



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

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7SI022-2

Policyholder: Coblentz Patch Duffy & Bass LLP

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

Policy No. or Nos. 3330180-CHSAF/CHSAI

EFFECTIVE DATE: January 1, 2025

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.

A handwritten signature in black ink, appearing to read "Geneva Cambell Brown".

Geneva Cambell Brown, Corporate Secretary

HC-RDR1

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The section entitled **Calendar Year Deductible and Out-of-Pocket Maximum** in THE SCHEDULE — **Open Access Plus Medical Benefits**— in your certificate is changed to read as attached.



Open Access Plus Medical Benefits The Schedule

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Calendar Year Deductible Individual – Employee Only Individual – within a Family Family Maximum Family Maximum Calculation Individual Calculation: Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.	\$2,000 per person \$3,300 per person \$4,000 per family	\$3,000 per person \$3,300 per person \$6,000 per family
Out-of-Pocket Maximum Individual – Employee Only Individual – within a Family Family Maximum Family Maximum Calculation 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%.	\$3,000 per person \$3,300 per person \$6,000 per family	\$4,500 per person \$4,500 per person \$9,000 per family