

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

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

CERTIFICATE RIDER

No. CR7BI033-1

Policyholder: University of New England

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

Policy No. or Nos. 3332272-HSAF, HSAI

EFFECTIVE DATE: January 1, 2017

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.


Anna Krishdul, Corporate Secretary

HC-RDR1

04-10
V1

The page in your certificate coded HC-TRM1 V1 M is replaced by the page coded HC-TRM1 V1 M attached to this certificate rider. THE SCHEDULE — Prescription Drug Benefits — section in your certificate is changed to read as attached.

Prescription Drug Benefits		
The Schedule		
For You and Your Dependents		
This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies. That portion includes any applicable Copayment, Deductible and/or Coinsurance.		
Coinsurance		
The term Coinsurance means the percentage of Charges for covered Prescription Drugs and Related Supplies that you or your Dependent are required to pay under this plan.		
Charges		
The term Charges means the amount charged by the Insurance Company to the plan when the Pharmacy is a Participating Pharmacy.		
BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Lifetime Maximum	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Calendar Year Deductible		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Preventive Medications		
Prescription medications used to prevent any of the following medical conditions are not subject to the Deductible. However, this does not include any drugs or medications used to treat an existing illness, injury or condition.		
<ul style="list-style-type: none"> • hypertension, high cholesterol, diabetes, asthma, osteoporosis, stroke, prenatal nutrient deficiency 		
Out-of-Pocket Maximum		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule

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
<p>Certain 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 Participating Pharmacy. A written prescription is required.</p>		
Tier 1 Generic* drugs on the Prescription Drug List	10% after plan deductible	In-network coverage only
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	20% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	30% after plan deductible	In-network coverage only
<p>* Designated as per generally-accepted industry sources and adopted by the Insurance Company</p>		
Home Delivery Prescription Drugs	The amount you pay for each 90-day supply	The amount you pay for each 90-day supply
<p>Certain 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 Participating Pharmacy. A written prescription is required.</p>		
Tier 1 Generic* drugs on the Prescription Drug List	10% after plan deductible	In-network coverage only
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	20% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	30% after plan deductible	In-network coverage only
<p>* Designated as per generally-accepted industry sources and adopted by the Insurance Company</p>		

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

Termination of Insurance

Employees

HC-TRM1

04-10

V1 M

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 canceled.
- 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 or Leave of Absence

If your Active Service ends due to temporary layoff or leave of absence, your insurance will be continued until the date your Employer: stops paying premium for you; or otherwise cancels your insurance. However, your insurance will not be continued past the end of month in which your Active Service ends.

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 stops paying premium for you or otherwise cancels your insurance.

Retirement

If your Active Service ends because you retire, and you are 60 years of age or older up to the age of 65 and you have been in Active Service for your Employer for 20 years or longer, your insurance will be continued until the earlier of a) the date on which your Employer stops paying premium for you or otherwise cancels the insurance; or b) your 65th birthday.

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 canceled.