



*Home Office: Bloomfield, Connecticut
Mailing Address: Hartford, Connecticut 06152*

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

CERTIFICATE RIDER

No. CR7BIASO46-2

Policyholder: City of Fort Lauderdale

Rider Eligibility: Each Employee as reported to the insurance company by your Employer

Policy No. or Nos. 3335139-OAPN1/ OANE1

EFFECTIVE DATE: January 1, 2026

You will become insured on the date you become eligible if you are in Active Service on that date or if you are not in Active Service on that date due to your health status. If you are not insured for the benefits described in your certificate on that date, the effective date of this certificate rider will be the date you become insured.

This certificate rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above.

Alicia M. Morrow, ESQ, Corporate Secretary

HC-RDR1

04-10
V1



The pages in your certificate coded **HC-ELG274 M, HC-PRA55 V1, HC-COV1328** and **HC-TRM128 M** are replaced by the pages coded **HC-ELG224 V2 M, HC-PRA65 V1, HC-COV1483** and **HC-TRM128 V3 M** attached to this certificate rider.

The sections entitled are **Inpatient Hospital - Facility Services, Urgent Care Services, Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans), Gene Therapy, Advanced Cellular Therapy, Maternity Care Services, Abortion, Men's Family Planning Services, Transplant Services and Related Specialty Care, Nutritional Counseling, Genetic Counseling, Dental Care, Bariatric Surgery, Mental Health and Substance Use Disorder** in THE SCHEDULE — **Open Access Plus In-Network Medical Benefits** — in your certificate are changed to read as attached.

THE SCHEDULE — **Prescription Drug Benefits** For You and Your Dependents — section in your certificate is changed to read as attached.

The following definition is being added to your certificate: **Cigna LifeSOURCE Transplant Network®**.



Eligibility - Effective Date

Employee Insurance

This plan is offered to you as an Employee.

Eligibility for Employee Insurance

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- you are an eligible, regular/temporary full-time Employee who normally works at least 32 hours a week; or
- you are an eligible, variable hour Employee who normally works an average of 30 hours per week during the City's Measurement period as required by the Affordable Care Act; and
- you pay any required contribution.

If you were previously insured and your insurance ceased, you must satisfy the Waiting Period to become insured again. If your insurance ceased because you were no longer employed in a Class of Eligible Employees, you are not required to satisfy any waiting period if you again become a member of a Class of Eligible Employees within one year after your insurance ceased.

Eligibility for Dependent Insurance

You will become eligible for Dependent Insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

Waiting Period

The first day of the month following 30 days from date of hire or promotion to a benefit eligible position.

Classes of Eligible Employees

Each Employee as reported to the insurance company by your Employer.

Effective Date of Employee Insurance

You will become insured on the date you elect the insurance by signing an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible.

You will become insured on your first day of eligibility, following your election, if you are in Active Service on that

date, or if you are not in Active Service on that date due to your health status.

Late Entrant - Employee

You are a Late Entrant if:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you cancel your payroll deduction (if required).

Dependent Insurance

For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction form (if required), but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included. A newborn child will be covered for the first 31 days of life even if you fail to enroll the child. If you enroll the child after the first 31 days and by the 60th day after his birth, coverage will be offered at an additional premium. Coverage for an adopted child will become effective from the date of placement in your home or from birth for the first 31 days even if you fail to enroll the child. However, if you enroll the adopted child between the 31st and 60th days after his birth or placement in your home, coverage will be offered at an additional premium.

You will become insured effective the first day of the month following or coincident to receipt of enrollment requirements by signing (or electronically) an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible." It is under the general eligibility section in the administrative summary.

Your Dependents will be insured only if you are insured.

Late Entrant – Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 30 days after you become eligible for it; or



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- you again elect it after you cancel your payroll deduction (if required).

Exception for Newborns

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 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.

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.

