Government of the United States Virgin Islands
Medicare Advantage Plan Evaluation
Effective Date: January 1, 2027

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

	Current		Renewal	
	UnitedHealthcare		**UnitedHealthcare**	
	Medicare Advantage		**Medicare Advantage**	
	In Network	Out of Network	In Network	Out of Network
Calendar Year Deductible (CYD)	*Deductibles Co-Accumulate*		*Deductibles Co-Accumulate*	
Individual	$500	$500	$500	$500
Family	N/A	N/A	N/A	N/A
Annual Out-of-Pocket Maximum	*Out of Pocket Maximums Co-Accumulate*		*Out of Pocket Maximums Co-Accumulate*	
Individual	$1,000	$1,000	$1,000	$1,000
Family	N/A	N/A	N/A	N/A
Physician Services				
Primary Care Office Visit	No charge	No charge	No charge	No charge
Specialist Office Visit	No charge	No charge after ded	No charge	No charge after ded
Laboratory & Radiology Services				
X-Rays (Outpatient)	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Diagnostic Radiology (e.g. MRI)	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Lab Work	No charge	No charge after ded	No charge	No charge after ded
Hospital Services				
Inpatient Hospital	$250 /admit after ded *Unlimited days*	$250 /admit after ded *Unlimited days*	$250 /admit after ded *Unlimited days*	$250 /admit after ded *Unlimited days*
Outpatient Surgery	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Emergency Room	$100	$100	$100	$100
Urgently Needed Care	No charge	No charge	No charge	No charge
Ambulance (Medicare covered services)	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Mental Health/Substance Abuse				
Inpatient Mental Health	No charge/admit up to *190 days*	No charge/admit up to *190 days*	No charge/admit up to *190 days*	No charge/admit up to *190 days*
Outpatient Mental Health	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Outpatient Rehabilitation				
PT, OT, ST	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Other Services				
Durable Medical Equipment	No charge after ded	No charge after ded	No charge after ded	No charge after ded
Hearing/Eye Exams	No charge (1 every 12 months)	No charge (1 every 12 months)	No charge (1 every 12 months)	No charge (1 every 12 months)
Hearing Aids	Up to $500 (every 3 years)	Up to $500 (every 3 years)	Up to $500 (every 3 years)	Up to $500 (every 3 years)
Prescription Drugs				
Initial and Coverage Gap Stage	$0 Copay through $2,000		$0 Copay through $2,000	
Generic	$10	Not covered	$10	Not covered
Preferred Brand	$40	Not covered	$40	Not covered
Non-Preferred Brand & Specialty	50% ($95 max)	Not covered	50% ($95 max)	Not covered
Mail Order (90 day supply)	$20/$80/50% ($190 max)	Not covered	$20/$80/50% ($190 max)	Not covered
Catastrophic Coverage	$2,000 and greater		$2,000 and greater	
Generic	$10	Not covered	$10	Not covered
Preferred Brand	$40	Not covered	$40	Not covered
Non-Preferred Brand & Specialty	50% ($95 max)	Not covered	50% ($95 max)	Not covered
Mail Order (90 day supply)	$20/$80/50% ($190 max)	Not covered	$20/$80/50% ($190 max)	Not covered
Monthly Premium - Single Rate **6,505**	**$330.24**		**$330.24**	
Monthly Premium Total	**$2,148,211**		**$2,148,211**	
Annual Premium Total	**$25,778,534**		**$25,778,534**	
$ Change	**N/A**		**$0.0**	
% Change	**N/A**		**0%**	

Government of The Virgin Islands of the United States
Central Government & GERS Group Health Projected Budget
Fiscal Year: October 1, 2026 - September 30, 2027

GEHRING GROUP
BROWN & BROWN PUBLIC SECTOR

ASSUMES GOVERNMENT & EMPLOYEES SHARE INCREASE

Plan	Coverage Type	Enrollment	2025-2026 Estimated FY Total Premium	2025-2026 Estimated FY Employer Share	2025-2026 Estimated FY Employee Share	2026-2027 Projected FY Total Premium	2026-2027 Projected FY Employer Share	2026-2027 Projected FY Employee Share
Active Employees								
Medical	Employee	3,316	$ 48,624,119	$ 35,981,848	$ 12,642,271	$ 52,027,585	$ 38,500,355	$ 13,527,230
	Family	3,691	$ 94,634,407	$ 70,029,461	$ 24,604,946	$ 101,258,806	$ 74,931,514	$ 26,327,292
Dental	Employee	3,322	$ 837,913	$ 561,402	$ 276,511	$ 888,140	$ 595,038	$ 293,102
	Family	3,661	$ 2,356,512	$ 1,578,863	$ 777,649	$ 2,497,974	$ 1,673,665	$ 824,308
Life	Basic	7,728	$ 93,663	$ 93,663	$ -	$ 93,663	$ 93,663	$ -
	Voluntary	5,704	$ 2,179,650	$ -	$ 2,179,650	$ 2,179,650	$ -	$ 2,179,650
	Spouse	1,115	$ 113,945	$ -	$ 113,945	$ 113,945	$ -	$ 113,945
	Child(ren)	2,538	$ 20,406	$ -	$ 20,406	$ 20,406	$ -	$ 20,406
Vision	Employee	4,613	$ 219,210	$ -	$ 219,210	$ 231,388	$ -	$ 231,388
	Family	3,659	$ 458,400	$ -	$ 458,400	$ 483,866	$ -	$ 483,866
TOTAL - Active Employees			**$ 149,538,225**	**$ 108,245,238**	**$ 41,292,988**	**$ 159,795,423**	**$ 115,794,236**	**$ 44,001,188**
$ Amount Increase/(Decrease)						**$ 10,257,198**	**$ 7,548,998**	**$ 2,708,200**
% Amount Increase/(Decrease)						**6.9%**	**7.0%**	**6.6%**
Retirees								
Under 65 Medical	Retiree	778	$ 14,792,145	$ 10,946,187	$ 3,845,958	$ 15,827,694	$ 11,712,519	$ 4,115,175
	Retiree Dependents	394	$ 7,493,250	$ 5,545,005	$ 1,948,245	$ 8,017,828	$ 5,933,206	$ 2,084,622
	Family	412	$ 13,985,613	$ 10,349,353	$ 3,636,259	$ 14,964,654	$ 11,073,856	$ 3,890,797
Over 65 Medical	Medicare Advantage	6,505	$ 25,780,296	$ 17,014,995	$ 8,765,301	$ 25,780,296	$ 17,014,995	$ 8,765,301
Dental	Retiree	4,911	$ 1,238,695	$ 829,925	$ 408,769	$ 1,312,946	$ 879,650	$ 433,295
	Family	1,848	$ 1,189,735	$ 797,123	$ 392,613	$ 1,261,155	$ 844,985	$ 416,169
Life	Basic	8,251	$ 331,690	$ 331,690	$ -	$ 331,690	$ 331,690	$ -
	Voluntary	6,503	$ 8,460,829	$ -	$ 8,460,829	$ 8,460,829	$ -	$ 8,460,829
	Spouse	1,413	$ 605,155	$ -	$ 605,155	$ 605,155	$ -	$ 605,155
	Child(ren)	495	$ 3,980	$ -	$ 3,980	$ 3,980	$ -	$ 3,980
Vision	Retiree	929	$ 44,146	$ -	$ 44,146	$ 46,599	$ -	$ 46,599
	Family	257	$ 32,197	$ -	$ 32,197	$ 33,986	$ -	$ 33,986
TOTAL - Retirees			**$ 73,957,731**	**$ 45,814,279**	**$ 28,143,452**	**$ 76,646,811**	**$ 47,790,903**	**$ 28,855,908**
$ Amount Increase/(Decrease)						**$ 2,689,080**	**$ 1,976,623**	**$ 712,457**
% Amount Increase/(Decrease)						**3.6%**	**4.3%**	**2.5%**
TOTAL - Active Employees & Retirees			**$ 223,495,957**	**$ 154,059,517**	**$ 69,436,440**	**$ 236,442,235**	**$ 163,585,138**	**$ 72,857,096**
$ Amount Increase/(Decrease)						**$ 12,946,278**	**$ 9,525,622**	**$ 3,420,656**
% Amount Increase/(Decrease)						**5.8%**	**6.2%**	**4.9%**

Notes:

A. Projected Budget assumes Maximum Premium Rates Negotiated by GESC RFP No. 2023-01, Addendum 1, Addendum 2.

B. Over 65 Medical is 9-months of the fiscal year (effective January 1, 2027).

1. Estimated FY Total Premium may vary based upon actual enrollment for the remainder of current Fiscal Year & proposed Fiscal Year.

