

## **Teachers Health Trust**

EXTRATERRITORIAL LEGISLATION

**EFFECTIVE DATE:** January 1, 2026

ETALLD26A  
3343823

This document printed in November, 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: Teachers Health Trust  
Rider Eligibility: Each Employee as noted within this Certificate rider  
Policy No. or Nos.: 3343823  
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 Nevada:**

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.

A handwritten signature in black ink, appearing to read "Alicia M. Morrow".

*Alicia M. Morrow, ESQ, Corporate Secretary*

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**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.

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**Notice**

This Certificate of insurance may not provide all benefits and protections provided by law in Arizona. Please read this Certificate carefully.

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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

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**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.

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

**CERTIFICATE RIDER – Arkansas Residents**

Rider Eligibility: Each Employee who is located in Arkansas

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 Arkansas for group insurance plans covering insureds located in Arkansas. 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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## Eligibility - Effective Date

### Eligibility for Coverage for Adopted Children

Any Dependent child adopted by You while You are insured will become insured from the date the adopted child is placed with You, or from the date You file the petition for adoption, if You elect Dependent Insurance no later than 90 days from the date of the petition for adoption, or from the date of placement, whichever is later. A newborn adopted child will become insured from the moment of birth, if the petition is filed and if You elect Dependent Insurance no later than 90 days from the child's birth.

If You do not elect to insure Your adopted child within such 90 days, or if Your petition for adoption is dismissed or denied, no benefits for expenses incurred beyond the 90th day following placement or filing of the petition to adopt, whichever is later, will be payable. The provisions in the Exception for Newborns provision that describe requirements for enrollment and effective date of insurance will also apply to an adopted child or a child placed with You for adoption.

### Exception for Newborns

Any Dependent child born while You are insured will become insured on the date of the child's birth if You elect Dependent Insurance no later than 90 days after birth. If You do not elect to insure Your newborn child within such 90 days, coverage for that child will end on the 90th day. No benefits for expenses incurred beyond the 90th day will be payable for newborns not enrolled within the first 90 days or until the next premium due date, whichever is later.

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## The Schedule

The dental schedule is amended to add the following paragraph:

### Benefit Differential Limitation

The difference between the member Coinsurance amounts for a Participating Provider and a non-Participating Provider is no

more than 25 percentage points, exclusive of any deductibles or copayments.

SCHEDAR-ET1

### 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, except if such services are required because the Covered Person is under age seven or is physically or developmentally disabled or has a significant behavioral problem, as determined by the Covered Person's provider;

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## Definitions

### Dependent

The term Dependent means:

- any child of Yours who is:
  - 26 or more years old, unmarried, and primarily supported by You and incapable of self-sustaining employment by reason of continuing intellectual, developmental, or physical disability, who became incapacitated prior to the attainment of 26 years of age. We will request, at Our expense, written proof of such disability and dependency. Periodically thereafter, but not more often than annually, We may require written proof of such disability or dependency. The premium rate for the intellectually disabled or physically handicapped child will remain at the child rate.
  - The term child means a child born to You or a child legally adopted by You from the date you file a petition for adoption.

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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.

### Subrogation/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:

- Subrogation: The plan shall, to the extent permitted by law, be subrogated to all rights, claims or interests that a Participant may have against such party and shall automatically have a lien upon the proceeds of any recovery by a Participant from such party to the extent of any benefits paid under the plan. A Participant or his/her representative shall execute such documents as may be required to secure the plan's subrogation rights.
- Right of Reimbursement: The plan is also granted a right of reimbursement from the proceeds of any recovery whether by settlement, judgment, or otherwise. This right of reimbursement is cumulative with and not exclusive of the subrogation right granted in paragraph 1, but only to the extent of the benefits provided by the plan.

### 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 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. If the plan is governed by ERISA, 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. If the plan is governed by ERISA, this right shall not be defeated by any so-called "Fund Doctrine", "Common Fund Doctrine", or "Attorney's Fund Doctrine".
- We shall recover the full amount of benefits provided under the plan without regard to any claim of fault on the part of any Covered Person, whether under comparative negligence or otherwise.
- 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.

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## Definitions

### Dependent

The term child means a child born to you or a child legally adopted by you.

