

City of Fort Lauderdale

EXTRATERRITORIAL LEGISLATION

EFFECTIVE DATE: January 1, 2026

ETALLD26B
3335139

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

Printed in U.S.A.

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

CERTIFICATE RIDER

Policyholder: City of Fort Lauderdale
Rider Eligibility: Each Employee as noted within this Certificate rider
Policy No. or Nos.: 3335139
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 Florida:

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



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.

HCDFB-IMP37

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Important Notice

This notice is to advise You that You can obtain a replacement Appeals Process Information Packet by calling the Customer Service Department at the telephone number listed on Your identification card for "Claim Questions/Eligibility Verification" or for "Member Services" or by calling 1-800-244-6224.

The Information Packet includes a description and explanation of the appeal process for Cigna.

HC-IMP35

01-18
ET

Eligibility - Effective Date

Reinstatement of Benefits for Military Returnees

If Your coverage ends when You are called to active duty and You are reemployed by Your current Employer, coverage for You and Your Dependents (including a Dependent born during the period of active military duty) may be reinstated if You applied for reinstatement within 90 days from the date of discharge or within one year of hospitalization continuing after discharge.

You and Your Dependents will be subject to only the balance of a Pre-existing Conditions Limitation (PCL) or waiting period, if any, that was not yet satisfied before the leave began. Any 63-day break in coverage rule regarding credit for time accrued toward a PCL waiting period will be waived.

HCDFB-ELG96

06-21
V1-ET

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-ETCTDRD

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

CERTIFICATE RIDER – Georgia Residents

Rider Eligibility: Each Employee who is located in Georgia

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 Georgia group insurance plans covering insureds located in Georgia. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

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.

HCDFB-DFS326

06-21
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Dependent

The term Dependent means:

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

HCDFB-DFS182

06-21
V2-ET2

HC-ETGARDR

Spouse

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

HCDFB-DFS367

06-21
ET

Important Notices

CIGNA DENTAL PPO

IMPORTANT:

If You opt to receive dental services or procedures that are not covered benefits under this plan, a participating dental provider may charge You his or her usual and customary rate for such services or procedures. Prior to providing You with dental services or procedures that are not covered benefits, the dental provider should provide You with a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each such service or procedure. To fully understand Your coverage, You may wish to review Your evidence of coverage document.

HCDFB-IMP84

06-21
ET1



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

Definitions

Dependent

The term child means a legally adopted child including: a child who has been placed with you for adoption provided the child is not removed from placement prior to legal adoption or a child for whom entry of an order granting custody to you has been made.

HC-DFS283

04-10
V2-ET

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

CERTIFICATE RIDER – Maine Residents

Rider Eligibility: Each Employee who is located in Maine

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 Maine group insurance plans covering insureds located in Maine. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETMERDR

Covered Dental Expense

Covered Dental Expense means that portion of a Dentist’s or Independent Practice Dental Hygienist’s charge that is payable for a service delivered to a covered person provided:

- the service is ordered or prescribed by a Dentist or Independent Practice Dental Hygienist;
- is essential for the Necessary care of teeth;
- the service is within the scope of coverage limitations;
- the deductible amount in The Schedule has been met;
- the maximum benefit in The Schedule has not been exceeded;
- the charge does not exceed the amount allowed under the Alternate Benefit Provision;
- for Class I, II or III the service is started and completed while coverage is in effect, except for services described in the “Benefits Extension” section.

Predetermination of Benefits

Predetermination of Benefits is a voluntary review of a Dentist’s or Independent Practice Dental Hygienist’s proposed treatment plan and expected charges. It is not preauthorization of service and is not required.

The treatment plan should include supporting pre-operative x-rays and other diagnostic materials as requested by Cigna’s dental consultant. If there is a change in the treatment plan, a revised plan should be submitted.



Cigna will determine covered dental expenses for the proposed treatment plan. If there is no Predetermination of Benefits, Cigna will determine covered dental expenses when it receives a claim.

Review of proposed treatment is advised whenever extensive dental work is recommended when charges exceed \$200.