2. Costs account for Senate funded subsidies of member contributions for FY2019-2020; FY2020-2021; FY2021-2022; FY2022-2023; & FY2023-2024

SECOND RENEWAL OF
VOLUNTARY (EMPLOYEE-PAID) CRITICAL ILLNESS INSURANCE,
VOLUNTARY (EMPLOYEE-PAID) ACCIDENTAL INJURY INSURANCE, AND
VOLUNTARY (EMPLOYEE-PAID) HOSPITAL CARE INSURANCE

THIS AGREEMENT made and entered into this 1st day of October, 2026 by and between the Government of the Virgin Islands, through the Health Insurance Board of Trustees, (the "Government") the Virgin Islands Port Authority (the "Authority"), the University of the Virgin Islands ("UVI"), the Virgin Islands Housing Authority (the "Housing Authority"), Non-Profit Organizations defined as eligible by the Government, and Frederiksted Health Care, Inc. ("FHC") (the Government, the Authority, UVI, the Housing Authority, Non-Profit Organizations and FHC hereinafter individually referred to as, each, "Employer Entity" and collectively referred to as the "Employer") and Cigna Health and Life Insurance Company (hereinafter "Cigna"). For purposes of this Second Renewal of Voluntary (Employee-Paid) Critical Illness Insurance, Voluntary (Employee-Paid) Accidental Injury Insurance, and Voluntary (Employee-Paid) Hospital Care Insurance (the "Second Renewal"), a Non-Profit Organization is an entity determined by the Government to satisfy the requirements under applicable U. S. Virgin Islands law for participation under this Second Renewal.

WITNESSETH:

WHEREAS, the Employer and Cigna entered into an Agreement for Group Medical Health Insurance (the "Agreement") approved by the Virgin Islands Legislature on September 22, 2023; and

WHEREAS, the Agreement was for a term of twenty-four (24) months and provides that the parties may renegotiate and renew the Agreement for up to two (2) successive twelve (12) month terms; and

Contractors Initials: PV

WHEREAS, the Employer and Cigna intend, pursuant to this Second Renewal, to renew the Agreement for an additional twelve (12) month term commencing October 1, 2026 and ending September 30, 2027, and amend the Agreement, as renewed, to provide for new rates defined below.

NOW THEREFORE, for and in consideration of the mutual covenants and promises made herein, the parties agree as follows:

1. The Agreement, pursuant to the terms herein, is renewed for a twelve (12) month term commencing October 1, 2026 and ending September 30, 2027.

2. Commencing October 1, 2026, Cigna shall continue to provide coverage for all of the present active employees and Pre-65 retiree enrollees and their dependents who are eligible under the Government Plan.

3. The Plan Document prepared by Cigna will describe the benefits provided under the group benefit policy, including but not limited to the benefits required by federal and territorial law.

4. Except as expressly amended by this Second Renewal, all terms and provisions of the original Agreement remain in full force and effect.

6. This Second Renewal is subject to the appropriation and availability of funds, the approval of the Governor of the U.S. Virgin Islands, and the approval of the Virgin Islands Legislature.

7. For purposes of this Second Renewal, a photocopy or facsimile copy of the document or a photocopy or facsimile copy of a signature to the document shall have the same effect as an original. Also, this Second Renewal may be executed in any number of

Contractors Initials: PV

counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Christy St. Hill

Cigna Health and Life Insurance Company

Paul Virtell

Date: 08/20/2026

Paul Virtell
Senior Vice President

Witness:

_____

Government of the Virgin Islands Health Insurance Board of Trustees

_____ Date: _____

Beverly A. Joseph
Chairperson

Witness:

_____

Virgin Islands Port Authority

_____ Date: _____

Ava Penn
Interim Executive Director

Witness:

_____

University of the Virgin Islands

_____ Date: _____

Dr. Safiya George
President

Contractors Initials: _____

counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Cigna Health and Life Insurance Company

Date: 08/20/2026

Paul Virtell
Senior Vice President

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

Date: 8-27-26

Beverly A. Joseph
Chairperson

Witness:

Virgin Islands Port Authority

Date: _____

Ava Penn
Interim Executive Director

Witness:

University of the Virgin Islands

Date: _____

Dr. Safiya George
President

Contractors Initials: _____

counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Cigna Health and Life Insurance Company

Christy LaMieux

Paul Virtell

Date: 08/20/2026

Paul Virtell
Senior Vice President

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

_____

_____ Date: _____

Beverly A. Joseph
Chairperson

Witness:

Virgin Islands Port Authority

Date: 08/28/2026

Ava Penn
Interim Executive Director

Witness:

University of the Virgin Islands

_____

_____ Date: _____

Dr. Safiya George
President

Contractors Initials: _____

counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Cigna Health and Life Insurance Company

Date: 08/20/2026

Paul Virtell
Senior Vice President

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

Date: _____

Beverly A. Joseph
Chairperson

Witness:

Virgin Islands Port Authority

Date: _____

Ava Penn
Interim Executive Director

Witness:

University of the Virgin Islands

Date: 08/31/2026

Dr. Safiya George
President

Contractors Initials: _____

Witness:

8/28/2026
VIHA Human Resource Director

Virgin Islands Housing Authority

Date: 8/28/26

Dwayne Alexander
Executive Director

Witness:

Frederiksted Health Care, Inc.

_____

Date: _____

Masserae Sprauve-Webster,
Chief Executive Officer

Contractors Initials: _____

Witness:

Virgin Islands Housing Authority

_____

_____ Date: _____

Dwayne Alexander
Executive Director

Witness:

Frederiksted Health Care, Inc.

_____

_____ Date: 4/27/2026

Masserae Sprauve-Webster,
Chief Executive Officer

4/27/26

Contractors Initials: MSW

Approved as to Legal Sufficiency
Department of Justice

Sean P. Bailey, AAG
Assistant Attorney General

Date: 9/11/2026

Approved:

Honorable Albert Bryan Jr.
Governor of the Virgin Islands

Date: 9/17/26

Approved:

Milton E. Potter
President, 36th Legislature of the
Virgin Islands

Date: _____

Contractors Initials: PV

cigna healthcare

Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

Employee-Paid

ACCIDENTAL INJURY INSURANCE

SUMMARY OF BENEFITS

Prepared for: The Government of the United States Virgin Islands

Accidental Injury coverage provides a fixed cash benefit according to the schedule below when a Covered Person suffers certain injuries or undergoes a broad range of medical treatments or care resulting from a Covered Accident. See State Variations (marked by *) below.

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.

You: Please see your employer to determine your eligibility.

Your Spouse*: Up to age 100, as long as you apply for and are approved for coverage yourself.

Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage: This Accidental Injury plan provides 24 hour coverage.

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.

