## AMENDMENT

POLICYHOLDER: University of New England

POLICY NUMBER: 3332272- OPINB, OPINE, VIS1, VIS2, HSAI/HSAF

EFFECTIVE DATE OF THIS AMENDMENT: January 1, 2018

ISSUE DATE: December 21, 2017

As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below. As of the effective date of this Amendment, CN025, CN026, CN027, CN028 and CN033 are NULL and VOID and are replaced with CN034, CN035, CN036, CN037 and CN040.

The following page attached to this Amendment is added to the policy: POL136(8)

CIGNA HEALTH AND LIFE INSURANCE COMPANY

tuna Kristi

Anna Krishtul, Corporate Secretary

Willow E. Larell

Wilbur E. Parsell, Registrar

ACCEPTED BY:

Policyholder Representative

Title

Date

## THE INSURANCE SCHEDULE (Continued)

GROUP POLICY(IES)

EMPLOYEE CLASS

		56
Policy(ies)	Eligible Employees	Effective Date
OPEN ACCESS PLUS IN- NETWORK MEDICAL BENEFITS 3332272-OPINB	Each Employee as reported to the insurance company by your Employer excluding Ohio residents.	01/01/2018
OPEN ACCESS PLUS IN- NETWORK MEDICAL BENEFITS 3332272-OPINE	Each Employee as reported to the insurance company by your Employer excluding Ohio residents.	01/01/2018
CIGNA VISION 3332272-VIS1	Each Employee as reported to the insurance company by your Employer	01/01/2018
CIGNA VISION 3332272-VIS2	Each Employee as reported to the insurance company by your Employer	01/01/2018
OPEN ACCESS PLUS MEDICAL BENEFITS 3332272-HSAI/HSAF	Each Employee as reported to the insurance company by your Employer	01/01/2018
	Policy(ies) OPEN ACCESS PLUS IN- NETWORK MEDICAL BENEFITS 3332272-OPINB OPEN ACCESS PLUS IN- NETWORK MEDICAL BENEFITS 3332272-OPINE CIGNA VISION 3332272-VIS1 CIGNA VISION 3332272-VIS2 OPEN ACCESS PLUS MEDICAL BENEFITS	Policy(ies)EligibleOPEN ACCESS PLUS IN- NETWORK MEDICALEach Employee as reported to the insurance company by yourBENEFITSEmployee as reported to the insurance company by your3332272-OPINBEach Employee as reported to the insurance company by yourOPEN ACCESS PLUS IN- NETWORK MEDICALEach Employee as reported to the insurance company by yourBENEFITSEmployer excluding Ohio3332272-OPINEEach Employee as reported to the insurance company by yourCIGNA VISIONEach Employee as reported to the insurance company by yourCIGNA VISIONEach Employee as reported to the insurance company by yourCIGNA VISIONEach Employee as reported to the insurance company by yourOPEN ACCESS PLUSEach Employee as reported to the insurance company by yourOPEN ACCESS PLUSEach Employee as reported to the insurance company by yourOPEN ACCESS PLUSEach Employee as reported to the insurance company by yourOPEN ACCESS PLUSEach Employee as reported to the insurance company by yourMEDICAL BENEFITSEach Employee as reported to the insurance company by your

## THE INSURANCE SCHEDULE (Continued)

The Certificate may include Certificate Riders which are identified by Rider Numbers. These Certificate Riders are listed below.

Certificate Rider Number	Certificate Number
CR7MN034-1	CN034
CR7MN035-1 (Massachusetts Minimum Creditable Coverage Stacked Rider)	CN035
CR7MN040-1 (Massachusetts Minimum Creditable Coverage Rider)	CN040