Predetermination of Benefits is not a guarantee of a set payment. Payment is based on the services that are actually delivered and the coverage in force at the time services are completed.

HC-DEN19

04-10
V1-ET

Definitions

Independent Practice Dental Hygienist

The term Independent Practice Dental Hygienist means a dental hygienist licensed to perform certain hygienist duties without supervision of a Dentist.

HC-DFS604

04-10
V1-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 non-insuring 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; or does not reside with the Employee or within the plan’s service area; or is receiving benefits or is eligible to receive benefits under the Maryland Medical Assistance Program.

Continuity of Care Notice

You have special rights in Maryland when You are a new enrollee and may be moving from Maryland Medical Assistance or another company’s dental plan to Cigna Health and Life Insurance Company coverage and if You currently are receiving treatment.

Right to use non-network providers. If You have been receiving services from a health care provider, and that provider is a non-network provider under Your new health plan with Us, You may be able to continue to see Your provider as though the provider were an in-network provider. You or Your parent, guardian, designee, or health care provider may also contact Us on Your behalf at 1-800-Cigna24 to request the right to continue to see the non-network provider as if the provider were an in-network provider with Us.



This right applies only if You are being treated by the non-network provider for covered services for one or more of the following types of conditions:

- Acute dental conditions;
- Serious chronic dental conditions;
- Any other condition upon which we and the out-of-network provider agree.
- Any other condition on which the Non-Participating provider and the receiving carrier or managed care organization reach agreement

There is a time limit for how long You can continue to see a non-network provider and only need to pay cost-sharing as though the provider were an in-network provider. For all conditions the time limit is 90 days or until the course of treatment is completed, whichever is sooner. The 90-day limit is measured from the date your coverage starts under the new plan.

You or Your representative need to contact Us so that We can pay Your claim as if You are still receiving care from a network dentist. If the non-network Dentist accepts Cigna's rate of payment, the Dentist is only permitted to bill You for the in-network cost-sharing amounts that apply to the service, such as copayments, coinsurance and deductible.

If the non-network dentist will not accept Cigna's rate of payment, the dentist may decide not to provide services to You, or may continue to provide services to You and bill You not only for any Copayment, Coinsurance or Deductible that applies, but also bill You for the difference between the Dentist's fee and the allowable charge determined by Us.

If You have any questions please contact us at 1-800-Cigna24.

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Dental Benefits Extension

Benefits for Covered Dental Expenses incurred in connection with a Covered Dental Service, except orthodontia, will be extended for 90 days after the date Your coverage terminates. Covered Dental Expenses will be deemed to be incurred while You are insured if the treatment:

- begins before the date coverage terminates; and
- requires two or more visits on separate days to a Dentist's office.

If the plan covers orthodontia, benefits will be extended for 60 days after the date coverage terminates if the orthodontist has agreed to or is receiving monthly payments; or until the later of 60 days after the date coverage terminates or the end of the quarter in progress, if the orthodontist has agreed to accept or is receiving payments on a quarterly basis.

HCDFB-BEX16

06-21
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Eligibility - Effective Date

Effective Date of Dependent Insurance

Insurance for Your Dependents will become effective on the date You elect it, by signing a written agreement with the Employer to make the required contribution, but no earlier than the day You become eligible for Dependent Insurance. All of Your Dependents as defined will be included.

Your Dependents will be insured only if You are insured.

Enrollment of Your child may not be denied by Us under Your dental insurance for the following reasons, that Your child:

- was born out of wedlock;
- is not claimed as a Dependent on Your federal income tax return; or
- does not reside:
- with You; or
- in Our service area; or
- is receiving benefits or is eligible to receive benefits under the Maryland Medical Assistance Program.