Benefit Percentage Amount (unless otherwise indicated)	Employee	Employee and Spouse	Children
	100% of benefits shown	100% of benefits shown	100% of benefits shown
Initial & Emergency Care		**Plan 1**	**Plan 2**
Emergency Care Treatment		$100	$200
Physician Office Visit (includes urgent care)		$50	$100
Diagnostic Exam (x-ray or lab)		$10	$50
Ground or Water Ambulance/Air Ambulance		$300/$1,200	$400/$1,600
Hospitalization Benefits		**Plan 1**	**Plan 2**
Hospital Admission		$500	$1,000
Hospital Stay		$100	$200
Intensive Care Unit Stay		$200	$400
Fractures and Dislocations		**Plan 1**	**Plan 2**
Per covered surgically-repaired fracture		$100-$4,000	$200-$8,000
Per covered non-surgically-repaired fracture		$50-$2,000	$100-$4,000
Chip Fracture (percent of fracture benefit)		25%	25%
Per covered surgically-repaired dislocation		$100-$4,000	$200-$6,000
Per covered non-surgically-repaired dislocation		$50-$2,000	$100-$3,000
Follow-Up Care		**Plan 1**	**Plan 2**
Follow-up Physician (or medical professional) Office Visit		$25	$50
Follow-up Physical Therapy Visit		$25	$50
Enhanced Accident Benefits		**Plan 1**	**Plan 2**
Examples:			
Small Lacerations (Less than or equal to 6 inches long and requires 2 or more sutures)		$50	$100
Large Lacerations (more than 6 inches long and requires 2 or more sutures)		$400	$600
Concussion		$100	$150
Coma (lasting 7 days with no response)		$5,000	$10,000

Additional Accidental Injury benefits included - See certificate for details, including limitations & exclusions. Virtual Care accepted for Initial Physician Office Visit and Follow-Up Care.

Accidental Death and Dismemberment Benefit	Plan 1	Plan 2
Examples of benefits include (but are not limited to) payment for death from Automobile accident; total and permanent loss of speech or hearing in both ears. Actual benefit amount paid depends on the type of Covered Loss. The Spouse and Child benefit is 50% and 25% respective of the benefit shown.	Loss of Life: $25,000 - $75,000 Dismemberment: $1,000 - $20,000	Loss of Life: $50,000 - $100,000 Dismemberment: $2,000 - $30,000

Wellness Treatment, Health Screening Test & Preventive Care Benefit*	Plan 1	Plan 2
Wellness Treatment, Health Screening Test and Preventive Care Benefit:* Benefit paid for all covered persons is 100% of the benefit shown. *Also includes COVID-19 Immunization, Tests, and Screenings. Virtual Care accepted.*	$50	$50

Portability Feature: You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Semi-Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee	$5.55	$7.02
Employee and Spouse	$8.39	$10.74
Employee and Child(ren)	$9.55	$12.34
Employee and Family	$12.39	$16.05

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

Important Definitions and Policy Provisions:

Coverage Type: Benefits are paid when a Covered Injury results, directly and independently of all other causes, from a Covered Accident.
Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and occurs while the Covered Person is insured under this Policy; is not contributed to by disease, sickness, mental or bodily infirmity; and is not otherwise excluded under the terms of this Policy.
Covered Injury: Any bodily harm that results directly and independently of all other causes from a Covered Accident.
Covered Person: An eligible person who is enrolled for coverage under this Policy.
Covered Loss: A loss that is the result, directly and independently of other causes, from a Covered Accident suffered by the Covered Person within the applicable time period described in the Policy.
Hospital: An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis, and charges for its services. The term Hospital does not include a clinic, facility, or unit of a Hospital for: rehabilitation, convalescent, custodial, educational, or nursing care; the aged, treatment of drug or alcohol addiction.
When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, or the first of the month following the date your completed enrollment form is received unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all Covered Persons will not begin on the effective date if hospital, facility or home confined, disabled or receiving disability benefits or unable to perform activities of daily living.
When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate.)
30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Conditions and Limitations: This document provides only the highlights. All claims for a covered loss must meet specific Benefit Conditions and Limitations and are otherwise subject to all other terms set forth in the group policy.

Common Exclusions:* In addition to any benefit specific exclusions, no payments will be made for losses which directly or indirectly, is caused by or results from: • intentionally self-inflicted injury, including suicide or any attempted suicide; • committing an assault or felony; • bungee jumping; parachuting; skydiving; parasailing; hang-gliding; • declared or undeclared war or act of war; • aircraft or air travel, except as a commercial passenger or Aircraft used by the Air Mobility Command (unless owned, leased or controlled by Subscriber); • sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment, except bacterial infection from an accidental external cut or wound or accidental ingestion of contaminated food; • activities of active military duty, except Reserve or National Guard active duty training lasting 31 days or less; • operating any vehicle under the influence of alcohol or any drug, narcotic or other intoxicant; • voluntary use of drugs, unless taken as prescribed and under direction of a physician; • services or treatment rendered by a physician, nurse or any other person who is: employed by the subscriber, living with or immediate family of the Covered Person, or providing alternative medical treatments. Actual policy terms may vary depending on your plan design and location.

Specific Benefit Exclusions and Limitations:*

Emergency Care Treatment: Treatment must occur within 30 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; Excludes: treatment provided by an immediate family member, clinic, or doctor's office. **Physician Office Visit:** Must be diagnosed and treated by a physician within 90 days of the Covered Accident. Limits: payable once per Covered Accident, per Covered Person; not payable if a Covered Person is eligible to receive a benefit under Emergency Treatment. Excludes: routine health examinations or immunizations for Covered Persons Aged 60 and older, visits for mental or nervous disorders, and visits by a surgeon while confined to a Hospital. **Diagnostic Exam:** payable once per Covered Accident, per Covered Person; Treatment must occur within 90 days of the Covered Accident. **Ground or Water Ambulance/Air Ambulance:** Services must be provided from the scene of the Covered Accident or within 90 days of Covered Accident. Limits: payable once per Covered Accident, per Covered Person; only one benefit will be paid ground or water/air, whichever is greater. **Hospital Admission:** Inpatient admission must occur within 90 days of the Covered Accident due to such accident. Limits: payable once per Covered Accident; Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident. **Hospital Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; 1 stay per accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Intensive Care Unit Stay per day:** Must be admitted for at least 23 hours or admitted inpatient and confined within 90 days of the Covered Accident. Limits: 365 days per Covered Accident; not payable for hospital re-admission for same Covered Accident; if eligible for Hospital Stay Benefit and Initial Intensive Care Unit Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater; Stays within 90 days for the same or a related Covered Accident are considered one Stay. **Fracture/Dislocation:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture. Limits: Both fractures and dislocations are limited to 1 per accident. Must be diagnosed and treated by a physician within 90 days of the Covered Accident. **Follow-up Physician Office Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physician office visits; Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 90 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. Follow Up Office Visit can include treatment by providers that are appropriately licensed professionals practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with traumatic Covered Accidents. **Follow-up Physical Therapy Visit:** Limits: 10 follow up visit(s) for each Covered Person per Covered Accident for follow up physical therapy visits; Must be examined, treated or prescribed by physician. First examination or treatment must be provided within 120 days of the Covered Accident. Subsequent follow up treatment must be completed within 365 days of the Covered Accident. **Wellness Treatment, Health Screening Test and Preventive Care Benefit:** Limit: 1 per year per Covered Person. **Large Lacerations:** Treatment by Physician must be received within 90 days of the Covered Accident. Limits: payable 1 time per Covered Person, Per Covered Accident; Multiple lacerations pay a maximum of 2 times the benefit. **Concussion:** Must be diagnosed by a physician within 90 days of the Covered Accident. Limits: payable 1 time per Covered Accident. **Coma:** Limits: payable 1 time per Covered Accident. Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Excludes: medically induced coma. **Accidental Death and Dismemberment Rider:** To receive benefits, the death or loss must occur within 365 days of the covered accident. The exclusions that apply to this benefit are in the Common Exclusions Section. If a Covered Person dies as a result of an automobile accident other loss of life benefits will not be paid. If the driver, he/she must hold a current and valid driver's license. If total and permanent loss of speech or hearing in both ears is payable, no benefits will be paid under the dismemberment benefit and total benefits will not exceed the loss of life death benefit. This is not a complete list. See certificate for complete details, including limitations and exclusions that apply to this benefit.