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

### CERTIFICATE RIDER – California Residents

Rider Eligibility: Each Employee who is located in California

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 California for group insurance plans covering insureds located in California. 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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## Eligibility - Effective Date

### Eligibility for Coverage for Adopted Children

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. A child will be considered placed for adoption from and after the moment the child is placed in the physical custody of the insured for adoption. If a child placed for adoption is not adopted, all dental coverage ceases when the placement ends, and will not be continued.

### Exception for Newborns and Adopted Minors

Any Dependent child born while You are insured will become insured on the date of the child's birth, and any Dependent minor child placed for adoption while you are insured will become insured on the date the child is placed in your physical custody for adoption. If You do not elect to insure Your newborn child within such 31 days, coverage for that child will end on the 31<sup>st</sup> day. No benefits for expenses incurred beyond the 31<sup>st</sup> day will be payable.



### Dual Eligibility

If both You and Your Spouse, Your Domestic Partner, or Your Civil Union Partner are in an Eligible Class of the Employer, You may each enroll individually or as a Dependent of the other, but not as both. Any eligible Dependent child may also be enrolled by either You or Your Spouse, Your Domestic Partner, or Your Civil Union Partner. If the Spouse, Your Domestic Partner, or Your Civil Union Partner who enrolls for Dependent coverage ceases to be eligible, notify Your plan administrator immediately for coverage to continue under the plan of the other Spouse, Domestic Partner, or Civil Union Partner.

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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:

- procedures performed by a Dentist who is a member of the Covered Person's family except in the case of a dental emergency when no other Dentist is available. (Covered Person's family is limited to a Spouse, Domestic Partner, Civil Union Partner, siblings, parents, children, grandparents, and the Spouse's, Domestic Partner's, Civil Union Partner's siblings and parents).

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## Coordination of Benefits

- For the Dependent of divorced or separated parents, benefits for the Dependent shall be determined in the following order:
  - first, if a court decree states that one parent is responsible for the child's healthcare expenses or health coverage and the Plan for that parent has actual knowledge of the terms of the order, but only from the time of actual knowledge;
  - then, the Plan of the parent with custody of the child;
  - then, the Plan of the Spouse, Domestic Partner, or Civil Union Partner of the parent with custody of the child;

- then, the Plan of the noncustodial parent of the child; and
- finally, the Plan of the Spouse, Domestic Partner, or Civil Union Partner of the parent not having custody of the child.

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## Definitions

### Dependent

The term Dependent means:

- Your Domestic Partner or Civil Union Partner; and
- 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 intellectual or physical disabilities. 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 from the date the child is placed in Your physical custody prior to the finalization of the child's adoption.

If Your Domestic Partner or Civil Union Partner has a child, that child will also be included as a Dependent.

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### Domestic Partner

A Domestic Partner is defined as: Your Domestic Partner who has registered the domestic partnership by filing a Declaration of Domestic Partnership with the California Secretary of state pursuant to Section 298 of the Family Code or an equivalent document issued by a local agency of California, another state, or a local agency of another state under which the partnership was created.



The term Domestic Partner means a person of the same or opposite sex who has not registered the domestic partnership as stated above and:

- shares Your permanent residence;
- has resided with You for no less than one year;
- is no less than 18 years of age;
- is financially interdependent with You and has proven such interdependence by providing documentation of at least two of the following arrangements: common ownership of real property or a common leasehold interest in such property; community ownership of a motor vehicle; a joint bank account or a joint credit account; designation as a beneficiary for life insurance or retirement benefits or under Your partner's will; assignment of a durable power of attorney or health care power of attorney; or such other proof as is considered by Us to be sufficient to establish financial interdependency under the circumstances of Your particular case;
- is not a blood relative any closer than would prohibit legal marriage; and
- has signed jointly with You, a notarized affidavit attesting to the above which can be made available to Us upon request.

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 within twelve months prior to designating each other as Domestic Partners hereunder;
- is currently legally married to another person; or
- has any other Domestic Partner, Spouse, Civil Union Partner, or Spouse equivalent of the same or opposite sex.

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.

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

### **CERTIFICATE RIDER – Colorado Residents**

Rider Eligibility: Each Employee who is located in Colorado

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 Colorado group insurance plans covering insureds located in Colorado. 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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## **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.