If You are required under an order to provide dental insurance coverage for Your child and You are eligible for Dependent dental insurance:

- regardless of enrollment period restrictions, We will allow the insured to enroll in Dependent coverage and include the insured's child in that coverage specified in the enrollment form;
- if the insured is enrolled in dental insurance but does not include their child in the enrollment, We will allow either the noninsuring parent, the Child Support Enforcement Agency, or the Department of Health to apply for the enrollment on behalf of such child and include such child in dental insurance under the enrollment regardless of enrollment period restrictions; and



- We may not disenroll or eliminate dental insurance for the child, unless written evidence is provided to Us that:
- the order is no longer in effect;
- the child has been or will be enrolled under other reasonable dental insurance which will take effect no later than the effective date of the disenrollment;
- the Employer has eliminated Dependent dental insurance from the plan for all Employees; or
- the Employer no longer employs the parent under whose name the child has been enrolled for coverage except to the extent that if the parent elects to exercise the provisions of the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) then the dental insurance coverage must be provided for the child consistent with the Employer's plan relating to post-employment dental insurance coverage for Dependents.
- For a child who has dental insurance through Us which insures the insured parent, We will:
 - provide membership cards to the noninsuring parent;
 - provide the claim forms to the noninsuring parent;
 - provide any other information necessary for the child to obtain benefits through the dental coverage, to the noninsuring parent; and
 - process the claim forms and make appropriate payment to the noninsuring parent, the dental provider, or the Department of Health when the noninsuring parent has incurred dental expenses relating to the dental care provided to the dependent child.

Coverage for a minor for whom guardianship is granted by court or testamentary appointment is payable from the date of appointment.

HCDFB-DFS544

06-21
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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.

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06-21
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HC-ETNVRDR

Definitions

Dependent

The term grandchild means Your unmarried grandchild who is in Your legal custody and resides with You. Coverage for Your mentally or physically incapacitated grandchild who reaches age 26, or if a student, age 26 will continue until the grandchild marries or is no longer mentally or physically incapacitated.

Coverage is provided for a newly born or newly adopted Dependent child or grandchild (as defined) from the moment of birth or date of adoption of the child or grandchild.

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, **775-687-0700** and Las Vegas, **702-486-4009**.

HCDFB-IMP20

01-18
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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; and
- 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.

HCDFB-DFS525

06-21
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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

Notice

The coverage represented by this policy is under the jurisdiction of the New Hampshire insurance commissioner, pursuant to RSA 400-A:15c.

NOTICE TO BUYER: THIS POLICY PROVIDES DENTAL BENEFITS ONLY

The policyholder shall have the right to return the policy within 30 days of its delivery and to have the premium refunded if, after examination of the policy, the policyholder is not satisfied for any reason.

For more information about this plan please contact us at:

1. myCigna.com
2. Toll Free Number: 1-800-244-6224

HC-CER14

04-10
V1-ET1



Important Notices

New Hampshire Patient Bill of Rights

The following information is being provided to you pursuant to RSA 415:18-XIV. These statutes require any insurer issuing a group or individual policy to provide each new certificate holder or policy holder with the following information. When admitted to a Hospital or Sanitarium:

- You shall be treated with consideration, respect, and full recognition of your dignity and individuality, including privacy in treatment and personal care and including being informed of the name, licensure status, and staff position of all those with whom you have contact.
- You shall be fully informed of your rights and responsibilities and of all procedures governing patient conduct and responsibilities. This information must be provided orally and in writing before or at admission, except for emergency admissions. Receipt of the information must be acknowledged by you in writing. When you lack the capacity to make informed judgments the signing must be by the person legally responsible for you.
- You shall be fully informed in writing in language that you can understand, before or at the time of admission and as necessary during your stay, of the facility's basic per diem rate and of those services included and not included in the basic per diem rate. A statement of services that are not normally covered by Medicare or Medicaid shall also be included in this disclosure.
- You shall be fully informed by a health care provider of your medical condition, health care needs, and diagnostic test results, including the manner by which such results will be provided and the expected time interval between testing and receiving results, unless medically inadvisable and so documented in the medical record, and shall be given the opportunity to participate in the planning of your total care and medical treatment, to refuse treatment, and to be involved in experimental research upon your written consent only. For the purposes of this paragraph "health care provider" means any person, corporation, facility, or institution either licensed by this state or otherwise lawfully providing health care services, including, but not limited to, a physician, hospital or other health care facility, dentist, nurse, optometrist, podiatrist, physical therapist, or psychologist, and any officer, employee, or agent of such provider acting in the course and scope of employment or agency related to or supportive of health care services.
- You shall be transferred or discharged after appropriate discharge planning only for medical reasons, for your welfare or that of other patients, if the facility ceases to operate, or for nonpayment for your stay, except as prohibited by Title XVIII or XIX of the Social Security Act. You will not be involuntarily discharged from a facility because you become eligible for Medicaid as a source of payment.
- You shall be encouraged and assisted throughout your stay to exercise the patient's rights as a patient and citizen. You may voice grievances and recommend changes in policies and services to facility staff or outside representatives free from restraint, interference, coercion, discrimination, or reprisal.
- You shall be permitted to manage your personal financial affairs. If you authorize the facility in writing to assist in this management and the facility so consents, the assistance shall be carried out in accordance with your rights under this subdivision and in conformance with state law and rules.
- You shall be free from emotional, psychological, sexual and physical abuse and from exploitation, neglect, corporal punishment and involuntary seclusion.
- You shall be free from chemical and physical restraints except when they are authorized in writing by a physician for a specific and limited time necessary to protect you or others from injury. In an emergency, restraints may be authorized by the designated professional staff member in order to protect you or others from injury. The staff member must promptly report such action to the physician and document same in the medical records.
- You shall be ensured confidential treatment of all information contained in your personal and clinical record, including that stored in an automatic data bank, and your written consent shall be required for the release of information to anyone not otherwise authorized by law to receive it. Medical information contained in the medical records at any facility licensed under this chapter shall be deemed to be your property. You shall be entitled to a copy of such records upon request. The charge for the copying of your medical records shall not exceed \$15 for the first 30 pages or \$.50 per page, whichever is greater; provided that copies of filmed records such as radiograms, x-rays, and sonograms shall be copied at a reasonable cost.
- You shall not be required to perform services for the facility. Where appropriate for therapeutic or diversional



purposes and agreed to by you, such services may be included in a plan of care and treatment.

- You shall be free to communicate with, associate with, and meet privately with anyone, including family and resident groups, unless to do so would infringe upon the rights of other patients. You may send and receive unopened personal mail. You have the right to have regular access to the unmonitored use of a telephone.
- You shall be free to participate in activities of any social, religious, and community groups, unless to do so would infringe upon the rights of other patients.
- You shall be free to retain and use personal clothing and possessions as space permits, provided it does not infringe on the rights of other patients.
- You shall be entitled to privacy for visits and, if married, to share a room with your spouse if you both are patients in the same facility and where you both consent, unless it is medically contraindicated and so documented by a physician. You have the right to reside and receive services in the facility with reasonable accommodation of individual needs and preferences, including choice of room and roommate, except when the health and safety of the individual or other patients would be endangered.
- You shall not be denied appropriate care on the basis of race, religion, color, national origin, sex, age, disability, marital status, or source of payment, nor shall any such care be denied on account of your sexual orientation.
- You shall be entitled to be treated by your physician of choice, subject to reasonable rules and regulations of the facility regarding the facility's credentialing process.
- You shall be entitled to have your parents, if a minor, or spouse, or next of kin, or a personal representative, if an adult, visit the facility, without restriction, if you are considered terminally ill by the physician responsible for your care.
- You shall be entitled to receive representatives of approved organizations as provided in RSA 151:28.
- You shall not be denied admission to the facility based on Medicaid as a source of payment when there is an available space in the facility.

Subject to the terms and conditions of the patient's insurance plan, the patient shall have access to any provider in his or her insurance plan network and referral to a provider or facility within such network shall not be unreasonably withheld pursuant to RSA 420-J:8, XIV.

HC-IMP116

04-10
V1-ET

How To File Your Claim

Payments will be made within 30 calendar days upon receipt of a clean non-electronic claim or 15 calendar days upon receipt of a clean electronic claim.