HC-ELG224

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V2 M



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|---|--|
| <p>Inpatient Hospital - Facility Services</p> <p>Semi-Private Room and Board</p> <p>Private Room</p> <p>Special Care Units (ICU/CCU)</p> | <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>Limited to the semi-private negotiated rate</p> <p>Limited to the semi-private negotiated rate</p> <p>Limited to the negotiated rate</p> |
| <p>Urgent Care Services</p> <p>Physician's Office Visit</p> <p>Urgent Care Facility or Outpatient Facility</p> <p>Outpatient Professional Services (radiology, pathology, physician)</p> <p>X-ray and/or Lab performed at the Urgent Care Facility (billed by the facility as part of the UC visit)</p> <p>Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.)</p> <p>The scan copay applies per type of scan per day</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>No charge after \$50 per visit copay*</p> <p>*waived if admitted</p> <p>No charge</p> <p>No charge</p> <p>No charge after \$200 scan copay</p> |



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|--|---|
| <p>Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans and PET Scans) The scan copay applies per type of scan per day</p> <p style="padding-left: 20px;">Physician’s Office Visit</p> <p style="padding-left: 20px;">Inpatient Facility</p> <p style="padding-left: 20px;">Outpatient Facility</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$200 scan copay, then 100%</p> |
| <p>Gene Therapy Includes prior authorized gene therapy products and services directly related to their administration, when Medically Necessary.</p> <p>Gene therapy must be received at an In-Network facility specifically contracted with Cigna to provide the specific gene therapy. Gene therapy at other In-Network facilities is not covered.</p> <p style="padding-left: 20px;">Gene Therapy Product</p> <p style="padding-left: 20px;">Inpatient Facility</p> <p style="padding-left: 20px;">Outpatient Facility</p> <p style="padding-left: 20px;">Physician’s Services</p> <p>Travel Maximum: \$10,000 per episode of gene therapy</p> | <p>Subject to In-Network facility cost share based on place of service; separate from facility charges</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> <p>No charge (available only for travel when prior authorized to receive gene therapy at a participating In-Network facility specifically contracted with Cigna to provide the specific gene therapy)</p> |



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|--|--|
| <p>Advanced Cellular Therapy Includes prior authorized advanced cellular therapy products and related services when Medically Necessary.</p> <p>Advanced Cellular Therapy Product</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p> <p>Advanced Cellular Therapy Travel Maximum: \$10,000 per episode of advanced cellular therapy (Available only for travel when prior authorized to receive advanced cellular therapy from a provider located more than 60 miles of your primary residence and is contracted with Cigna for the specific advanced cellular therapy product and related services.)</p> | <p>100%</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> <p>No charge</p> |
| <p>Maternity Care Services</p> <p>Initial Visit to Confirm Pregnancy</p> <p>Note: OB/GYN providers will be considered either as a PCP or Specialist, depending on how the provider contracts with the Insurance Company.</p> <p>All subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (i.e. global maternity fee)</p> <p>Physician's Office Visits in addition to the global maternity fee when performed by an OB/GYN or Specialist</p> <p>Delivery - Facility (Inpatient Hospital, Birthing Center)</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>100%</p> <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> |



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|--|---|
| <p>Abortion Includes elective and non-elective procedures</p> <p style="padding-left: 20px;">Physician's Office Visit</p> <p style="padding-left: 20px;">Inpatient Facility</p> <p style="padding-left: 20px;">Outpatient Facility</p> <p style="padding-left: 20px;">Physician's Services</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> |
| <p>Men's Family Planning Services</p> <p style="padding-left: 20px;">Office Visits, Lab and Radiology Tests and Counseling</p> <p style="padding-left: 20px;">Surgical Sterilization Procedures for Vasectomy (excludes reversals)</p> <p style="padding-left: 40px;">Physician's Office Visit</p> <p style="padding-left: 20px;">Inpatient Facility</p> <p style="padding-left: 20px;">Outpatient Facility</p> <p style="padding-left: 20px;">Physician's Services</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> |
| <p>Transplant Services and Related Specialty Care</p> <p>Includes all medically appropriate, non-experimental transplants</p> <p style="padding-left: 20px;">Physician's Office Visit</p> <p style="padding-left: 20px;">Inpatient Facility</p> <p style="padding-left: 20px;">Physician's Services</p> <p>Lifetime Travel Maximum: \$10,000 per transplant</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>100% after \$250 per day copay (Copays will not exceed \$2,500 per Calendar Year) at Cigna LifeSOURCE Transplant Network® facilities</p> <p>100% at Cigna LifeSOURCE Transplant Network® facilities</p> <p>No charge (only available when using Cigna LifeSOURCE Transplant Network® facilities)</p> |



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|---|--|
| <p>Nutritional Counseling</p> <p>Calendar Year Maximum: 3 visits; the visit limit does not apply to treatment of diabetes and to mental health and substance use disorder conditions.</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> |
| <p>Genetic Counseling</p> <p>Calendar Year Maximum: 3 visits for counseling, pre- and post-genetic testing; however, the 3 visit limit does not apply to mental health and substance use disorder conditions.</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> |