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

**CERTIFICATE RIDER – Florida Residents**

Rider Eligibility: Each Employee who is located in Florida

**The benefits of the policy providing your coverage are primarily governed by the law of a state other than Florida.**

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 Florida group insurance plans covering insureds located in Florida. 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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## **Eligibility - Effective Date**

### **Foster Children, Adoptive Children and Children in Custodial Care**

Benefits applicable to children of the insured Employee also apply to adoptive children, foster children and children in custodial care. Coverage begins from birth or from the moment of placement in the home. Except in the case of foster children, coverage may not exclude any preexisting condition of the child.

In the case of a newborn adoptive child, coverage begins from the moment of birth if there is a written agreement to adopt the child, whether or not the agreement is enforceable.

Coverage does not extend to an adoptive child who is not ultimately placed in the home of the insured Employee.

If notice of the birth or placement of an adopted child is given to the company within 30 days there is no premium charge for the initial 30 day period. If timely notice is not given, the insurer may charge additional premium from the time of birth or placement.

If notice is given within 60 days of the birth or placement of an adopted child, the insurer may not deny coverage for the child due to the failure of the insured to timely notify the insurer of the birth or placement of the child.

If any family member of the insured Employee is covered as a dependent, then benefits applicable to children are covered with respect to a foster child or other child in court-ordered temporary custody or other custody of the insured Employee.

### **Newborn Children**

Coverage for newborn children of an insured employee or the employee's covered family member begins from the moment of birth.

Coverage for a newborn child of a covered family member terminates when the child is 18 months old.

If notice of birth is given to the company within 30 days there is no premium charge for the initial 30 day period. If timely notice is not given, the insurer may charge additional premium from the time of birth.

If notice is given within 60 days of the birth of the child, the insurer may not deny coverage for a child due to the failure of the insured to timely notify the insurer of the birth of the child.

This policy covers newborn children for the necessary dental care or dental treatment of congenital defects or birth abnormalities of the teeth or gums.

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## Termination of Insurance – Continuation

### Special Continuation of Dental Insurance For Dependents of Military Reservists

If your insurance ceases because you are called to active military duty in: (a) the Florida National Guard; or (b) the United States military reserves, you may elect to continue Dependent insurance. You must pay the required premiums to the Policyholder if you choose to continue Dependent insurance. In no event will coverage be continued beyond the earliest of the following dates:

- the expiration of 30 days from the date the Employee's military service ends;
- the last day for which the required contribution for Dependent insurance has been made;
- the date the Dependent becomes eligible for insurance under another group policy. Coverage under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is excluded from this provision;
- the date the Dependent becomes eligible for Medicare;
- the date the group policy cancels;
- the date the Dependent ceases to be an eligible Dependent.

### Reinstatement of Dental Insurance Employees and Dependents

Upon completion of your active military duty in: (a) the Florida National Guard; or (b) the United States military reserves, you are entitled to the reinstatement of your insurance and that of your Dependents if continuation of Dependent insurance was not elected. Such reinstatement will be without the application of: (a) any new waiting periods; or (b) the Pre-existing Condition Limitation to any new condition that you or your Dependent may have developed during the period that coverage was interrupted due to active military duty.

#### Provisions Applicable to Reinstatement

- You must notify your Employer, before reporting for military duty, that you intend to return to Active Service with that Employer; and
- You must notify your Employer that you elect such reinstatement within 30 days after returning to Active Service with that Employer and pay any required premium.

## Dental Benefits Extension – For Total Disability Upon Policy Discontinuation

An expense incurred in connection with a Covered Dental Service that is completed after Your benefits cease, for any reason other than the person's failure to pay premiums, will be deemed to be incurred while You are insured if:

- the course of treatment was recommended in writing by the physician and began while the person was insured for dental benefits; and
- the Covered Dental Service is other than a routine examination, prophylaxis, x-ray, or sealants or orthodontic services;
- for Orthodontic Services, the treatment commenced while the person was insured and the expenses are incurred within 60 days after his insurance ceases.
- and the Covered Dental Service is performed within 90 days after his insurance ceases.

The terms of this Dental Benefits Extension will not apply to a person who becomes insured under another group policy for similar dental benefits.

