage ceases to be eligible, notify Your Plan Administrator immediately for coverage to continue under the plan of the other Spouse or Domestic Partner, or Your Civil Union Partner.

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## Definitions

### Civil Union Partner

The term Civil Union Partner means Your partner in a state sanctioned or legally recognized union of two eligible individuals of the same or opposite sex.

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### Dependent

The term Dependent means:

- Your lawful Spouse;
- Your Domestic Partner or Civil Union Partner; and
- any child of Yours who is:
  - less than 26 years old.
  - 26 or more years old, unmarried, and primarily supported by You and incapable of self-sustaining employment by reason of intellectual or physical disabilities. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above.

The term child means a child born to You or a child legally adopted by You from the date the child is placed in Your physical custody prior to the finalization of the child's adoption. It also includes a stepchild, a grandchild who lives with You, a foster child, or a child for whom You are the legal guardian, or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

If Your Domestic Partner has a child who lives with You, that child will also be included as a Dependent.

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### Domestic Partner

A Domestic Partner is defined as: Your Domestic Partner who has registered the domestic partnership by filing a Declaration of Domestic Partnership with the California Secretary of state pursuant to Section 298 of the Family Code or an equivalent document issued by a local agency of California, another state, or a local agency of another state under which the partnership was created.

The term Domestic Partner means a person of the same or opposite sex who has not registered the domestic partnership as stated above and:

- shares Your permanent residence;
- has resided with You for no less than one year;
- is no less than 18 years of age;
- is financially interdependent with You and has proven such interdependence by providing documentation of at least two





of the following arrangements: common ownership of real property or a common leasehold interest in such property; community ownership of a motor vehicle; a joint bank account or a joint credit account; designation as a beneficiary for life insurance or retirement benefits or under Your partner's will; assignment of a durable power of attorney or health care power of attorney; or such other proof as is considered by Us to be sufficient to establish financial interdependency under the circumstances of Your particular case;

- is not a blood relative any closer than would prohibit legal marriage; and
- has signed jointly with You, a notarized affidavit attesting to the above which can be made available to Us upon request.

In addition, You and Your Domestic Partner will be considered to have met the terms of this definition as long as neither You nor Your Domestic Partner:

- has signed a Domestic Partner affidavit or declaration with any other person within twelve months prior to designating each other as Domestic Partners hereunder;
- is currently legally married to another person; or
- has any other Domestic Partner, Spouse, Civil Union Partner or Spouse equivalent of the same or opposite sex.

The section of this Certificate entitled "COBRA Continuation Rights Under Federal Law" will not apply to Your Domestic Partner and Your Domestic Partner's Dependents.

HCVIS-DFS130

01-24  
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## **CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

### **CERTIFICATE RIDER – Colorado Residents**

Rider Eligibility: Each Employee who is located in Colorado

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Colorado group insurance plans covering insureds located in Colorado. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETCORDER

## **Eligibility - Effective Date**

### **Exception for Children**

Any Dependent child who was previously covered under Colorado's state program for children, the Children's Basic Health Plan, will not be considered a Late Entrant for Dependent Insurance if enrollment is requested within 90 days of the Dependent child's disenrollment or loss of eligibility under the program.

HC-ELG233

01-19  
ET



## Definitions

### Dependent

The term Dependent means:

- Your lawful Spouse including Your Civil Union partner; or
- Your Domestic Partner; and

HCVIS-DFS134

01-24  
ET

### Emergency Service Provider

The term Emergency Service Provider means a local government, or an authority formed by two or more local governments, that provide fire-fighting and fire prevention services, emergency medical services, ambulance services, or search and rescue services, or a not-for-profit non-governmental entity organized for the purpose of providing any such services, through the use of bona fide volunteers.

HCVIS-DFS135

01-24  
ET

### Employee

The term Employee means, an individual meeting the eligibility criteria determined by Your Employer and who is enrolled for vision coverage and for whom all required premiums have been received by Us. Also referred to as “You” or “Your”. The term Employee may include officers, managers and Employees of the Employer, the bona fide volunteers if the Employer is an Emergency Service Provider, the partners if the Employer is a partnership, the officers, managers, and Employees of subsidiary or affiliated corporations of a corporation Employer, and the individual proprietors, partners, and Employees of individuals and firms, the business of which is controlled by the insured Employer through stock ownership, contract, or otherwise.

HCVIS-DFS136

01-24  
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### Employer

The term Employer means the Policyholder and all subsidiaries. The term Employer may include an Emergency Service Provider, any municipal or governmental corporation,

unit, agency or department thereof, and the proper officers, as such, of an Emergency Service Provider or an unincorporated municipality or department thereof, as well as private individuals, partnerships, and corporations.