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|---|--|
| <p>Dental Care Limited to charges made for a continuous course of dental treatment for an Injury to teeth.</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> |
| <p>Bariatric Surgery Note: Subject to any limitations shown in the "Exclusions, Expenses Not Covered and General Limitations" section of this certificate.</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p> | <p>No charge after the \$35 PCP or \$35 Specialist per office visit copay</p> <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$500 per visit copay, then 100%</p> <p>100%</p> |



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|---|--|
| <p>Mental Health</p> <p>Inpatient Includes Acute Inpatient and Residential Treatment</p> <p>Calendar Year Maximum: Unlimited</p> <p>Outpatient Outpatient - Office Visits</p> <p>Includes individual, family and group psychotherapy; medication management, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> <p>Dedicated Virtual Providers MDLIVE Behavioral Services</p> <p>Outpatient - All Other Services Includes Partial Hospitalization, Intensive Outpatient Services, Applied Behavior Analysis (ABA Therapy), Transcranial Magnetic Stimulation (TMS), etc.</p> <p>Calendar Year Maximum: Unlimited</p> | <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> <p>\$35 per visit copay</p> <p>No charge after the \$35 per visit copay</p> <p>100%</p> |



Open Access Plus In-Network Medical Benefits

The Schedule

| BENEFIT HIGHLIGHTS | IN-NETWORK |
|---|--|
| <p>Substance Use Disorder</p> | |
| <p>Inpatient Includes Acute Inpatient Detoxification, Acute Inpatient Rehabilitation and Residential Treatment</p> <p>Calendar Year Maximum: Unlimited</p> | <p>\$250 per day copay, then 100% (Copays will not exceed \$2,500 per Calendar Year)</p> |
| <p>Outpatient Outpatient - Office Visits</p> <p>Includes individual, family and group psychotherapy; medication management, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> <p>Dedicated Virtual Providers MDLIVE Behavioral Services</p> | <p>\$35 per visit copay</p> <p>No charge after the \$35 per visit copay</p> |
| <p>Outpatient - All Other Services Includes Outpatient Detoxification, Partial Hospitalization, Intensive Outpatient Services, etc.</p> <p>Calendar Year Maximum: Unlimited</p> | <p>100%</p> |

Open Access Plus In-Network Medical Benefits

Prior Authorization/Pre-Authorized

The term Prior Authorization means the approval that a Participating Provider must receive from the Review Organization, prior to services being rendered, in order for certain services and benefits to be covered under this plan.

Services that require Prior Authorization include, but are not limited to:

- inpatient Hospital services, except for 48/96 hour maternity stays.
- inpatient services at any participating Other Health Care Facility.
- residential treatment.
- outpatient facility services.
- advanced radiological imaging.
- non-emergency Ambulance.
- certain Medical Pharmaceuticals.
- home health care services.
- radiation therapy.
- transplant services.

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Covered Expenses

Transplant Services and Related Specialty Care

Charges approved by medical management for human organ and tissue transplant services including solid organ and bone marrow/stem cell procedures at Cigna LifeSOURCE Transplant Network® facilities throughout the United States or its territories subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and Hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung,

kidney, kidney/pancreas, liver, lung, pancreas or intestine which includes small bowel-liver or multi-visceral. Implantation procedures for artificial heart, percutaneous ventricular assist device (PVAD), extracorporeal membrane oxygenation (ECMO) ventricular assist device (VAD) and intra-aortic balloon pump (IABP) are also covered.

- All transplant services and related specialty care services, other than cornea transplants, must be received at a Cigna LifeSOURCE Transplant Network® facility. Transplant services and related specialty care services received at any other facility are not covered.
- Cornea transplants received at a facility that is specifically contracted with Cigna for this type of transplant are payable at the In-Network level.

Charges for gene therapy products and services directly related to their administration are not covered under the Transplant Services and Related Specialty Care benefit.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of hospitalization and surgery necessary for removal of an organ and transportation of a live donor (refer to Transplant and Related Specialty Care Travel Services). Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search for, and identification of a bone marrow or stem cell donor for an allogeneic transplant are also covered.