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## Definitions

### Dependent

The term child means a child born to You or a child legally adopted by You, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in Your custody by a court order from the date of placement in the home. Coverage is not required if the adopted or foster child is ultimately not placed in Your home. It also includes:

- a stepchild;

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- a child born to an insured Dependent child of Yours until such child is 18 months old, or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

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## **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.

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## **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.

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## **Eligibility - Effective Date**

### **Eligibility for Coverage for Adopted Children**

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the earlier of:

- The date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption; or
- The date of placement with You.

A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all dental coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

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

### **CERTIFICATE RIDER – Louisiana Residents**

Rider Eligibility: Each Employee who is located in Louisiana

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 Louisiana group insurance plans covering insureds located in Louisiana. These provisions supersede any



provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETLARDR

### Important Information

If the following text regarding “If Cigna determines....required to pay.” is included in your **Important Information** section of your certificate, it does not apply to you.

### Coupons, Incentives and Other Communications

If Cigna determines that a Pharmacy, pharmaceutical manufacturer or other third party is or has waived, reduced, or forgiven any portion of the charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Prescription Drug Product without Cigna’s express consent, then Cigna in its sole discretion shall have the right to deny the payment of plan benefits in connection with the Prescription Drug Product, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the Pharmacy, pharmaceutical manufacturer or other third party represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by the plan.

For example, if you use a coupon provided by a pharmaceutical manufacturer or other third party that discounts the cost of a Prescription Drug Product, Cigna may, in its sole discretion, reduce the benefits provided under the plan in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts to which the value of the coupon has been applied by the Pharmacy or other third party, and/or exclude from accumulation toward any plan Deductible or Out-of-Pocket Maximum the value of any coupon applied to any Copayment, Deductible and/or Coinsurance you are required to pay.

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## How To File Your Claim

### Payment of Claims

All claims arising under the terms of this contract shall be paid not more than thirty days from the date upon which written notice and proof of loss are furnished to the insurer, unless just and reasonable grounds exist for delay.

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## Eligibility - Effective Date

### Choice of Participating Dental Facility

**NOTE:** For members receiving services from LA Providers: The CDH managed dental care network has been carefully selected for your convenience. Under Louisiana law, you may choose to go to a non-plan LA dentist. If you want to make this choice and there is another dental plan for you to select, it is recommended that you select that plan and benefits. If you choose the in-network plan you can still go to a non-plan dentist. However, the non-plan dentist is not under contract with CDH and does not have to charge you in accordance with the CDH Patient Charge Schedule. Therefore, you will have to pay the dentist’s usual and customary fees for any procedures performed, minus a minimal payment from CDH representing the amount we would have paid to a dentist under contract with us. Please call CDH Member Services at 1-800-Cigna24 for further explanation and arrangement for payment.

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## Termination of Insurance

### Continuation of Dental Insurance during Active Military Duty

If your coverage would otherwise cease because you are a Reservist in the United States Armed Forces and are called to active duty, the insurance for you and your Dependents will be continued during your active duty only if you elect it in writing, and will continue until the earliest of the following dates:

- 90 days from the date your military service ends;
- the last day for which you made any required contribution for the insurance; or



- the date the group policy cancels.

### **Reinstatement of Dental Insurance**

If your coverage ceases because you are a Reservist in the United States Armed Forces and are called to active duty, the insurance for you and your Dependents will be automatically reinstated after your deactivation, provided that you return to Active Service within 90 days.

Such reinstatement will be without the application of: a new waiting period, or a new Pre-existing Condition Limitation. A new Pre-existing Condition Limitation will not be applied to any condition that you or your Dependent developed while coverage was interrupted. The remainder of a Pre-existing Condition Limitation which existed prior to interruption of coverage may still be applied.

HC-TRM71

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## **Definitions**

### **Dependent**

Dependents include:

- any unmarried child of yours who is
  - less than 21 years old.
  - 21 years but less than 24 years old, unmarried, enrolled in school as a full-time student and primarily supported by you. This enrollment may be at an accredited college or university, or at a vocational, technical, vocational-technical, trade school or institute.
  - 21 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of intellectual or physical disability. Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year after the two-year period following the child's attainment of the limiting age, Cigna may require proof of the continuation of such condition and dependence. For full-time students under the age of 24 who develop a mental or nervous condition, problem or disorder which, in the opinion of a qualified psychiatrist prevents them from attending school as a full-time student, and from holding self-sustaining employment, coverage will be continued to age 24.