HCVIS-DFS138

01-24  
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## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Connecticut Residents

Rider Eligibility: Each Employee who is located in Connecticut

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Connecticut group insurance plans covering insureds located in Connecticut. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETCTDR

## Definitions

### Dependent

The term Dependent means:

- Your lawful Spouse, including Your Civil Union partner; or
- Your Domestic Partner.

### Federal rights may not be available to Civil Union partners or Dependents.

Connecticut law grants parties to a Civil Union the same benefits, protections and responsibilities that flow from



marriage under state law. However, some or all of the benefits, protections and responsibilities related to health insurance that are available to married persons under federal law may not be available to parties to a Civil Union.

HCVIS-DFS153

01-25

ET1

## **CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)**

### **CERTIFICATE RIDER – Florida Residents**

Rider Eligibility: Each Employee who is located in Florida

**The benefits of the policy providing your coverage are primarily governed by the law of a state other than Florida.**

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Florida group insurance plans covering insureds located in Florida. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETFLRDR

## **Eligibility - Effective Date**

### **Foster Children, Adoptive Children and Children in Custodial Care**

Benefits applicable to children of the insured Employee also apply to adoptive children, foster children and children in custodial care. Coverage begins from birth or from the moment of placement in the home. Except in the case of foster

children, coverage may not exclude any preexisting condition of the child.

In the case of a newborn adoptive child, coverage begins from the moment of birth if there is a written agreement to adopt the child, whether or not the agreement is enforceable.

Coverage does not extend to an adoptive child who is not ultimately placed in the home of the insured Employee.

If notice of the birth or placement of an adopted child is given to the company within 30 days there is no premium charge for the initial 30 day period. If timely notice is not given, the insurer may charge additional premium from the time of birth or placement.

If notice is given within 60 days of the birth or placement of an adopted child, the insurer may not deny coverage for the child due to the failure of the insured to timely notify the insurer of the birth or placement of the child.

If any family member of the insured Employee is covered as a dependent, then benefits applicable to children are covered with respect to a foster child or other child in court-ordered temporary custody or other custody of the insured Employee.

### **Newborn Children**

Coverage for newborn children of an insured Employee or the Employee's covered family member begins from the moment of birth.

Coverage for a newborn child of a covered family member terminates when the child is 18 months old.

If notice of birth is given to the company within 30 days there is no premium charge for the initial 30 day period. If timely notice is not given, the insurer may charge additional premium from the time of birth.

If notice is given within 60 days of the birth of the child, the insurer may not deny coverage for a child due to the failure of the insured to timely notify the insurer of the birth of the child.

This policy covers newborn children for the necessary dental care or dental treatment of congenital defects or birth abnormalities of the teeth or gums.

HCVIS-ELG5

01-24

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## Definitions

### Dependent

The term child means a child born to You or a child legally adopted by You, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in your custody by a court order from the date of placement in the home. Coverage is not required if the adopted or foster child is ultimately not placed in your home. It also includes:

- a stepchild;
- a child born to an insured Dependent child of Yours until such child is 18 months old, a child for whom You are the legal guardian, or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

HCVIS-DFS132

01-24  
ET

## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Illinois Residents

Rider Eligibility: Each Employee who is located in Illinois

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Illinois group insurance plans covering insureds located in Illinois. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETILRDR

## Definitions

### Civil Union

The term Civil Union means a state sanctioned or legally recognized union of two eligible individuals of the same or opposite sex.

HCVIS-DFS67

01-24  
ET

### Dependent

The term Dependent means:

- Your lawful Spouse, including Your Civil Union partner (The Religious Freedom Protection Act and Civil Union Act, 750 ILCS 75, allows both same-sex and different-sex couples to enter into a Civil Union with all of the obligations, protections, and legal rights that Illinois provides to married heterosexual couples); or
- Your Domestic Partner;
- any child of Yours who is:
  - less than 26 years old.
  - 26 or more years old, unmarried, and primarily supported by You and incapable of self-sustaining employment by reason of intellectual or physical disabilities. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above.

The term child means a child born to You or a child legally adopted by You. It also includes a stepchild, a grandchild who lives with You, a foster child, a child for whom You are the legal guardian or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

If Your Domestic Partner has a child, that child will also be included as a Dependent.



Benefits for a Dependent child will continue until the last day of the calendar month in which the limiting age is reached.

Anyone who is eligible as an Employee will not be considered as a Dependent.

No one may be considered as a Dependent of more than one Employee.

HCVIS-DFS184

01-24  
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### **Spouse**

The term Spouse means Your legally recognized Spouse, lawful Domestic Partner or Civil Union partner in the state where You reside.