***State Variations**

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions. Additional information is available from your Benefit Services Representative. **Specific Benefit Exclusions and Limitations:** The timeframe to obtain services following a covered accident is extended in NM, VT and WA, the exclusion for Physician Office Visit does not apply to residents of ID. For residents of TX Emergency Care exclusion is limited to treatment provided by an Immediate Family Member and does not apply to a licensed dentist. **Hospital/ICU Stay** requires a 31-day minimum for Idaho residents. See your Certificate for detail. For residents of NH Hospital/ICU stays within 180 days for the same or a related Covered Accident are considered one Stay. Common Exclusions may vary for residents of AK, ID, LA, MN, NC, NM, SC, SD, VT and WA. **Wellness Treatment, Health Screening Test and Preventive Care Benefit** is not available to residents of ID. For residents of WA it is titled Health Screening Test or Preventive Care. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID the effective date

won't be deferred due to ability to perform ADLs. Ground or Water Ambulance/Air Ambulance benefits may differ for residents of CT. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. Portability conditions may differ for residents of AK, AR, CT, FL, ID, LA, ME, MD, MS, NH, NC, ND, SC, TX, VT, WA, and WI. Covid- 19 Test and Screening benefits are not available to residents of ID, OR and WA. **Physician Office Visit** will always be available to residents of AK, VT, and WA. Emergency Care Treatment, Diagnostic Exam, and Ambulance benefit(s) will always be available to residents of VT and WA. **Hospital Stay/Intensive Care Unit Stay** benefit(s) will always be available to residents of VT. **Hospital Stay/Intensive Care Unit Stay** additional benefits may be available to resident of ID and NH. **Covered Accident** definition differs for residents of AR, ID, NM, VT and WA. Benefits may not be available or may be limited to residents of NM. Covered Injury definition differs for residents of NM. Covered Loss definition differs for residents of NM, VT. Hospital definition differs for residents of NH and VT. **Accidental Death and Dismemberment:** Benefit a minimum benefit of $1,000 for Loss of Finger or Loss of Toe will be available for residents of NH.

Series 1.0

Terms and conditions of coverage for Accidental Insurance are set forth in Group Policy No. AI110958. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

Employee-Paid

CRITICAL ILLNESS INSURANCE

SUMMARY OF BENEFITS

Prepared for: The Government of the United States Virgin Islands

Critical Illness insurance provides a cash benefit when a Covered Person is diagnosed with a covered critical illness or event after coverage is in effect. *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.
You: Please see your employer to determine your eligibility.
Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.
Your Child(ren): Birth to age 26; 26+ if disabled, are automatically enrolled as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown will be paid regardless of the actual expenses incurred. The benefit descriptions are a summary only. There are terms, conditions, state variations, exclusions and limitations applicable to these benefits. Please read all of the information in this Summary and your Certificate of Insurance for more information. All Covered Critical Illness Conditions must be due to disease or sickness.

	Benefit Amount	Guaranteed Issue Amount
Employee	$5,000, $10,000, $20,000	Up to $20,000
Spouse	50% of employee amount	Up to $10,000
Children	50% of employee amount	All guaranteed issue

See "Guaranteed Issue" section below for more information.

Covered Conditions	Benefit Amount
Cancer Conditions	
Skin Cancer*	$250 1x per lifetime

Covered Conditions	Initial Benefit Amount %	Recurrence % of Initial Benefit Amount
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Vascular Conditions		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System Conditions		
Advanced Stage Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available
Other Specified Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%

Health Screening Test Benefit	Benefit Amount
Examples includes (but are not limited to) mammography, and certain blood tests. The benefit amount shown will be paid regardless of the actual expenses incurred and is paid on a per day basis. *Virtual Care accepted.*	$50 1 per year

Benefits

Initial Critical Illness Benefit	Benefit for a diagnosis made after the effective date of coverage for each Covered Condition shown above. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage shown. Each Covered Condition will be payable one time per Covered Person. A 180 day separation period between the dates of diagnosis is required.*
Recurrence Benefit	Benefit for the diagnosis of a subsequent and same Covered Condition for which an Initial Critical Illness Benefit has been paid, payable after a 12 month separation period from diagnosis of a previous Covered Condition.
Skin Cancer Benefit	Pays benefit stated above.

Portability Feature: You can continue 100% of coverage for all Covered Persons at the time Your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Semi-Monthly Cost of Coverage:

Benefit Amount: $5,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	$1.69	$2.73	$1.69	$2.73
25 to 29	$1.82	$2.91	$1.82	$2.91
30 to 34	$2.15	$3.38	$2.15	$3.38
35 to 39	$2.70	$4.19	$2.70	$4.19
40 to 44	$3.24	$5.01	$3.24	$5.01
45 to 49	$4.22	$6.57	$4.22	$6.57
50 to 54	$5.42	$8.61	$5.42	$8.61
55 to 59	$6.98	$11.27	$6.98	$11.27
60 to 64	$8.48	$13.77	$8.48	$13.77
65 to 69	$10.13	$16.33	$10.13	$16.33
70 to 74	$13.77	$21.96	$13.77	$21.96
75 to 79	$18.26	$28.39	$18.26	$28.39
80 to 84	$22.02	$34.41	$22.02	$34.41
85 to 89	$29.74	$46.25	$29.74	$46.25
90 to 94	$29.74	$46.25	$29.74	$46.25
95+	$29.74	$46.25	$29.74	$46.25

Benefit Amount: $10,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	$2.31	$3.64	$2.31	$3.64
25 to 29	$2.56	$3.99	$2.56	$3.99
30 to 34	$3.24	$4.95	$3.24	$4.95
35 to 39	$4.33	$6.57	$4.33	$6.57
40 to 44	$5.42	$8.20	$5.42	$8.20
45 to 49	$7.37	$11.31	$7.37	$11.31
50 to 54	$9.77	$15.41	$9.77	$15.41
55 to 59	$12.89	$20.72	$12.89	$20.72
60 to 64	$15.88	$25.71	$15.88	$25.71
65 to 69	$19.19	$30.84	$19.19	$30.84
70 to 74	$26.47	$42.11	$26.47	$42.11
75 to 79	$35.44	$54.96	$35.44	$54.96
80 to 84	$42.97	$66.99	$42.97	$66.99
85 to 89	$58.40	$90.68	$58.40	$90.68
90 to 94	$58.40	$90.68	$58.40	$90.68
95+	$58.40	$90.68	$58.40	$90.68

Benefit Amount: $20,000

Age	Employee	Employee + Spouse	Employee + Children	Employee + Family
<25	$3.55	$5.46	$3.55	$5.46
25 to 29	$4.05	$6.17	$4.05	$6.17
30 to 34	$5.40	$8.07	$5.40	$8.07
35 to 39	$7.58	$11.32	$7.58	$11.32
40 to 44	$9.76	$14.58	$9.76	$14.58
45 to 49	$13.66	$20.81	$13.66	$20.81
50 to 54	$18.46	$29.00	$18.46	$29.00
55 to 59	$24.70	$39.63	$24.70	$39.63
60 to 64	$30.69	$49.61	$30.69	$49.61
65 to 69	$37.31	$59.87	$37.31	$59.87
70 to 74	$51.87	$82.40	$51.87	$82.40
75 to 79	$69.81	$108.11	$69.81	$108.11
80 to 84	$84.87	$132.17	$84.87	$132.17
85 to 89	$115.73	$179.55	$115.73	$179.55
90 to 94	$115.73	$179.55	$115.73	$179.55
95+	$115.73	$179.55	$115.73	$179.55

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.
The policy's rate structure is based on attained age, which means the premium can increase due to the increase in your age.