HC-CLM1

04-10
V15-ET

Eligibility - Effective Date

Dependent Insurance

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.

HC-ELG1

04-10
V16-ET

Late Entrant Limit

Coverage for late entrants:

- Class I and Class II services are paid at the amounts set forth in The Schedule.
- All other classes of service are paid at 50% of the amounts set forth in The Schedule.
- After a person has been continuously insured for 12 months, this limit no longer applies.

HC-LEL1

04-10
V12-ET



If the “Missing Teeth Limitation” is included in your certificate, it does not apply to you.

Missing Teeth Limitation

There is no payment for replacement of teeth that are missing when a person first becomes insured.

This payment limitation no longer applies after 12 months of continuous coverage.

HC-MTL7

04-10
V8-ET

Covered Dental Expense

Covered Services

Covered Services also include:

New Hampshire mandated coverage of charges for general anesthesia administered by a licensed dentist for dental procedures in a dentist’s office for: a covered person under the age of 6 who is determined by a licensed Dentist in conjunction with a licensed Physician to have a dental condition of significant complexity that requires the child to receive general anesthesia for the treatment of the condition; or for a covered person who has exceptional medical circumstances or a developmental disability, as determined by a Physician.

HC-DEN18

04-10
V1-ET

Payment of Benefits

To Whom Payable

Cigna may, at its option, make payment to you for the cost of any Covered Expenses from a provider even if benefits have been assigned. When benefits are paid to you or your Dependent (if covered), you or your Dependents are responsible for reimbursing the provider. Payments will be made within 30 calendar days upon receipt of a clean non-electronic claim or 15 calendar days upon receipt of a clean electronic claim.

HC-POB4

04-10
V4-ET

Termination of Insurance

Continuation of Coverage Under New Hampshire State Law

Any reference to “Dependent” includes your partner to a civil union.

Continuation of Dental Insurance – Employee

If you have been employed and you or your Dependent’s insurance would otherwise cease because of termination of employment, other than for gross misconduct, or carrier termination, your Dental insurance will be continued for up to 18 months upon payment of the required premium by you to your Employer. It will continue until the earliest of:

- 18 months from the date your work hours are reduced or your employment terminates;
- the last day of the period for which you have paid the required premium;
- the date you or your Dependent becomes entitled to Medicare;
- the date you and or your Dependent becomes eligible for insurance under another group policy for dental benefits;
- the date the policy is canceled;
- the date a Dependent ceases to qualify as a Dependent.

Continuation of Dental Insurance — Disabled Individuals

If you or your Dependent is disabled within 60 days of the date of termination of employment, you may continue health insurance for up to an additional 11 months beyond the 18 month period. To be eligible you or your Dependent must:

- be declared disabled under Title II or XVI by the Social Security Administration; and
- notify the plan administrator of the Social Security Administration’s determination within 60 days following the determination and within the initial 18-month continuation period, and provide the plan administrator with a copy of the determination.

Continuation of Dental Insurance – Former Spouse

A covered former spouse is entitled to continue coverage following a final decree of divorce or legal separation, until the earliest of the following:

- the date you are no longer insured under the group policy for any reason (including the date of your death);



- the three-year anniversary of the final decree of divorce or legal separation;
- the date your former spouse remarries;
- the date you remarry;
- the date the court decree no longer requires continued coverage.

If coverage for a former spouse ends under this continuation provision for any of the reasons described, he or she is eligible to obtain up to an additional 36 months of continuation under the provision.

Continuation of Dental Insurance — Dependent

If you have been employed or insured and health insurance for your Dependents would otherwise cease because of: (1) your death; (2) your entitlement to Medicare; (3) divorce or legal separation; or (4) with respect to a Dependent child, failure to continue to qualify as a Dependent, Dental insurance may be continued upon payment of the required premium to the Employer. It will continue until the earliest of:

For a Dependent Child:

- 36 months from the date of (1), (2), (3) or (4) above or when coverage reduction or termination takes place within one year of the date the Employer files for protection under the bankruptcy provisions of Title 11 of the United States Code, whichever may occur first;
- the last day for which the required premium has been paid;
- the date the Dependent child ceases to be a Dependent child;
- the date the Dependent becomes entitled to Medicare;
- the date the Dependent becomes covered under another group health plan;
- the date the policy is canceled.