HCVIS-DFS186

01-24  
ET

## **CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)**

### **CERTIFICATE RIDER – Indiana Residents**

Rider Eligibility: Each Employee who is located in Indiana

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Indiana group insurance plans covering insureds located in Indiana. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETINRDR

## **Eligibility - Effective Date**

### **Eligibility for Coverage for Adopted Children**

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the earlier of:

- The date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption: or
- The date of placement with You.

A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all vision coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

HCVIS-ELG27

01-24  
ET

## **CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)**

### **CERTIFICATE RIDER – Maryland Residents**

Rider Eligibility: Each Employee who is located in Maryland

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.



The provisions set forth in this rider comply with the legal requirements of Maryland group insurance plans covering insureds located in Maryland. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETMDRDR

## Important Notices

### Qualified Medical Child Support Order (QMCSO)

#### Eligibility for Coverage Under a QMCSO

If a Qualified Medical Child Support Order (QMCSO) is issued for your child, that child will be eligible for coverage as required by the order and you will not be considered a Late Entrant for Dependent Insurance.

You, your child's noninsuring parent, a state child support enforcement agency or the Maryland Department of Health and Mental Hygiene must notify your Employer and elect coverage for that child. If you yourself are not already enrolled, you must elect coverage for both yourself and your child. We will enroll both you and your child within 20 business days of our receipt of the QMCSO from your Employer.

Eligibility for coverage will not be denied on the grounds that the child: was born out of wedlock; is not claimed as a dependent on the Employee's federal income tax return; does not reside with the Employee or within the plan's service area; or is receiving, or is eligible to receive, benefits under the Maryland Medical Assistance Program.

#### Qualified Medical Child Support Order Defined

A Qualified Medical Child Support Order is a judgment, decree or order (including approval of a settlement agreement) or administrative notice, which is issued pursuant to a state domestic relations law (including a community property law), or to an administrative process, which provides for child support or provides for health benefit coverage to such child and relates to benefits under the group health plan, and satisfies all of the following:

- the order recognizes or creates a child's right to receive group health benefits for which a participant or beneficiary is eligible;
- the order specifies your name and last known address, and the child's name and last known address, except that the name and address of an official of a state or political

subdivision may be substituted for the child's mailing address;

- the order provides a description of the coverage to be provided, or the manner in which the type of coverage is to be determined;
- the order states the period to which it applies; and
- if the order is a National Medical Support Notice completed in accordance with the Child Support Performance and Incentive Act of 1998, such Notice meets the requirements above.

The QMCSO may not require the health insurance policy to provide coverage for any type or form of benefit or option not otherwise provided under the policy, except that an order may require a plan to comply with State laws regarding health care coverage.

#### Claims

Claims will be accepted from the noninsuring parent, from the child's health care provider or from the state child support enforcement agency. Payment will be directed to whomever submits the claim.

#### Payment of Benefits

Any payment of benefits in reimbursement for Covered Expenses paid by the child, or the child's custodial parent or legal guardian, shall be made to the child, the child's custodial parent or legal guardian, or a state official whose name and address have been substituted for the name and address of the child.

#### Termination of Coverage Under a QMCSO

Coverage required by a QMCSO will continue until we receive written evidence that: the order is no longer in effect; the child is or will be enrolled under a comparable health plan which takes effect not later than the effective date of disenrollment; dependent coverage has been eliminated for all Employees; or you are no longer employed by the Employer, except that if you elect to exercise the provisions of the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), coverage will be provided for the child consistent with the Employer's plan for postemployment health insurance coverage for Dependents.

HC-IMP89

04-10  
V1-ET4



## Vision Benefits

### For You and Your Dependents

#### Covered Expenses

##### Vision Benefits Extension Upon Coverage Termination

If you or your Dependent has ordered glasses or contact lenses before the date your or your Dependent's coverage under this benefit terminates, Cigna will continue to provide coverage for the glasses or contact lenses, in accordance with the terms of this benefit, if you or your Dependent; receive the glasses or contact lenses within 30 days after the order.

During an extension period described in this provision, no premium contribution will apply to your or your Dependent's coverage under this benefit.

This provision will not apply, however, if:

- coverage is terminated because an individual fails to pay a required premium;
- coverage is terminated for fraud or material misrepresentation by the individual; or
- any coverage provided by a succeeding vision benefit plan is provided at a cost to the individual that is less than or equal to the cost of the extended benefit required under this provision, and does not result in an interruption of benefits.