Transplant and Related Specialty Care Travel Services

Charges made for non-taxable travel expenses incurred by you in connection with a preapproved organ/tissue transplant are covered subject to the following conditions and limitations:

- Transplant and related specialty care travel benefits are not available for cornea transplants.
- Benefits for transportation and lodging are available to the recipient of a preapproved organ/tissue transplant and/or related specialty care from a designated Cigna LifeSOURCE Transplant Network® facility.
- The term recipient is defined to include a person receiving authorized transplant related services during any of the following: evaluation, candidacy, transplant event, or post-transplant care.
- Travel expenses for the person receiving the transplant will include charges for: transportation to and from the designated Cigna LifeSOURCE Transplant Network® facility (including charges for a rental car used during a period of care at the designated Cigna LifeSOURCE



Transplant Network® facility); and lodging while at or traveling to and from the designated Cigna LifeSOURCE Transplant Network® facility.

- In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver who is at least 18 years of age.
- The following are specifically excluded travel expenses: any expenses that if reimbursed would be taxable income, travel costs incurred due to travel within 60 miles of your home; food and meals; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

These benefits for Transplant Services and Related Specialty Care, and for Transplant and Related Specialty Care Travel Services are only available when the covered person is the recipient of an organ/tissue transplant. Travel expenses for the designated live donor for a covered recipient are covered subject to the same conditions and limitations noted above.

Charges for the expenses of a donor companion are not covered. No transplant and related specialty care services or travel benefits are available when the covered person is the donor for an organ/tissue transplant, the transplant recipient's plan would cover all donor costs.



**Prescription Drug Benefits
The Schedule**

For You and Your Dependents

This plan provides Prescription Drug benefits for Prescription Drug Products provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a Deductible, Copayment or Coinsurance requirement for Covered Expenses for Prescription Drug Products.

You and your Dependents will pay 100% of the cost of any Prescription Drug Product excluded from coverage under this plan. The amount you and your Dependent pays for any excluded Prescription Drug Product to the dispensing Pharmacy, will not count towards your Deductible, if any, or Out-of-Pocket Maximum.

Copayments (Copay)

Copayments are amounts to be paid by you or your Dependent for covered Prescription Drug Products.

| BENEFIT HIGHLIGHTS | NETWORK PHARMACY | NON-NETWORK PHARMACY |
|---|--|--|
| Lifetime Maximum | Refer to the Medical Benefits Schedule | Refer to the Medical Benefits Schedule |
| <p>Preventive Medications</p> <p>Certain Generic Preventive Medications identified by Cigna and that are dispensed by a retail or home delivery Network Pharmacy are not subject to Copay and Coinsurance. You may determine whether a drug is a Preventive Care Medication through the website shown on your ID card or by calling member services at the telephone number on your ID card.</p> | | |



| BENEFIT HIGHLIGHTS | NETWORK PHARMACY | NON-NETWORK PHARMACY |
|---|------------------|----------------------|
| <p>Patient Assurance Program</p> <p>Your plan offers additional discounts for certain covered Prescription Drug Products that are dispensed by a retail or home delivery Network Pharmacy included in what is known as the “Patient Assurance Program”. As may be described elsewhere in this plan, from time to time Cigna may directly or indirectly enter into arrangements with pharmaceutical manufacturers for discounts that result in a reduction of your Out-of-Pocket Expenses for certain covered Prescription Drug Products for which Cigna directly or indirectly earns the discounts. Specifically, some or all of the Patient Assurance Program discount earned by Cigna for certain covered Prescription Drug Products included in the Patient Assurance Program is applied or credited to a portion of your Copayment or Coinsurance, if any. The Copayment or Coinsurance, if any, otherwise applicable to those certain covered Prescription Drug Products as set forth in The Schedule may be reduced in order for Patient Assurance Program discounts earned by Cigna to be applied or credited to the Copayment or Coinsurance, if any, as described above.</p> <p>For example, certain insulin product(s) covered under the Prescription Drug Benefit for which Cigna directly or indirectly earns a discount in connection with the Patient Assurance Program shall result in a credit toward some or all of your Copayment or Coinsurance, if any, which, as noted, may be reduced from the amount set forth in The Schedule, for the insulin product. In addition, the covered insulin products eligible for Patient Assurance Program discounts shall not be subject to the Deductible, if any.</p> <p>Your Copayment or Coinsurance payment, if any, for covered Prescription Drug Products under the Patient Assurance Program counts toward your Out-of-Pocket Maximum.</p> <p>Any Patient Assurance Program discount that is used to satisfy your Copayment or Coinsurance, if any, for covered Prescription Drug Products under the Patient Assurance Program counts toward your Out-of-Pocket Maximum.</p> <p>Please note that the Patient Assurance Program discounts that Cigna may earn for Prescription Drug Products, and may apply or credit to your Copayment or Coinsurance, if any, in connection with the Patient Assurance Program are unrelated to any rebates or other payments that Cigna may earn from a pharmaceutical manufacturer for the same or other Prescription Drug Products. Except as may be noted elsewhere in this plan, you are not entitled to the benefit of those rebates or other payments earned by Cigna because they are unrelated to the Patient Assurance Program. Additionally, the availability of the Patient Assurance Program, as well as the Prescription Drug Products included in the Patient Assurance Program and/or your Copayment or Coinsurance, if any for those eligible Prescription Drug Products, may change from time to time depending on factors including, but not limited to, the continued availability of the Patient Assurance Program discount(s) to Cigna in connection with the Patient Assurance Program. More information about the Patient Assurance Program including the Prescription Drug Products included in the program, is available at the website shown on your ID card or by calling member services at the telephone number on your ID card.</p> | | |
| <p>Anti-Obesity / Weight Management Medication</p> | | |