Important Policy Provisions and Definitions:

Covered Person: An eligible person who is enrolled for coverage under the Policy.
Covered Loss: A loss that is specified in the Policy in the Schedule of Benefits section and suffered by the Covered Person within the applicable time period described in the Policy.
When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received, or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing, unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for all other Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home, disabled or receiving disability benefits or unable to perform activities of daily living.
When your coverage ends: Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued. Be sure to read the provisions in your Certificate about when coverage may continue.)
30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate of Insurance for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

Benefit Reductions, Common Exclusions and Limitations:

Exclusions: In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss that is caused directly or indirectly, in whole or in part by any of the following:• intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; • commission or attempt to commit a felony or an assault; • declared or undeclared war or act of war; • a Covered Loss that results from active duty service in the military, naval or air force of any country or international organization (upon our receipt of proof of service, we will refund any premium paid for this time; Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days); • voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a Physician and taken in accordance with the prescribed dosage; • operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant ("Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred)• a diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Specific Definitions, Benefit Exclusions and Limitations:

The date of diagnosis must occur while coverage is in force and the condition definition must be satisfied. Only one Initial Benefit will be paid for each Covered Condition per person and benefits will be subject to separation periods.
Skin Cancer, basal cell/squamous cell carcinoma or certain forms of melanoma.
Invasive Cancer, uncontrolled/abnormal growth or spread of invasive malignant cells. Excludes pre-malignant conditions or conditions with malignant potential, carcinoma in situ, basal cell carcinoma, squamous cell carcinoma of the skin, unless metastatic disease develops, melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.75mm, or melanoma in situ, or prostate tumor that is classified as T-1a, b, or c, N-0, and M-0 on a TNM classification scale. Also excludes the recurrence or metastasis of an original Cancer that was diagnosed prior to the coverage effective date if the Insured has undergone treatment for such cancer within 12 months of being diagnosed with cancer while under this

Specific Definitions, Benefit Exclusions and Limitations:

coverage.

Carcinoma in Situ, non-invasive malignant tumor. Excludes premalignant conditions or conditions with malignant potential, skin cancers, invasive cancer (basal/squamous cell carcinoma or melanoma/melanoma in situ).

Heart Attack, includes the following that confirms permanent loss of heart muscle function: 1) EKG; 2) elevation of cardia enzyme.

Stroke, cerebrovascular event–for instance, cerebral hemorrhage–confirmed by neuroimaging studies and neurological deficits lasting 96 hours or more. Excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system.

Coronary Artery Disease, heart disease/angina requiring coronary artery bypass surgery, as prescribed by a Physician. Excludes angioplasty (percutaneous coronary intervention) and stent implantation.

Advanced Stage Alzheimer's Disease, progressive degenerative disorder that attacks the brain's nerve cells resulting in cognitive deficits interfering with independence in completion of instrumental activities of daily living and may also require the inability to perform at least 2 physical activities of daily living.

Amyotrophic Lateral Sclerosis (ALS aka Lou Gehrig's Disease), motor neuron disease resulting in muscular weakness and atrophy.

Parkinson's Disease, progressive, degenerative neurologic disease with indicated signs of the disease.

Multiple Sclerosis, disease involving damage to brain and spinal cord cells with signs of motor or sensory deficits confirmed by MRI. Includes Neuromyelitis Optica and Transverse Myelitits.

Benign Brain Tumor, non-cancerous abnormal cells in the brain.

Blindness, irreversible sight reduction in both eyes; Best corrected single eye visual acuity less than 20/200 (E-Chart) or 6/60 (Metric) or with visual field reduction (both eyes) to 20 degrees or less. May require loss be due to specific illness.

Coma, unconscious state lasting at least 96 continuous hours. Excludes any state of unconsciousness intentionally or medically induced from unconsciousness intentionally which the Covered Person is able to be aroused. May require loss be due to specific illness.

End-Stage Renal (Kidney) Disease, chronic, irreversible function of both kidneys. Requires hemo or peritoneal dialysis.

Major Organ Failure, includes: liver, lung, pancreas, kidney, heart or bone marrow. Happens when transplant is prescribed or recommended and placed on UNOS registry. If the Covered Person has a combination transplant (i.e. heart and lung), a single benefit amount will be payable. Recurrence Benefit not payable for same organ for which a benefit was previously paid.

Paralysis, complete, permanent loss of use of two or more limbs due to a disease. Excludes loss due to Stroke and Multiple Sclerosis. May require loss be due to specific illness.

Guaranteed Issue:

If you are a new hire you are not required to provide proof of good health if you enroll during your employer's eligibility waiting period and you choose an amount of coverage up to and including the Guaranteed Issue Amount. If you apply for an amount of coverage greater than the Guaranteed Issue Amount, coverage in excess of the Guaranteed Issue Amount will not be issued until the insurance company approves acceptable proof of good health. Guaranteed Issue coverage may be available at other specified periods of time. Your employer will notify you when these periods of time are available. Your Spouse must be age 18 or older to apply if evidence of insurability is required.

***State Variations**

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions.Spouse definition includes civil union partners in New Hampshire and Vermont, but excludes civil union partners for Idaho residents. Heart Attack benefits available for residents of AK. Not all shown covered conditions may be available and the **Specific Definitions, Benefit Exclusions and Limitations** for some of the conditions may vary for residents of ID, MD, NH, OR, WA. **Portability** in TX and VT is referred to as Continuation due to loss of eligibility. Portability conditions may differ for residents of UT, TX and VT. **Exclusions** may vary for residents of ID, LA, MN, NC, NH, SC, SD, VT, TX and WA. The coverage effective date will not be deferred for residents of TX if receiving chemotherapy or radiation treatment and deferring due to disability or ADLS only applies to the Spouse. For residents of ID, NH, WA the effective date won't be deferred due to ability to perform ADLs.

Series 1.0

Terms and conditions of coverage for Critical Illness insurance are set forth in Group Policy No. CI110921. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

IMPORTANT: This is a fixed indemnity policy, NOT health insurance

This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying the cost of your care.

- The payment you get isn't based on the size of your medical bill.
- There might be a limit on how much this policy will pay each year.
- This policy isn't a substitute for comprehensive health insurance.
- Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance.

Looking for comprehensive health insurance?

- **Visit HealthCare.gov** or call **1-800-318-2596** (TTY: 1-855-889-4325) to find health coverage options.
- To find out if you can get health insurance through your job, or a family member's job, contact the employer.

Questions about this policy?

- For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (**naic.org**) under "Insurance Departments."
- If you have this policy through your job, or a family member's job, contact the employer.

Distributed by: Operating subsidiaries of Cigna Corporation. Insurance benefits are underwritten by Cigna Health and Life Insurance Company.

Employee-Paid

HOSPITAL CARE COVERAGE

SUMMARY OF BENEFITS

Prepared for: The Government of the United States Virgin Islands

Hospital Care coverage provides a benefit according to the schedule below when a Covered Person incurs a Hospital stay resulting from a Covered Injury or Covered Illness *See State Variations (marked by *) below.*

Who Can Elect Coverage:

Eligibility for You, Your Spouse and Your Children will be considered by Your employer.
You: Please see your employer to determine your eligibility.
Your Spouse:* Up to age 100, as long as you apply for and are approved for coverage yourself.
Your Child(ren): Birth to age 26; 26+ if disabled, as long as you apply for and are approved for coverage yourself.

Available Coverage:

The benefit amounts shown in this summary will be paid regardless of the actual expenses incurred and are paid on a per day basis unless otherwise specified. Benefits are only payable when all policy terms and conditions are met. Please read all the information in this summary to understand the terms, conditions, state variations, exclusions and limitations applicable to these benefits. See your Certificate of Insurance for more information.
Benefit Waiting Period:* None, unless otherwise stated. No benefits will be paid for a loss which occurs during the Benefit Waiting Period.
NOTE: This insurance is NOT a substitute for comprehensive or major medical insurance coverage.