HC-VIS45

05-23  
V1-ET

## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Massachusetts Residents

Rider Eligibility: Each Employee who is located in Massachusetts

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Massachusetts group insurance plans covering insureds located in Massachusetts. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETMARDR

## Termination of Insurance

### Termination of Your Insurance

Your insurance will cease on the earliest date below:

- the date You cease to be in an Eligible Class or cease to qualify for the insurance.
- the last day for which You have made any required contribution for the insurance.
- the date the Policy is canceled or lapses due to a nonpayment of premium.
- You commit an act of misrepresentation or fraud.
- You commit an act of physical or verbal abuse unrelated to Your physical or mental condition, and such act poses a threat to a provider or to other insureds.
- the date as determined by Your Employer, except as described below.
- Your death.
- Additionally, Your insurance will cease on the later of:
  - the last day of the period for which a required premium contribution for the group Policy was paid to Us by Your Employer (if the next required premium is not paid); provided that We mail a notification of termination of the group Policy to Your last known mailing address following Your Employer's nonpayment of premium; or
  - three days after we mail a notification of termination of the group Policy to Your last known mailing address following Your Employer's nonpayment of Premium.

Any continuation of insurance must be based on a plan which precludes individual selection.

### Termination of Insurance - Dependents

Your insurance for all of Your Dependents will cease on the earliest date below:

- You commit an act of misrepresentation or fraud; or



- You commit an act of physical or verbal abuse unrelated to Your physical or mental condition, and such act poses a threat to a provider or to other insureds; or
- the date Dependent Insurance is canceled; or
- the date that Dependent no longer qualifies as a Dependent; or
- Your death.

HCVIS-TRM13

01-24  
V1-ET

### Termination of Insurance - Continuation

#### Special 31-Day Continuation

Upon payment of premium by Your Employer, Your insurance will continue for 31 days after You:

- cease to be in an Eligible Class or cease to qualify as an Employee.
- terminate employment for any reason.

In no case will the insurance continue after You become insured under any other group policy for similar benefits or after the last day for which You have made any required contribution for the insurance.

HCVIS-TRM12

01-24  
ET

## Definitions

### Dependent

The term Dependent means:

- any child of Yours who is:
  - less than 26 years old.
  - 26 or more years old, unmarried and primarily supported by You and incapable of self-sustaining employment by reason of intellectual or physical disabilities. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above.

HCVIS-DFS161

01-24  
ET

## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Minnesota Residents

Rider Eligibility: Each Employee who is located in Minnesota

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Minnesota group insurance plans covering insureds located in Minnesota. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETMNRDR

## Termination of Insurance Employees and Dependents

### Reinstatement of Insurance

If Your coverage ceases because of active duty in: the armed forces of the United States, or the National Guard, the insurance for You and Your Dependents will be reinstated after Your deactivation, provided that:

- You apply for such reinstatement within 90 days after deactivation; and
- You are otherwise eligible.

Such reinstatement will be without the application of a new waiting period.

HCVIS-TRM19

01-24  
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## **CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)**

### **CERTIFICATE RIDER – Nevada Residents**

Rider Eligibility: Each Employee who is located in Nevada

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Nevada group insurance plans covering insureds located in Nevada. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNVRDR

## **Important Notices**

### **Nevada Division of Insurance**

You can contact the Nevada Division of Insurance at the following:

**The Department of Business Industry, Division of Insurance**

**Toll free number: (888) 872-3234**

Hours of operation of the division: Mondays through Fridays from 8:00 a.m. until 5:00 p.m., Pacific Standard Time (PST).

If You have local telephone access to the Carson City and Las Vegas offices of the Division of Insurance, You should call the local numbers.

Local telephone numbers are: Carson City, **702-687-4270** and Las Vegas, **702-486-4009**.

HCVIS-IMP10

01-24  
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## **Definitions**

### **Domestic Partner**

The term Domestic Partner means a person of the same or opposite sex who:

- shares Your permanent residence;
- is no less than 18 years of age;
- is not a blood relative any closer than would prohibit legal marriage.

In addition, You and Your Domestic Partner will be considered to have met the terms of this definition as long as neither You nor Your Domestic Partner:

- has signed a Domestic Partner affidavit or declaration with any other person;
- is currently legally married to another person; or
- has any other Domestic Partner, Spouse or Spouse equivalent of the same or opposite sex.

You and Your Domestic Partner must have registered as Domestic Partners, if You reside in a state that provides for such registration.

The section of this Certificate entitled "COBRA Continuation Rights Under Federal Law" will not apply to Your Domestic Partner and Your Domestic Partner's Dependents.

HCVIS-DFS152

01-24  
ET

### **Spouse**

The term Spouse means Your legally recognized Spouse, lawful Domestic Partner or Civil Union partner in the state where You reside.