A child includes:

- any grandchild of yours provided such child is under 21 years of age, or in the case of full-time students, under 24 years of age, and is in your legal custody and resides with you;
- any grandchild of yours who is in your legal custody and resides with you, and is incapable of self-sustaining employment by reason of intellectual or physical disability which existed prior to the child's 21<sup>st</sup> birthday.

HC-DFS1749

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## **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.

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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.

HCDFB-ELG105

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

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

**CERTIFICATE RIDER – Massachusetts Residents**

Rider Eligibility: Each Employee who is located in Massachusetts

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

HC-ETMARDR

## Termination of Insurance

### Termination of Your Insurance

Your insurance will cease on the earliest date below:

- the date You cease to be in an Eligible Class 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 or lapses due to a nonpayment of premium.
- You commit an act of misrepresentation or fraud.
- You commit an act of physical or verbal abuse unrelated to Your physical or mental condition, and such act poses a threat to a provider or to other insureds.
- the last day of the calendar month in which Your Active Service ends except as described below.
- Your death.

Additionally, Your insurance will cease on the later of:

- the last day of the period for which a required premium contribution for the Group Policy was paid to Us by Your Employer (if the next required premium is not paid); provided that We mail a notification of termination of the Group Policy to Your last known mailing address following Your Employer's nonpayment of premium; or
- three days after we mail a notification of termination of the Group Policy to Your last known mailing address following Your Employer's nonpayment of Premium.

Any continuation of insurance must be based on a plan which precludes individual selection.

### Termination of Insurance - Dependents

Your insurance for all of Your Dependents will cease on the earliest date below:

- You commit an act of misrepresentation or fraud; or
- You commit an act of physical or verbal abuse unrelated to Your physical or mental condition, and such act poses a threat to a provider or to other insureds; or
- the date Dependent insurance is canceled; or
- the date that Dependent no longer qualifies as a Dependent; or
- Your death.

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## Termination of Insurance - Continuation

### Special 31-Day Continuation

Upon payment of premium by Your Employer, Your insurance will continue for 31 days after You:

- cease to be an Eligible Class or cease to qualify as an Employee.
- terminate employment for any reason.

In no case will the insurance continue after You become insured under any other group policy for similar benefits or after the last day for which You have made any required contribution for the insurance.

### Dental Insurance for Former Spouse

If Your Spouse's dental insurance would otherwise cease because of divorce or annulment of marriage, the insurance for that Spouse will be continued unless the court decree



dissolving the marriage excludes such continuation. In any event, the insurance will not be continued beyond the earliest of the following dates:

- the date You fail to make any required contribution;
- the date You are no longer insured under the group policy;
- the date Dependent insurance cancels;
- the date Your former Spouse remarries;
- the date You remarry, unless You make arrangements with the Employer to continue the insurance in accordance with the paragraph below entitled "Effect of Remarriage of Employee";
- the date the court judgment no longer requires continued coverage.

#### **Effect of Remarriage of Employee**

If You remarry, an additional contribution will be required for Your former Spouse. You must notify Your Employer of Your remarriage within 30 days of the date of Your remarriage and pay the additional contribution.

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## **Definitions**

### **Dependent**

The term Dependent means:

- Your former Spouse; unless the divorce decree provides otherwise; and

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

### **CERTIFICATE RIDER – Missouri Residents**

Rider Eligibility: Each Employee who is located in Missouri

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

HC-ETMORDR

## **Eligibility - Effective Date**

### **Eligibility for Coverage for Adopted Children**

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all dental coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

### **Exception for Newborns**

Any Dependent child born while You are insured will become insured on the date of the child's birth. You must notify Cigna of the birth of the newly born child and pay any premium, if required, within 31 days after the date of birth in order to have the coverage continue beyond such 31-day period in order to



have coverage continue beyond such 31 day period. If an application or other form of enrollment is required by Your Employer in order to continue coverage beyond the 31-day period after the date of birth, and you have notified Cigna of the birth, either orally or in writing, Cigna will, upon notification, provide you with all forms and instructions necessary to enroll the newly born child and will allow you an additional 10 days from the date the forms and instructions are provided in which to enroll the newly born child. If you do not notify Cigna of the birth of the newly born child and pay any premium, if required, within such 31 days, coverage for that child will end on the 31<sup>st</sup> day, and no benefits for expenses incurred beyond the 31<sup>st</sup> day will be payable.