For a spouse who is under age 55:

- 36 months from the date of (1), (2), (3) or (4) above, or when coverage reduction or termination takes place within one year of the date the Employer files for protection under the bankruptcy provisions of Title 11 of the United States Code, whichever may occur first;
- the last day for which the required premium has been paid;
- the date the Dependent becomes entitled to Medicare;
- the date the Dependent becomes covered under another group dental health plan;
- the date the policy is canceled.

For a spouse who is age 55 or over:

- the date you or your former spouse remarries, upon which coverage will continue as required under federal law;
- the date your former spouse becomes eligible for coverage under another group health plan;
- the date your former spouse becomes eligible for Medicare;
- the last day for which the required premium has been paid;
- the date the policy is canceled.

Notification and Election

Cigna will notify you (or in the case of divorce or legal separation, your former spouse) of the right to continue coverage within 30 days after receiving notice regarding loss of coverage. You and your Dependents (or in the case of divorce or legal separation, your former spouse) must submit an application and first premium payment no later than 45 days after notice of the right to continue coverage was sent.

Continuation of Dental Insurance

If group dental coverage for you or your Dependents is canceled for any reason, coverage may be continued from the date of cancellation until the earliest of the following:

- 39 weeks from the date group coverage is canceled;
- the date the person fails to make a timely premium payment;
- the date the person becomes eligible for benefits under another group plan or under Medicare; or
- the date your Dependent ceases to qualify as a Dependent under the provisions of the plan.

Notification and Election

If the group plan terminates because of nonpayment of group premium, Cigna will notify you of your right to continue coverage within 30 days after the termination date. Termination of the group plan for nonpayment of premium will not occur before the expiration of any required grace period for premium payment.

You and/or your Dependents shall provide written notice of election together with the required premium within 31 days of the date of the notice.

If coverage for you and your Dependents ends because Cigna does not provide required notice of continuation, Cigna will be liable for any benefits payable during the lapse in coverage.



Interaction with Other Continuation

If coverage for you or your Dependents is being continued as provided under federal law, and the group plan is canceled before the continuation period expires, the person will be eligible for continued coverage as described above.

Conversion

Upon cancellation of the group plan, you or your Dependents may elect to continue coverage as described above or may be eligible to convert coverage. CDH or Cigna, as the case may be, or the Policyholder will give the Employee, on request, further details of the Converted Policy. If extended coverage is elected, converted coverage may be elected when extended coverage ends.

HC-TRM89

04-10
V1-ET

Definitions

Dependent

Dependents include:

- your lawful spouse; (including a partner to a civil union).

HC-DFS298

04-10
V1-ET

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

CERTIFICATE RIDER – New York Residents

Rider Eligibility: Each Employee who is located in New York

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 York group insurance plans covering insureds located in New York. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNYRDR

SECTION I. Definitions

Defined terms will appear capitalized throughout this Certificate.

Spouse: The person to whom the Subscriber is legally married, including a same sex Spouse. Spouse also includes a domestic partner.

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.

HCDFB-ELG85

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Payment of Benefits

Recovery of Overpayment

When We have made an overpayment, We will have the right within 2 years after the date of the original claim payment; at any time to: recover that overpayment from the person to whom or on whose behalf it was made; or offset the amount of that overpayment from a future claim payment.

HCDFB-POB61

06-21
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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.

HCDFB-DFS383

06-21
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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

Covered Dental Services

Teledentistry services are covered only when administered in conjunction with procedures and services which are covered under this plan. Covered Dental Services delivered through teledentistry are covered to the same extent We cover services rendered through in-person contact including the same cost-share, frequency limitations or any applicable benefit maximums or lack thereof.

HC-DEN330

06-21
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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 Dental 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 dental 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-dental 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 dental benefits under the Covered Person has fully complied with his reimbursement obligations, regardless of how those future dental 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.