HCVIS-DFS111

01-24  
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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER – New Hampshire Residents**

Rider Eligibility: Each Employee who is located in New Hampshire

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of New Hampshire group insurance plans covering insureds located in New Hampshire. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNHRDR

**Eligibility - Effective Date**

**Eligibility for Coverage for Adopted Children**

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all vision coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

HCVIS-ELG30

01-24  
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**When You Have A Complaint Or An Appeal**

For the purposes of this section, any reference to "You," "Your," or "Employee" also refers to a representative or provider designated by You to act on Your behalf; unless otherwise noted.

We want You to be completely satisfied with the care You receive. That is why We have established a process for addressing Your concerns and solving Your problems.

**Start With Customer Service**

We are here to listen and help. If You have a concern regarding a person, a service, the quality of care, or contractual benefits, You may call the toll-free number on Your benefit identification card, explanation of benefits, or claim form and explain Your concern to one of Our Customer Service representatives. You may also express that concern in writing.

We will do Our best to resolve the matter on Your initial contact. If We need more time to review or investigate Your concern, We will get back to You as soon as possible, but in any case within 30 days. If You are not satisfied with the results of a coverage decision, You may start the appeals procedure.

**Internal Appeals Procedure**

To initiate an appeal, You must submit a request for an appeal in writing to Us within 180 days of receipt of a denial notice.

If you appeal a reduction or termination in coverage for an ongoing course of treatment that Cigna previously approved, you will receive, as required by applicable law, continued coverage pending the outcome of an appeal. Appeals may be submitted to the following address:

Cigna HealthCare, Inc.  
National Appeals Organization (NAO)  
PO Box 188011  
Chattanooga, TN 37422

You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. If you are unable or choose not to write, you may ask to register your appeal by telephone. Call at the toll-free number 1-800-244-6224 on your Benefit Identification Card, explanation of benefits or claim form.

If We fail to strictly adhere to all the requirements of the internal claims and appeals process, you may initiate an



external Independent Review and/or pursue any available remedies under applicable law.

Your appeal will be reviewed and the decision made by someone not involved in the initial decision. Appeals involving clinical appropriateness will be considered by a health care professional.

We will respond in writing with a decision within 30 calendar days after We receive an appeal for a post-service determination. We will respond within 60 calendar days after We receive an appeal for any other post-service coverage determination. If more time or information is needed to make the determination, We will notify You in writing to request an extension of up to 15 calendar days and to specify any additional information needed to complete the review.

In the event any new or additional information (evidence) is considered, relied upon or generated by Us in connection with the appeal, this information will be provided to You as soon as possible and sufficiently in advance of the decision, so that You will have an opportunity to respond. Also, if any new or additional rationale is considered by Us, We will provide the rationale to You as soon as possible and sufficiently in advance of the decision so that You will have an opportunity to respond.

If you have questions about the application process or the documentation listed above, please call the Insurance Department at 1-800-852-3416.

**Mailing Address:**

New Hampshire Insurance Department  
21 South Fruit Street, Suite 14  
Concord, NH 03301

HCVIS-APL42

01-24  
ET

## Definitions

### Dependent

Dependents include:

- your lawful Spouse.

The term child includes a child born to You or a legally adopted child from the first day of placement in Your home. However, if Your petition of adoption is withdrawn or dismissed, coverage for the child will be terminated.

HCVIS-DFS214

01-24  
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### Domestic Partner

All other provisions of this certificate including the section entitled “Termination of Insurance – Continuation of Coverage Under New Hampshire State Law” will apply to your Domestic Partner and his or her Dependents.

HCVIS-DFS215

01-24  
ET

### Spouse

The term Spouse means Your legally recognized Spouse, or lawful Domestic Partner in the state where You reside.

HCVIS-DFS216

01-24  
ET

## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – New Jersey Residents

Rider Eligibility: Each Employee who is located in New Jersey

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of New Jersey group insurance plans covering



insureds located in New Jersey. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNJRDR

## Definitions

### Civil Union

The legally recognized union of two eligible individuals of the same sex. Parties to a Civil Union shall receive the same benefits and protections and be subject to the same responsibilities as Spouses in marriage.

HCVIS-DFS162

01-24  
ET

### Dependent

The term Dependent means:

- Your lawful Spouse, including Civil Union Partner.

The term child means a child born to You or a child legally adopted by You. It also includes a child acquired through a Civil Union, a stepchild, a grandchild, a foster child, a child for whom You are the legal guardian or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

The rights of married persons under federal law may not be available to parties to a Civil Union.