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## Termination of Insurance

### Special Continuation of Dental Insurance For Dependents of Deceased Employee

If You die while insured, Your Dependents who are insured at the time of Your death may continue their insurance by paying the required contribution to the Policyholder. Continuation shall begin only after the continuation required by federal law has expired, provided Your Spouse is at least 55 years of age at such time. Such coverage shall not continue beyond the earliest of the following dates:

- Your Spouse's 65th birthday;
- the last day of the period for which the required contribution has been paid;
- the date that Your Spouse becomes insured under any other group health plan, including Medicare;
- with respect to any one Dependent: (1) the date that Dependent becomes eligible for similar group coverage or (2) the date that Dependent ceases to qualify as a Dependent for any reason other than lack of primary support by You; or
- the date this Policy cancels.

### For Spouse Upon Legal Separation or Divorce From Employee

If Your Spouse's insurance would otherwise terminate because of legal separation, divorce or annulment of marriage, Your Spouse may continue their insurance, and the insurance of any eligible Dependent children, by paying the required contribution to the Policyholder. Continuation shall begin only

after the Continuation Required by Federal Law has expired, provided Your Spouse is at least 55 years of age at such time. Such coverage shall not continue beyond the earliest of the following dates:

- Your Spouse's 65th birthday;
- the last day of the period for which the required contribution has been paid;
- the date that Your Spouse becomes insured under any other group health plan, including Medicare;
- with respect to any one Dependent: (1) the date that Dependent becomes eligible for similar group coverage or (2) the date that Dependent ceases to qualify as a Dependent for any reason other than lack of primary support by You; or
- the date this Policy cancels.

HCDFB-TRM97

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## 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 Dakota Residents**

Rider Eligibility: Each Employee who is located in North Dakota

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

HC-ETNDRDR

## 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

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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 intellectual or physical disabilities. 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, including that child from the first day of placement by a licensed child placement agency or by the birth parent. It also includes a stepchild and a child born to one of Your Dependent children, as long as Your grandchild is living with You and primarily supported by You, or 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).

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

#### **CERTIFICATE RIDER – Utah Residents**

Rider Eligibility: Each Employee who is located in Utah

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 Utah group insurance plans covering insureds



located in Utah. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETUTDR

## Eligibility - Effective Date

### Eligibility for Coverage for Adopted Children

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. An adopted child placed within 30 days of birth will be eligible from the moment of birth. A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all dental coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

### Exception for Newborns

Any Dependent child born while You are insured will become insured on the date of the child's birth if You elect Dependent Insurance no later than 31 days after 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.

HCDFB-ELG87

06-21  
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## Definitions

### Dependent

The term Dependent means:

- any child of Yours who is:
  - 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.

HCDFB-DFS388

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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.

## 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

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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](http://www.cigna.com/product-disclosures).

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## Notice - Cigna Dental Care

Coordination of Benefits Included – See Table of Contents for Location of Coordination of Benefits Section. Your Benefits may be affected by other Insurance.

HC-CER16

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## Important Notices

### Notice regarding Coordination of Benefits

If you are covered by more than one health benefit plan, and you do not know which is your primary plan, you or your provider should contact any one of the health plans to verify which plan is primary. The health plan you contact is responsible for working with the other plan to determine which is primary and will let you know within thirty calendar days.

**CAUTION:** All health plans have timely claim filing requirements. If you or your provider fail to submit your claim to a secondary health plan within that plan's claim filing time limit, the plan can deny the claim. If you experience delays in the processing of your claim by the primary health plan, you or your provider will need to submit your claim to the secondary health plan within its claim filing time limit to prevent a denial of the claim.

To avoid delays in claims processing, if you are covered by more than one plan you should promptly report to your providers and plans any changes in your coverage.

### 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](http://www.cigna.com/product-disclosures).

HC-IMP309

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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.

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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.

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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;

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