HCDFB-SUB27

06-21

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How To File A Claim

Time Of Payment

Claims, either paper or electronic, will be paid by Us within 30 calendar days of receipt. However, if more time is needed to make a determination due to matters beyond Our control, We will notify You or Your representative within 30 days after receiving your claim. This notice will include the date a determination can be expected, which will be no more than 45 days after receipt of the claim. The determination period will be suspended on the date Cigna sends such a notice of missing information, and resume on the date You or Your representative responds to the notice.

HCDFB-CLM78

06-21

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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 mental or physical impairment 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 of more than 63 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 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).

HCDFB-DFS335

06-21

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

CERTIFICATE RIDER – South Carolina Residents

Rider Eligibility: Each Employee who is located in South 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 South Carolina group insurance plans covering insureds located in South Carolina. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETSCRDR

South Carolina Statutory Provision

In the case of an insured Dependent, Covered Dental Services will include: teeth capping, prosthodontics, and orthodontics necessary for the care and treatment of cleft lip and cleft palate.

HC-DEN353

04-10

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General Limitations And Expenses Not Covered

Expenses Not Covered

Covered Expenses will not include, and no payment will be made for:

- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) which may include but is not limited to the following: bleaching (tooth whitening), in office and/or at home, enamel microabrasion, odontoplasty, facings, repairs to facings or replacement of facings on crowns or bridge units on molar teeth will always be considered cosmetic, unless specifically covered by this plan under the Cosmetic Services Rider. However, for newborn children benefits will include coverage of an injury or illness including necessary care and treatment of medically diagnosed congenital defects and birth abnormalities;

HCDFB-DEX131

06-21
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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

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter referred to as “Cigna”, “We”, “Us”, or “Our”) certifies that it insures certain Employees for the benefits provided by the following Policy(ies).

HCDFB-CER63

06-21
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Important Notice

Health Care Benefit Manager

A health care benefit manager (“HCBM”) is any person or entity that provides services to or acts on behalf of a health carrier or employee benefits program. HCBMs directly or indirectly impact the determination or use of benefits for or patient access to health care services, drugs and supplies.

HCBMs include, but are not limited to, specialized benefit types such as pharmacy, radiology, laboratory and mental health. The services of an HCBM also include: Prior authorization or preauthorization of benefits or care, certification of benefits or care, medical necessity determinations, utilization review, benefit determinations, claims processing and repricing for services and procedures, outcome management, provider credentialing and re-credentialing, payment or authorization of payment to providers and facilities for services or procedures, dispute resolution, grievances or appeals relating to determinations or utilization of benefits, provider network management and disease management.

A current list of HCBMs for Your plan is available at www.cigna.com/product-disclosures.

HCDFB-IMP101

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Eligibility - Effective Date

Dental 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.

HCDFB-ELG109

06-21
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Washington Statutory Provision

General Anesthesia for Certain Persons

Covered Dental Expenses include: Coverage for Medically Necessary and/or Dentally Necessary General Anesthesia Services when performed in a dental office in conjunction with any covered dental procedure, if such services are required because the Covered Person is:

- under age seven; or
- physically or developmentally disabled.

Benefits will be payable on the same basis as the procedure performed.

HCDFB-COV22

06-21
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General Limitations And Expenses Not Covered

Expenses Not Covered

Covered Dental Expenses will not include, and no payment will be made for:

- general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management unless the general anesthesia is medically necessary because the Covered Person is under age seven or physically or developmentally disabled;
- charges for or in connection with experimental procedures or treatment methods. In determining whether services are experimental, We, in consultation with a dental consultant, will consider if such services: are approved by the American Dental Association or the appropriate dental specialty organization; are in general use in the medical/dental field in the state of Washington; are under continued scientific testing and research; have shown a demonstrable benefit for a particular dental condition or disease; and are proven to be safe and effective;

HCDFB-DEX139

06-21
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Definitions

Domestic Partner

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

HCDFB-DFS565

06-21

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