HCVIS-DFS163

01-24  
ET

## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – North Carolina Residents

Rider Eligibility: Each Employee who is located in North Carolina

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of North Carolina group insurance plans covering insureds located in North Carolina. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNCRDR

## Eligibility - Effective Date

### Dependent Insurance - Foster Children, Adoptive Children, Court Ordered Coverage

Newborns, foster children and adoptive children are automatically covered for the first 30 days after birth or placement in the home. Waiting periods do not apply to these categories of Dependents.

If additional premium is required You must submit an enrollment form within 30 days of acquiring the new Dependent child.



A Dependent child for whom You are required by a court or administrative order to provide coverage may be enrolled at any time. The child may not be disenrolled while You remain a subscriber unless the order is no longer valid or the child is enrolled in another plan with comparable coverage.

HCVIS-ELG18

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## Definitions

### Dependent

The term child means a child born to You or a child legally adopted by You, or a foster child including that child from the first day of placement in Your home regardless of whether the adoption has become final. It also includes a stepchild, a grandchild who lives with You, a foster child, a child for whom You are the legal guardian or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

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## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Ohio Residents

Rider Eligibility: Each Employee who is located in Ohio

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Ohio group insurance plans covering insureds located in Ohio. These provisions supersede any provisions in

your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETOHRDR

## Expenses For Which A Third Party May Be Responsible

This plan does not cover:

- Expenses incurred by You or Your Dependent(s) for which another party may be responsible as a result of having caused or contributed to an injury or sickness.
- Expenses incurred by You or Your Dependent(s) to the extent any payment is received either directly or indirectly from a third party tortfeasor or as a result of a settlement, judgment or arbitration award in connection with any automobile medical, automobile no-fault, uninsured or underinsured motorist, homeowners, workers' compensation, government insurance (other than Medicaid), or similar type of insurance or coverage. The coverage under this plan is secondary to any automobile no-fault or similar coverage.

### Right of Reimbursement

If a Covered Person incurs expenses for Covered Vision Services for which another party may be responsible or for which the Covered Person may receive payment as described above, We will be granted a right of reimbursement, to the extent of the benefits provided by Us, from the proceeds of any recovery whether by settlement, judgment, or otherwise, subject to any applicable Apportionment of Liability under Ohio's Civil Action laws.

If less than the full value of the tort action is recovered for comparative negligence, diminishment due to a party's liability under sections 2307.22 to 2307.28 of the Revised Code, or by reason of the collectability of the full value of the claim for injury, death, or loss to person resulting from limited liability insurance or any other cause, the subrogee's or other person's or entity's claim shall be diminished in the same proportion as the injured party's interest is diminished.

### Lien of the Plan

By accepting benefits under this plan, a Covered Person:

- grants a lien and assigns to Us an amount equal to the benefits paid under this plan against any recovery made by or on behalf of the Covered Person, subject to any applicable Apportionment of Liability under Ohio's Civil



Action laws, which is binding on any attorney or other party who represents the Covered Person whether or not an agent of the Covered Person or of any insurance company or other financially responsible party against whom a Covered Person may have a claim provided said attorney, insurance carrier or other party has been notified by Us or Our agents;

- agrees that this lien shall constitute a charge against the proceeds of any recovery and We shall be entitled to assert a security interest thereon;
- agrees to hold the proceeds of any recovery in trust for Our benefit to the extent of any payment made by Us.

#### **Additional Terms**

- No adult Covered Person may assign any rights that the Covered Person may have to recover vision expenses from any third party or other person or entity to any Dependent child without Our prior express written consent. Our right to recover shall apply to decedents', minors', and incompetent or disabled persons' settlements or recoveries.
- No Covered Person shall make any settlement, which specifically reduces or excludes, or attempts to reduce or exclude, the benefits provided by the plan.
- Our right of recovery shall be a prior lien against any proceeds recovered by the Covered Person. This right of recovery shall not be defeated nor reduced by the application of any so-called "Made-Whole Doctrine", "Rimes Doctrine", or any other such doctrine purporting to defeat Our recovery rights by allocating the proceeds exclusively to non-vision expense damages.
- No Covered Person shall incur any expenses on behalf of the plan in pursuit of the plan's rights. Specifically; no court costs, attorneys' fees, or other representatives' fees may be deducted from the plan's recovery without Our prior express written consent. This right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".
- We hereby disavow all equitable defenses in the pursuit of Our right of recovery. Our recovery rights are neither affected nor diminished by equitable defenses.
- In the event that a Covered Person fails or refuses to honor his obligations under the plan. We shall be entitled to recover any costs incurred in enforcing the terms of the Policy including, but not limited to, attorney's fees, litigation, court costs, and other expenses. We shall also be entitled to offset the reimbursement obligation against any entitlement to future vision benefits under the Covered Person has fully complied with his reimbursement

obligations, regardless of how those future vision benefits are incurred.

