

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 - OPINE
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-ETRDR-RX

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

| Prescription Drug Benefits The Schedule | | |
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| BENEFIT HIGHLIGHTS | PARTICIPATING PHARMACY | Non-PARTICIPATING PHARMACY |
| Retail Prescription Drugs | The amount you pay for each 30-day supply | The amount you pay for each 30-day supply |
| Tier 1 Generic* drugs on the Prescription Drug List | No charge after \$10 copay | In-network coverage only |
| Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent | No charge after \$20 copay | In-network coverage only |
| Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List | No charge after \$35 copay | In-network coverage only |
| * Designated as per generally-accepted industry sources and adopted by the Insurance Company | | |
| Home Delivery Prescription Drugs | The amount you pay for each 90-day supply | The amount you pay for each 90-day supply |
| Tier 1 Generic* drugs on the Prescription Drug List | No charge after \$30 copay | In-network coverage only |
| Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent | No charge after \$60 copay | In-network coverage only |
| Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List | No charge after \$105 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.