

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

**CERTIFICATE RIDER**

Policyholder: University of New England  
Rider Eligibility: Each South Dakota Employee as reported to the insurance company by your Employer  
Policy No. or Nos.: 3332272 - OPINB  
Effective Date: January 1, 2018

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 Maine:**

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(s) for which the rider is applicable is identified in the "Rider Eligibility" section above.

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.

  
Anna Krishtul, Corporate Secretary

HC-ETDR-RX

The following Prescription Drug Benefits Schedule information supersedes any similar Prescription Drug Benefit Schedule information in your Certificate.

<b>Prescription Drug Benefits</b> <b>The Schedule</b>		
BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
<b>Retail Prescription Drugs</b>	<b>The amount you pay for each 30-day supply</b>	<b>The amount you pay for each 30-day supply</b>
<b>Tier 1</b> Generic* drugs on the Prescription Drug List	No charge after \$15 copay	In-network coverage only
<b>Tier 2</b> Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	No charge after \$30 copay	In-network coverage only
<b>Tier 3</b> Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	No charge after \$50 copay	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		
<b>Home Delivery Prescription Drugs</b>	<b>The amount you pay for each 90-day supply</b>	<b>The amount you pay for each 90-day supply</b>
<b>Tier 1</b> Generic* drugs on the Prescription Drug List	No charge after \$45 copay	In-network coverage only
<b>Tier 2</b> Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	No charge after \$90 copay	In-network coverage only
<b>Tier 3</b> Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	No charge after \$150 copay	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		

Any Copayment for a 90-day supply will be equal to three times any Copayment for a 30-day supply, whether obtained from a Retail or Home Delivery Participating Pharmacy.



---

Any Coinsurance for Retail Pharmacy drugs and any Coinsurance for Home Delivery Pharmacy prescription drugs will be equal, whether obtained from a Retail or Home Delivery Participating Pharmacy.

**The following Limitations supersede any similar provisions shown in your certificate.**

Each Prescription Order or refill shall be limited to:

- Up to a consecutive 90-day supply at a Retail or Home Delivery Participating Pharmacy, unless limited by the drug manufacturer's packaging.