- Any reference to state law in any other provision of this plan shall not be applicable to this provision, if the plan is governed by ERISA. By acceptance of benefits under the plan, the Covered Person agrees that a breach hereof would cause irreparable and substantial harm and that no adequate remedy at law would exist. Further, We shall be entitled to invoke such equitable remedies as may be necessary to enforce the terms of the plan, including, but not limited to, specific performance, restitution, the imposition of an equitable lien and/or constructive trust, as well as injunctive relief.
- Covered Persons must assist Us in pursuing any recovery rights by providing requested information.

HCVIS-SUB13

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## **Definitions**

### **Dependent**

The term Dependent means:

- any child of Yours who is:
  - less than 26 years old.
  - 26 or more years old, unmarried, and primarily supported by You and incapable of self-sustaining employment by reason of intellectual or physical disabilities. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above.

The term child means a child born to You or a child legally adopted by You. It also includes a stepchild, a grandchild who lives with You, a foster child, a child for whom You are the legal guardian or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER – Rhode Island Residents**

Rider Eligibility: Each Employee who is located in Rhode Island

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Rhode Island group insurance plans covering insureds located in Rhode Island. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETRIRD

**Definitions**

**Civil Union**

The term Civil Union means a state sanctioned or legally recognized union of two eligible individuals of the same or opposite sex.

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**Dependent**

The term Dependent means:

- Your lawful Spouse (including a partner to a Civil Union); or
- Your Domestic Partner; or
- Your partner of a Civil Union.

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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER – Texas Residents**

Rider Eligibility: Each Employee who is located in Texas

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Texas group insurance plans covering insureds located in Texas. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETTXRDR



## Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company. If you don't, you may lose your right to appeal.

### Cigna

To get information or file a complaint with your insurance company:

Call toll-free: 1-800-244-6224

Online: [www.cigna.com](http://www.cigna.com)

Mail: P.O. Box 188047

Chattanooga, TN 37422

### The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Mail: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

## Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros. Si no lo hace, podría perder su derecho para apelar.

### Cigna

Para obtener información o para presentar una queja ante su compañía de seguros:

Teléfono gratuito: 1-800-244-6224

En línea: [www.cigna.com](http://www.cigna.com)

Dirección postal: P.O. Box 188047

Chattanooga, TN 37422

### El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: [www.tdi.texas.gov](http://www.tdi.texas.gov)

Correo electrónico: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)

Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030



## Eligibility - Effective Date

### Eligibility for Coverage for Adopted Children

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all vision coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

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- 26 or more years old, unmarried, and primarily supported by You and incapable of self-sustaining employment by reason of intellectual or physical disabilities. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above. During the next two years We may, from time to time, require proof of the continuation of such condition and dependence. After that, We may require proof no more than once a year.

The term child means a child born to You or a child legally adopted by You. It also includes a stepchild, a foster child, or a child for whom You are the legal guardian, or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order) or Your grandchild who is Your Dependent for federal income tax purposes at the time of application.

If Your Domestic Partner has a child, that child will also be included as a Dependent.

## Termination of Insurance

### Termination of Insurance - Dependents

Coverage for any Dependent child will terminate on the day the Dependent child turns age 26. Such termination will be without prejudice to any claim originating prior to the termination date. Our acceptance of any premium after such date will be considered as premium for only the remaining Covered Person(s) under the Policy.

However, coverage will continue for any Dependent child regardless of age, who is incapable of self-sustaining employment by reason of intellectual disabilities or a physical handicap. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child reaches the Dependent age limit.

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## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Utah Residents

Rider Eligibility: Each Employee who is located in Utah

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Utah group insurance plans covering insureds located in Utah. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

## Definitions

### Dependent

The term Dependent means:

- any child of Yours who is:
  - less than 26 years old.

HC-ETUTDR



## Eligibility - Effective Date

### Eligibility for Coverage for Adopted Children

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. An adopted child placed within 30 days of birth will be eligible from the moment of birth. A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all vision coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

HCVIS-ELG12

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## Definitions

### Dependent

The term Dependent means:

- 26 or more years old, unmarried, and primarily supported by You and incapable of self-sustaining employment by reason of physical impairments which arose while the child was covered as a Dependent under this Plan, or while covered as a Dependent under a prior plan with no break in coverage for more than 60 days. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above.

The term child means a child born to You who is entitled to Dependent coverage by a court of administrative order or a child legally adopted by You, including that child from the date of placement for adoption. Coverage for an adopted child will begin from:

- The moment of birth, if adoption occurs within 30 days of the child's birth; or
- The date of placement, if placement for adoption occurs 30 days or more after the child's birth.

