

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

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

CERTIFICATE RIDER

No. CR7BIASO49-1

Policyholder: Rutherford County Employee Benefit Trust

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

Policy No. or Nos. 3321836-OAPC

EFFECTIVE DATE: July 1, 2014

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 sections entitled **Out-of-Pocket Maximum, Organ Transplants** and **TMJ Surgical and Non-Surgical** in THE SCHEDULE — **Open Access Plus Medical Benefits**— in your certificate are changed to read as attached.

The page in your certificate coded **HC-PHR2 V3** is replaced by the page coded **HC-PHR2 V6** attached to this certificate rider.

Open Access Plus Medical Benefits

The Schedule

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Combined Out-of-Pocket Maximum for Vision</p> <p>Individual</p> <p>Family Maximum</p> <p>Family Maximum Calculation</p> <p>Individual Calculation: Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.</p>	<p>\$4,000 per person</p> <p>\$8,000 per family</p>	<p>\$8,000 per person</p> <p>\$16,000 per family</p>
<p>Organ Transplants</p> <p>Includes all medically appropriate, non-experimental transplants</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Physician's Services</p> <p>Travel Maximum: \$10,000 per transplant</p>	<p>No charge after the \$30 PCP or \$50 Specialist per office visit copay</p> <p>100% at Lifesource center, otherwise 80% after plan deductible</p> <p>100% at Lifesource center, otherwise 80% after plan deductible</p> <p>No charge (only available when using Lifesource facility)</p>	<p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>60% after plan deductible up to specific organ transplant maximum: Heart - \$100,000 Liver - \$100,000 Bone Marrow - \$50,000 Heart/Lung - \$100,000 Lung - \$100,000 Pancreas - \$100,000 Kidney - \$15,000 Kidney/Pancreas - \$15,000</p> <p>In-Network coverage only</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>TMJ Surgical and Non-Surgical Always excludes appliances and orthodontic treatment. Subject to medical necessity.</p> <p>Physician's Office Visit</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Physician's Services</p>	<p>No charge after the \$30 PCP or \$50 Specialist per office visit copay</p> <p>80% after plan deductible</p> <p>80% after plan deductible</p> <p>80% after plan deductible</p>	<p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>60% after plan deductible</p>

Prescription Drug Benefits

For You and Your Dependents

In the event that you insist on a more expensive “brand-name” drug where a “generic” drug would otherwise have been dispensed, you will be financially responsible for the amount by which the cost of the “brand-name” drug exceeds the cost of the “generic” drug, plus the required Copayment identified in the Schedule.

Coverage for certain Prescription Drugs and Related Supplies requires your Physician to obtain authorization prior to prescribing. Prior authorization may include, for example, a step therapy determination. Step therapy determines the specific usage progression of therapeutically equivalent drug products or supplies appropriate for treatment of a specific condition. If your Physician wishes to request coverage for Prescription Drugs or Related Supplies for which prior authorization is required, your Physician may call or complete the appropriate prior authorization form and fax it to Cigna to request a prior authorization for coverage of the Prescription Drugs or Related Supplies. Your Physician should make this request before writing the prescription.

If the request is approved, your Physician will receive confirmation. The authorization will be processed in our claim system to allow you to have coverage for those Prescription Drugs or Related Supplies. The length of the authorization will depend on the diagnosis and Prescription Drugs or Related Supplies. When your Physician advises you that coverage for the Prescription Drugs or Related Supplies has been approved, you should contact the Pharmacy to fill the prescription(s).

If the request is denied, your Physician and you will be notified that coverage for the Prescription Drugs or Related Supplies is not authorized. If you disagree with a coverage decision, you may appeal that decision in accordance with the provisions of the policy, by submitting a written request stating why the Prescription Drugs or Related Supplies should be covered.

If you have questions about a specific prior authorization request, you should call Member Services at the toll-free number on the ID card.

All drugs newly approved by the Food Drug Administration (FDA) are designated as either non-Preferred or non-Prescription Drug List drugs until the P&T Committee clinically evaluates the Prescription Drug for a different designation. Prescription Drugs that represent an advance over available therapy according to the FDA will be reviewed by the P&T Committee within six months after FDA approval. Prescription Drugs that appear to have therapeutic qualities

similar to those of an already marketed drug according to the FDA, will not be reviewed by the P&T Committee for at least six months after FDA approval. In the case of compelling clinical data, an ad hoc group will be formed to make an interim decision on the merits of a Prescription Drug.

HC-PHR2

04-10

V6