Hospitalization Benefits	Plan 1	Plan 2
Hospital Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	$500	$1,000
Hospital Chronic Condition Admission No Elimination Period. Limited to 1 day, 1 benefit(s) every 90 days.	$50	$50
Hospital Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	$100	$100
Hospital Intensive Care Unit (ICU) Stay No Elimination Period. Limited to 30 days, 1 benefit(s) every 90 days.	$200	$200
Hospital Observation Stay 24 hour Elimination Period. Limited to 72 hours.	$100 per 24-hour period	$100 per 24-hour period

Additional Benefits	Plan 1	Plan 2
Wellness Treatment, Health Screening Test and Preventative Care Benefit* *Also includes COVID-19 Immunization. Virtual Care accepted.*	$50, limited to 1 per year.	$50, limited to 1 per year.

Portability Feature:* You, your spouse, and child(ren) can continue 100% of your coverage at the time your coverage ends. You must be covered under the policy and be under the age of 100 in order to continue your coverage. Rates may change and all coverage ends at age 100. Applies to United States Citizens and Permanent Resident Aliens residing in the United States.

Employee's Semi-Monthly Cost of Coverage:

Tier	Plan 1	Plan 2
Employee Only	$7.12	$9.68
Employee and Spouse	$13.79	$18.84
Employee and Child(ren)	$12.59	$16.57
Employee and Family	$19.26	$25.73

Costs are subject to change. Actual per pay period premiums may differ slightly due to rounding.

NOTE: The following are some of the important policy provisions, terms and conditions that apply to benefits described in the policy. This is not a complete list. See your Certificate of Insurance for more information.

Benefit Amounts Payable: Benefits for all Covered Persons are payable at 100% of the Benefit Amounts shown, unless otherwise stated. Late applicants, if allowed under this plan, may be required to provide medical evidence of insurability.

Benefit-Specific Conditions, Exclusions & Limitations (Hospital Care):

Hospital Admission: Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Chronic Condition Admission: Must be admitted as an Inpatient due to a covered chronic condition and treatment for a covered chronic condition must be provided by a specialist in that field of medicine. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).

Hospital Stay: Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.

Intensive Care Unit (ICU) Stay: Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU stay.

Hospital Observation Stay: Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours on a non-inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.

Common Exclusions and Limitations:

Exclusions:* In addition to any benefit-specific exclusion, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following (unless otherwise provided for in the policy): • Intentionally self-inflicted injury, suicide or any attempted threat while sane or insane; • Commission or attempt to commit a felony or an assault; • Declared or undeclared war or act of war; • A Covered Injury or Covered Illness that occurs while on active-duty service in the military, naval or air force of any country or international organization. Upon our receipt of proof of service, we will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days; • Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred. (excludes WA residents); • Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect; • Dental surgery, unless the surgery is the result of an accidental injury. In addition, benefits will not be paid for services or treatment rendered by a Physician, Nurse or any other person who is: employed or retained by the Subscriber or providing homeopathic, aroma-therapeutic or herbal therapeutic services or living in the Covered Person's household or a parent, sibling, spouse or child of the Covered Person.

Important Definitions:

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

Covered Injury: Any bodily harm that results in a covered loss.

Covered Person: An eligible person, as defined in the Schedule of Benefits, who is enrolled and for whom Evidence of Insurability, where required, has been accepted by Us, required premium has been paid when due, and coverage under this Policy remains in force.

Elimination Period: The continuous period of time that must be satisfied before a benefit shown in the Schedule of Benefits is payable. An Elimination Period may be satisfied during the Policy's Benefit Waiting Period.

Important Definitions:

Hospital:* An institution that is licensed as a hospital pursuant to applicable law; primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of physicians; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addicts or alcoholics; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

Policy Provisions:

When your coverage begins: Coverage begins on the later of the program's effective date, the date you become eligible, the first of the month following the date your completed enrollment form is received or if evidence of insurability is required, the first of the month after we have approved you (or your dependent) for coverage in writing unless otherwise agreed upon by Cigna. Your coverage will not begin unless you are actively at work on the effective date. Coverage for Covered Persons will not begin on the effective date if the covered person is confined to a hospital, facility or at home; disabled or receiving disability benefits or unable to perform activities of daily living.

When your coverage ends: Coverage for any Covered Person ends on the earliest of the date they are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your Spouse and Dependent Child(ren), if applicable, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. (Under certain circumstances, your coverage may be continued if you stop working. Be sure to read the *Continuation of Insurance* provisions in your Certificate.)

30 Day Right To Examine Certificate: If a Covered Person is not satisfied with the Certificate for any reason, it may be returned to us within 30 days after receipt. We will return any premium that has been paid and the Certificate will be void as if it had never been issued.

***State Variations**

For purposes of this brochure, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions.Spouse definition includes civil union partners in Vermont. **Hospital Stay, Hospital Intensive Care Unit (ICU) Stay, and Newborn Nursery Care Stay** the number of days benefits are payable may differ for residents of ID. **Hospital Stay Hospital Intensive Care Unit (ICU) Stay** benefits will always be included for residents of ND. **Hospital Intensive Care Unit (ICU) Stay** Additional ICU Admission benefit is not available for residents of TX, NH. **Hospital Stay** benefits will always be included for residents of AK **Observation Stay** the Elimination Period is referred to as an Observation Period for residents of ID and ND. **Elimination Period** will not apply to residents ID and NH. **Exclusions** may vary for residents of MN, SC, SD, and WA. **Portability** in TX, VT is referred to as Continuation due to loss of eligibility. VT residents are not subject to the age limit to continue coverage. **Important Definitions (Hospital)** may vary for residents of LA, NH, TX, UT, VT. **Wellness Treatment, Health Screen Test or Preventive Care Incentive Benefit** are not available to residents of ID. The Wellness benefit does not include preventive care in NH. Wellness Treatment, Health Screening Test or Preventive Care Benefit dental and ophthalmological exam benefits are not available to residents of NH and WA. Covid- 19 Test and Screening benefits are not available to residents of ID, NH. Benefits may not be available to residents of NM.

Series 1.0

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT IS NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DOES NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies may contain exclusions, limitations, reduction in benefits, and terms under which the policy may be continued in force or discontinued. An appeal of an adverse benefit determination before Cigna shall be a condition precedent to any legal or equitable action seeking the enforcement of rights under the Policy or plan, or any other remedies relating directly or indirectly to the claim under the Policy or plan. For costs and details of coverage, review your plan documents. Policies are distributed exclusively by or through operating subsidiaries of Cigna Corporation and are administered and insured by Cigna Health and Life Insurance Company (Bloomfield, CT). The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc

Terms and conditions of coverage for coverage are set forth in Group Policy No. HC110743. This is not intended as a complete description of the insurance coverage offered. This is not a contract. Please see your Plan Sponsor to obtain a copy of the Group Policy. If there are any differences between this summary and the Group Policy, the information in the Group Policy takes precedence. Product availability, benefits, riders, covered conditions, policy provisions and/or features may vary by state. Please keep this material as a reference.

SECRETARY'S CERTIFICATE

CIGNA HEALTH AND LIFE INSURANCE COMPANY

The undersigned, a duly elected Assistant Secretary of Cigna Health and Life Insurance Company (the "Company"), does hereby represent and certify that the following resolution was adopted by the Board of Directors of the Company via Unanimous Written Consent dated March 25, 2019 and such resolution remains in full force and effect as of the date hereof, not having been amended, modified or rescinded since the date of its adoption:

Execution of Documents

RESOLVED, that any President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer, or their designees, be, and each of them hereby is authorized and empowered to enter into, execute, acknowledge and deliver, on behalf of the Company, any and all agreements, contracts, assignments, equipment leases, transfers, powers of attorney, and other written documents and instruments and amendments or changes to any such documents or instruments that they, or any of them, may deem necessary or desirable in connection with the regular and ordinary business activities of the Company, including but not limited to entering into contracts and incurring liabilities with respect to the purchase of goods and services on behalf of the Company in the ordinary course of its business.

It is hereby further certified that Paul Virtell, is a Vice President of the Company having been elected by the Board of Directors of the Company on January 16, 2025.

IN WITNESS WHEREOF, I hereunto set my hand on this 8th day of September, 2025.