| BENEFIT HIGHLIGHTS | NETWORK PHARMACY | NON-NETWORK PHARMACY |
|--|--|--|
| <p>Your plan offers, subject to any other plan limitations or exclusions, coverage of specified Prescription Drug Products used for weight loss / management for individuals with;</p> <ul style="list-style-type: none"> a Body Mass Index (BMI) of 27 or greater with at least 2 weight-related comorbidities for adults; or a Body Mass Index (BMI) of 32 or greater for adults; or a BMI at the 95th percentile or greater as standardized for age and sex if you obtain prior authorization. <p>As part of this weight loss / management Prescription Drug Product benefit, your plan also offers benefits to you or your Dependent spouse or your Dependents for a weight loss / management-related program for specified weight loss / management Prescription Drug Products if you utilize a program(s) specifically designated by Cigna and meet the program’s eligibility requirements. In addition to meeting any other coverage requirements and Medical Necessity criteria, to obtain benefits for specified weight loss / management Prescription Drug Products you must demonstrate participation in a Cigna-designated program in accordance with specified program requirements. This participation requirement may include, for example, demonstrating minimum engagement with the Cigna-designated program’s resources or tools used to promote appropriate lifestyle modification (e.g., dietary and behavioral changes). By providing benefits for, and requiring participation in, the Cigna-designated program, the plan helps ensure that coverage for the specified weight loss / management Prescription Drug Products is conditioned on the clinically appropriate use of these Prescription Drug Products as adjuncts to lifestyle modification.</p> <p>You may confirm whether a particular weight loss / management Prescription Drug Product is subject to these benefit terms and limitations, and/or obtain further information about the weight loss / management Prescription Drug Product benefit by calling member services at the telephone number on your ID card. Your plan has chosen to cover this benefit. If your plan no longer elects to cover this benefit, your active prior authorization may be terminated. Cigna will issue up to a 60 day notice of this benefit change if it occurs.</p> | | |
| <p>Out-of-Pocket Maximum</p> <p>Individual</p> <p>Family</p> | <p>Refer to the Medical Benefits Schedule</p> <p>Refer to the Medical Benefits Schedule</p> | <p>Refer to the Medical Benefits Schedule</p> <p>Refer to the Medical Benefits Schedule</p> |
| <p>Maintenance Drug Products</p> <p>Maintenance Drug Products may be filled in an amount up to a consecutive 90 day supply per Prescription Order or Refill at a retail Designated Pharmacy or home delivery Network Pharmacy.</p> | | |
| <p>Certain Preventive Medications covered under this plan and required as part of preventive care services (detailed information is available at www.healthcare.gov) are payable at 100% with no Copayment or Deductible, when purchased from a Network Pharmacy. A written prescription is required.</p> | | |
| <p>Prescription Drug Products at Retail Pharmacies</p> | <p>The amount you pay for up to a consecutive 30-day supply at a Network Pharmacy</p> | <p>The amount you pay for up to a consecutive 30-day supply at a non-Network Pharmacy</p> |
| <p>Certain Specialty Prescription Drug Products are only covered when dispensed by a home delivery Pharmacy.</p> | | |
| <p>Note: Narcan 4mg Nasal spray and Evzio are covered at no charge. Oral lifestyle drugs quantity limit 6/30 days.</p> | | |