This coverage requirement ends if the child is removed from placement prior to the child being legally adopted.

“Placement For Adoption” means the assumption and retention by a person of a legal obligation for total or partial support of a child in anticipation of the adoption of the child.

It also includes a stepchild, a grandchild who lives with You, a foster child, a child for whom You are the legal guardian or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

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## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Virginia Residents

Rider Eligibility: Each Employee who is located in Virginia

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legislative requirements of Virginia group insurance plans covering insureds located in Virginia. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETVARDR

## Eligibility - Effective Date

### Exception to Late Entrant Definition

A person will not be considered a Late Entrant when enrolling outside a designated enrollment period if: he had existing coverage, and he certified in writing, if applicable, that he declined coverage due to other available coverage; Employer contributions toward the other coverage have been terminated;



he no longer qualifies in an eligible class for prior coverage; or if such prior coverage was continuation coverage and the continuation period has been exhausted; and he enrolls for this coverage within 30 days after losing or exhausting prior coverage; or if he is a Dependent spouse or minor child enrolled due to a court order within 31 days after the order is issued.

If you acquire a new Dependent through marriage, birth, adoption or placement for adoption or foster care, you may enroll your eligible Dependents and yourself, if you are not already enrolled, within 30 days of such event. Coverage will be effective, on the date of marriage, birth, adoption, or placement for adoption or foster care.

## **Continuation**

### **Reinstatement of Medical Insurance**

If your Medical Insurance ceases because of active duty in: the United States Armed Forces; the Reserves of the United States Armed Forces; or the National Guard, the insurance for you and your Dependents will be reinstated after your deactivation provided you apply for reinstatement and you are otherwise eligible.

Such reinstatement will be without the application of a new waiting period. The remainder of any waiting period which existed prior to interruption of coverage may still be applied.

## **Termination of Insurance**

### **Reinstatement of Vision Insurance**

If Your Vision Insurance ceases because of active duty in: the United States Armed Forces; the Reserves of the United States Armed Forces; or the National Guard, the insurance for You and Your Dependents will be reinstated after Your deactivation provided You apply for reinstatement and You are otherwise eligible.

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## **CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

### **CERTIFICATE RIDER – Washington Residents**

Rider Eligibility: Each Employee who is located in Washington

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Washington group insurance plans covering insureds located in Washington. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETWARDR

## **Eligibility - Effective Date**

### **Vision Insurance – Newborn, Adoptive Children, Court Ordered Coverage**

Any Dependent child born while You are insured will become insured on the date of his birth if You elect Dependent Insurance no later than 31 days after his birth. If payment of an additional premium is required to provide coverage for a child, to continue coverage beyond 31 days, You must elect Dependent Insurance for Your newborn child within the 60 day enrollment period which begins on the first day of birth. If Dependent Insurance is not elected within the 60 day enrollment period, You may be required to wait until the next plan enrollment period to enroll the child for coverage under the plan. Coverage shall include, but not be limited to, coverage for congenital anomalies of such infant children from the moment of birth.

Adoptive children are covered from the date the obligation for total or partial support begins. Waiting periods do not apply to these categories of Dependents.



A Dependent child for whom You are required by a court or administrative order to provide coverage may be enrolled at any time and is not subject to any restrictions. Application for enrollment must be accepted if presented by the Employee, the child's other parent or the state agency responsible for enforcement. An eligible child cannot be terminated from coverage until the insurer receives satisfactory written evidence that the court order is no longer in effect or the child is enrolled in another plan with comparable coverage that takes effect not later than the effective date of disenrollment.

Coverage may not be denied on the grounds that: the child was born out of wedlock; the child is not claimed as a Dependent on the Employee's federal tax return; or the child does not reside with the Employee or in the plan's service area. The insurer must provide to the custodial parent all information necessary for the child to become enrolled. Claims must be accepted from the custodial parent, the provider or the state agency without approval of the noncustodial and payment must be made to the person submitting the claim.

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## Definitions

### Dependent

The term Dependent means:

- Your Domestic Partner; or
- Your partner of a Civil Union; and
- any child of Yours who is:
  - less than 26 years old.
  - 26 or more years old, unmarried, and primarily supported by You and incapable of self-sustaining employment by reason of intellectual or physical disabilities. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above.

The term child means a child born to You or a child legally adopted by You from the date You file a petition for adoption. It also includes a stepchild, a grandchild who lives with You, a foster child, a child for whom You are the legal guardian or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

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### Domestic Partner

The term Domestic Partner means a person who has a valid Domestic Partner registration in Washington.

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