Susan Metrow

Susan Metrow, Assistant Secretary

Company #: 1115867

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

OFFICE OF THE LIEUTENANT GOVERNOR

Division of Banking, Insurance, and Financial Regulation

Certificate of Authority

This is to certify that in accordance with the Virgin Islands Code, which provides for the regulation of the business of Insurance in the Virgin Islands,

CIGNA Health and Life Insurance Company

900 Cottage Grove Road Bloomfield CT 06002

having filed all the documents required by law and having otherwise complied with the applicable insurance laws of the U.S. Virgin Islands is hereby authorized to transact the type(s) of insurance listed below:

Life
Accident
Health
Annuities

NOW, THEREFORE, I **Tregenza A. Roach Esq.** Lieutenant Governor and Commissioner of Insurance, pursuant to the authority vested in me in Section 209 of the Title 22 Virgin Islands Code, hereby issue this Certificate Of Authority which authorizes said Company to transact the type(s) of insurance set forth above.

This certificate is valid from January 01, 2026 to December 31, 2026. Renewal of this Certificate is required annually upon expiration on the 31st day of December, and it may be suspended or revoked as provided in Section 212 of Title 22 Virgin Islands Code.

Given under the Seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas.

TREGENZA A. ROACH ESQ.
Lieutenant Governor / Insurance Commissioner

CERTIFICATE OF REDOMESTICATION

INSURANCE COMPANY REDOMESTICATION TO CONNECTICUT

Office of the Secretary of the State

MAILING ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Certificate of Authorization from Insurance Commissioner and a certified copy of the original Articles of Incorporation must be filed with this certificate.

FEE: $100.00 *(plus franchise tax)*

Space For Office Use Only | **Make Checks Payable To "Secretary of the State"**

FILING #0004114403 PG 01 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02807
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF INSURANCE COMPANY:

Alta Health & Life Insurance Company

2. CHARTER HISTORY OF CORPORATION (including date and place of incorporation, name change information and information regarding change of domicile state):

The corporation was originally incorporated on May 2, 1963 as "Orange State Life Insurance Company" under the laws of the State of Florida. On June 15, 1982, the corporation's name was changed to "Home Life Financial Assurance Corporation." On August 1, 1994, the corporation transferred its state of domicile from the State of Florida to the State of Ohio. On March 21, 1996, the corporation changed its corporate name to "Anthem Health & Life Insurance Company" and it transferred its state of domicile from the State of Ohio to the State of Indiana. On July 19, 1999, the corporation's name was changed to "Alta Health & Life Insurance Company."

3. APPROVALS:

The corporation's redomestication to Connecticut was approved by the Insurance Commissioner of the State of

Indiana
(State from which corporation is redomesticating)

The corporation's redomestication was approved by the Insurance Commissioner of the State of Connecticut as demonstrated by such Commissioner's Certificate of Approval included herewith.

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

Space For Office Use Only

FILING #0004114403 PG 02 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02808
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

4. VOTE INFORMATION (check and complete A. or B.):

X A. The insurance company has authority to issue capital stock. The resolution of redomestication was adopted by its board of directors and approved by its shareholders as follows (provide at minimum the total number of shareholder votes cast in favor of the resolution and the total number of votes cast against the resolution or if no shareholder approval was required, provide a statement to that effect):

The board of directors of the corporation, acting by unanimous written consent, duly adopted resolutions approving the redomestication. The sole shareholder of the corporation, also acting by unanimous written consent, duly approved the redomestication

____ B. The corporation is a mutual insurance company. The resolution of redomestication was adopted by its board of directors and approved by its members as follows (provide at minimum the total number of member votes cast in favor of the resolution and the total number of votes cast against the resolution or if no membership approval was required, provide a statement to that effect):

5. CERTIFICATE OF INCORPORATION:

The corporation's amended and restated Certificate of Incorporation is attached hereto.

6. EXECUTION:

Signed this 4th day of March, 2010.

Shermona Mapp	Corporate Secretary	[signature]
Print or type name of signatory	Capacity of signatory	Signature

Rev. 12/07/09

FILING #0004114403 PG 03 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02809
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH AND LIFE INSURANCE COMPANY

SECTION 1. The new name of the corporation shall be CIGNA Health and Life Insurance Company.

SECTION 2. In accordance with Connecticut General Statutes Section 38a-58a, the corporation shall adopt the State of Connecticut as its corporate domicile and shall be subject to the authority and jurisdiction of the State of Connecticut, with all the powers granted by the general statutes, as now enacted or hereafter amended, to corporations formed under the Connecticut Business Corporation Act. The corporation shall be a continuation of the body corporate incorporated in the State of Florida on May 2, 1963. The corporation shall continue to use May 2, 1963 as the date of incorporation.

SECTION 3. The business of the corporation shall be life insurance, endowments, annuities, accident insurance, health insurance and any other business or type of business which any other corporation now or hereafter chartered by Connecticut and empowered to do a health or life insurance business may now or hereafter lawfully do. The corporation is specifically empowered to accept and to cede reinsurance and retrocession of any such risks or hazards. The corporation may exercise such powers outside of Connecticut to the extent permitted by the laws of the particular jurisdiction. Policies or other contracts may be issued stipulated to be with or without participation in profits and with or without a seal.

SECTION 4. The corporation shall be authorized to issue 2,000,000 shares of common stock with a par value of two dollars ($2) per share. The capital stock of the corporation shall be transferable in accordance with the bylaws and a transfer agent may be employed.

SECTION 5. The annual meeting of the shareholders of the corporation shall be held at such time and place as may be determined from time to time either by or in accordance with the bylaws. If the corporation shall fail to hold its annual meeting at the time specified for the meeting in any year or shall fail to elect directors thereat, the corporation shall not be dissolved nor shall its rights be impaired thereby, but a special meeting of the shareholders shall be called; and at such meeting directors to fill the places of the directors whose terms shall have expired may be elected and any other proper business may be transacted. At all meetings of the shareholders each shareholder shall be entitled to vote in person or by an attorney duly authorized by a written proxy, and each share of stock represented at the meeting shall be entitled to one vote.

SECTION 6. The corporation's principal place of business shall be at 900 Cottage Grove Road, Bloomfield, Connecticut 06152, or at some other place within the State of Connecticut, and the corporation may establish and maintain other offices and agencies in other locations within or without the State. The property and affairs of the corporation shall be managed under the direction of a board of directors. The directors shall have concurrent power with the stockholders to make, alter, amend, change, add to or repeal the bylaws of the corporation. The number of directors of the corporation shall be as from time to time fixed by, or in the manner provided in, the by-laws of the corporation. Directors will be elected by a plurality of the votes cast at each annual meeting of shareholders of the corporation and each director so elected shall hold office until the next annual meeting of shareholders of the corporation or until such director's successor is duly elected and qualified, or until such director's earlier death, resignation or removal. If any vacancy occurs in the board of directors, such vacancy may be filled by a majority of the remaining directors, whether or not such directors constitute a quorum, for the unexpired portion of the term, and if the number of directors is increased by vote of the board of directors between meetings of shareholders, the additional directors may be chosen by the board of directors for terms expiring with the next annual meeting thereafter. Unless the bylaws provide for a lesser or greater quorum as may be permitted by law, a majority of the authorized number of directors, as fixed by the board of directors from time to time, shall constitute a quorum.

SECTION 7. Connecticut General Life Insurance Company shall be the corporation's registered agent. The registered agent's address is 900 Cottage Grove Road, Bloomfield, Connecticut 06152.

SECTION 8. The personal liability of a person who is or was a director of the corporation to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to the amount of compensation received by the director for serving the corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect on the effective date hereof or as it may be amended from time to time (the "Act"), to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation, (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation, or (e) create liability under Section 33-757 of the Act. Any lawful repeal or modification of this Section 8 or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith. The limitation of liability of any person who is or was a director provided for in this Section 8 shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any such person under, Connecticut law as in effect on the effective date hereof or as thereafter amended.