| BENEFIT HIGHLIGHTS | NETWORK PHARMACY | NON-NETWORK PHARMACY |
|---|--|--|
| Tier 1 Generic Drugs on the Prescription Drug List | No charge after \$10 Copay | In-network coverage only |
| Tier 2 Brand Drugs designated as preferred on the Prescription Drug List | No charge after \$30 Copay | In-network coverage only |
| Tier 3 Brand Drugs designated as non-preferred on the Prescription Drug List | No charge after \$50 Copay | In-network coverage only |
| Prescription Drug Products at Retail Designated Pharmacies | The amount you pay for up to a consecutive 90-day supply at a Designated Pharmacy | The amount you pay for up to a consecutive 90-day supply at a non-Designated Pharmacy |
| Certain Specialty Prescription Drug Products are only covered when dispensed by a home delivery Pharmacy. | | |
| Specialty Prescription Drug Products are limited to up to a consecutive 30-day supply per Prescription Order or Refill. | | |
| Note: In this context, a retail Designated Pharmacy is a retail Network Pharmacy that has contracted with Cigna for dispensing of covered Prescription Drug Products, including Maintenance Drug Products, in 90-day supplies per Prescription Order or Refill. | | |
| Note: Narcan 4mg Nasal spray and and Evzio are covered at no charge. Oral lifestyle drugs quantity limit 6/30 days. | | |
| Tier 1 Generic Drugs on the Prescription Drug List | No charge after \$20 Copay | In-network coverage only |
| Tier 2 Brand Drugs designated as preferred on the Prescription Drug List | No charge after \$60 Copay | In-network coverage only |
| Tier 3 Brand Drugs designated as non-preferred on the Prescription Drug List | No charge after \$100 Copay | In-network coverage only |



| BENEFIT HIGHLIGHTS | NETWORK PHARMACY | NON-NETWORK PHARMACY |
|--|---|---|
| Prescription Drug Products at Home Delivery Pharmacies | The amount you pay for up to a consecutive 90-day supply at a Network Pharmacy | The amount you pay for up to a consecutive 90-day supply at a non-Network Pharmacy |
| Specialty Prescription Drug Products are limited to up to a consecutive 30-day supply per Prescription Order or Refill and are subject to the same Copayment or Coinsurance that applies to retail Pharmacies. | | |
| Note: Narcan 4mg Nasal spray and Evzio are covered at no charge. Oral lifestyle drugs quantity limit 6/30 days. | | |
| Tier 1 Generic Drugs on the Prescription Drug List | No charge after \$20 Copay | In-network coverage only |
| Tier 2 Brand Drugs designated as preferred on the Prescription Drug List | No charge after \$60 Copay | In-network coverage only |
| Tier 3 Brand Drugs designated as non-preferred on the Prescription Drug List | No charge after \$100 Copay | In-network coverage only |



Termination of Insurance

Employees

Your insurance will cease on the earliest date below:

- the date you cease to be in a Class of Eligible Employees 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 cancelled.
- the last day of the calendar month in which your Active Service ends except as described below.

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

Temporary Layoff

If your Active Service ends due to temporary layoff, your insurance will be continued until the date your Employer cancels your insurance. However, your insurance will not be continued for more than 60 days past the date your Active Service ends.

Leave of Absence

The City continues health coverage and contributions during approved FMLA absences. Employees who are on approved personal leave pay the full premium.

Injury or Sickness

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and continuously disabled as a result of the Injury or Sickness. However, your insurance will not continue past the date your Employer cancels your insurance.

Retirement

If your Active Service ends because you retire, your insurance will be continued until the date as defined by your Employer.

Dependents

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

- the date your insurance ceases.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the date Dependent Insurance is cancelled.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

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Definitions

Cigna LifeSOURCE Transplant Network®

The Cigna LifeSOURCE Transplant Network® consists of designated In-Network facilities that have met quality and cost criteria and have contracted with Cigna LifeSOURCE to provide transplant services as a Participating Provider in the Cigna LifeSOURCE Transplant Network®. In order to be considered a facility in the Cigna LifeSOURCE Transplant Network®, the facility must be a designated program for the specific type of transplant requested.

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