SECTION 9. The corporation may indemnify or advance expenses to a person who is or was a director, officer, employee or agent of the corporation, or who is or was serving at the corporation's request as a director, officer, partner, trustee, employee or agent of another corporation, a partnership, joint venture, trust, an employee benefit plan or other entity, to the extent permitted under Connecticut law as in effect on the effective date hereof or as thereafter amended, including, without limitation, pursuant to Section 33-636(b)(5) of the Act, for liability of any such person for any actions taken, or any failure to take any actions, except for conduct as set out in items (a) through (e) of Section 8, above. The corporation shall indemnify or advance expenses to any such person to the extent required by the bylaws of the corporation, as amended from time to time.

State of Connecticut

Insurance Department

This is to Certify, that

- the redomestication of Alta Health & Life Insurance Company, a Indiana Company, pursuant to Section 38a-58a Connecticut General Statutes, is approved, and

- the attached Certificate of Redomestication and Amended and Restated Articles of Incorporation effecting and name are change of domicile is approved.

Witness my hand and official seal, at HARTFORD,

this 3rd day of March, 2010

Insurance Commissioner

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
CORPORATIONS CERTIFIED COPIES

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204

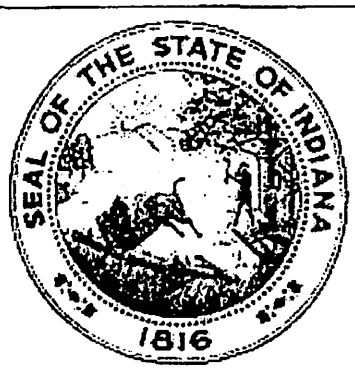
FILING #0004114403 PG 07 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02813
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

http://www.sos.in.gov

January 13, 2010

Company Requested: ALTA HEALTH & LIFE INSURANCE COMPANY
Control Number: 1996031230

Date	Transaction	# Pages
03/21/1996	Articles of Incorporation	6
03/10/1999	Miscellaneous	1
04/19/1999	Notice of Change of Registered Office or Registered Agent	2
07/19/1999	Restatement of Articles of Incorporation	6
02/13/2001	Change of Officer	1
02/13/2001	Change of Principal Address	1
02/08/2002	Administrative Dissolution	1
05/21/2002	Application of Reinstatement	3
05/22/2009	Change of Principal Address	1



State of Indiana
Office of the Secretary of State

I hereby certify that this is a true and complete copy of this 22 page document filed in this office.

Dated: January 13, 2010
Certification Number: 2010011365565

Secretary of State

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/21/1996
Effective Date: 03/21/1996

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin March 21, 1996.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-first day of March, 1996.

Deputy

Certification Number: 2010011365565

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/21/1996
Effective Date: 03/21/1996

1996031230

APPROVED
DEPARTMENT OF INSURANCE
MAR 19 1996
STATE OF INDIANA
INSURANCE COMMISSIONER

APPROVED
AND
FILED
IND. SECRETARY OF STATE

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The undersigned corporation desires to transfer its corporate domicile from the State of Ohio to the State of Indiana pursuant to the approval of the Indiana Commissioner of Insurance and to be recognized as a corporation from its original date of incorporation of May 2, 1963 in the State of Florida.

The undersigned corporation was incorporated on May 2, 1963 under the laws of the State of Florida under the name Orange State Life Insurance Company. On June 15, 1982, the corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the corporation transferred its corporate domicile from the State of Florida to the State of Ohio.

These Articles of Incorporation and Redomestication supersede the existing Articles of Incorporation of Home Life Financial Assurance Corporation.

ARTICLE A

NAME OF THE CORPORATION

The name of the corporation is

ANTHEM HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 120 Monument Circle, Indianapolis, Indiana 46204. The name of its registered agent at such address is Sandra Miller.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/21/1996
Effective Date: 03/21/1996

To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of Common Stock (the "Common Shares") with a par value of $2.00 each.

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is Two Million, Five Hundred Twenty Thousand Dollars ($2,520,000).

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE H

DATA RESPECTING OFFICERS AND DIRECTORS

The names and addresses of the persons elected to serve as Officers and Directors at the time of this reinstatement and until the next Annual Meeting of the Shareholder, or until their

successors are elected and qualify, are:

Dwane R. Houser 9842 Forestglen Drive Cincinnati, Ohio 45242	Stefen F. Brueckner 4745 Burley Hills Drive Cincinnati, Ohio 45243	William F. Milnes, Jr. 331 Sunny Acres Cincinnati, Ohio 45255
Robert C. Heird 113 Lakeview Court Loveland, Ohio 45140	James A. White 11 Ashland Court Skillman, N.J. 08558	Wayne R. Hanus 54 Green Meadow Middletown, NJ 07748
Jeremiah J. Hanrahan 161 Monroe Avenue Belle Mead, NJ 08502		

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five (5) nor more than twenty-one (21), the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors On February 1, 1996, a resolution was adopted by the Board of Directors of the Corporation proposing to the Shareholder of the Corporation entitled to vote in respect of the Amendment that the provisions and terms of its Articles of Incorporation be amended so as to read as set forth in these Articles of Incorporation and Redomestication and meeting of such Shareholder was called to be held February 1, 1996 to adopt or reject the Articles of Incorporation and Redomestication, unless the same was so approved by written consent.

Section J.2. Action by Shareholder At a duly-called meeting held February 1, 1996 the holder of one million two hundred sixty thousand shares of the Corporation, being all of the shares of the Corporation entitled to vote in respect of the Amendment, adopted the Amendment.

Section J.3. Compliance with Legal Requirements The manner of the adoption of the Amendment, and the vote by which it was adopted, constitute full legal compliance with the

provisions of the Indiana Insurance Law, the Articles of Incorporation and the By-Laws of the Corporation.

ARTICLE K

Meetings of stockholders may be held within or without the State of Indiana, as the by-laws may provide. The books of the Corporation may be kept outside the state of Indiana at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

ARTICLE L

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

James A. White

Jeremiah J. Hanrahan

Wayne R. Hanus

Subscribed and sworn to before me this 19th day of February, 1996.

KIM R. NOVAK
Notary Public of New Jersey
My Commission Expires May 17, 2000
No. 2177855

Notary Public

(soibylaw)/km

STATE OF INDIANA

OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
402 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

PAMELA CARTER
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

March 21, 1996

CERTIFICATION

I have examined the Articles of Incorporation and Redomestication of Anthem Health and Life Insurance Company and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

PAMELA CARTER
Attorney General of Indiana
Atty No. 0004242-49

Gordon E. White, Jr.
Deputy Attorney General
Atty No. 0001041-49

84019

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/10/1999
Effective Date: 03/10/1999

1996031230

FILING #000411403 PG 14 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02820
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

CERTIFICATE - CHANGE IN PRINCIPAL OFFICE

To: Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

To: Indiana Secretary of State
201 State House
Indianapolis, IN 46204

This will certify that, pursuant to authorization by the Board of Directors, the Principal Office of Anthem Health & Life Insurance Company has changed to 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

G.R. Derback, Vice President and Treasurer

R.G. Schultz, Assistant Secretary

STATE OF Colorado)
) ss.
COUNTY OF Arapahoe)

On this 1st day of March, 1999, the undersigned personally appeared before me, known to me to be the persons whose names are subscribed above as Glen R. Derback and Richard G. Schultz, and acknowledged that they have executed the same, and that the foregoing statements are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Notary Public

My Commission Expires: April 9, 2000

VALERIE A. ADAIR NOTARY PUBLIC STATE OF COLORADO

Certification Number: 2010011365565

19960312 30

NOTICE OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
ALL CORPORATIONS
State Form 26276 (R / 1-88)

Provided by: EVAN BAYH

Indiana Secretary of State
Room 155, State House
Indianapolis, IN 46204
(317) 232-6576

Indiana Code 23-1-24-2 (for profit corporations)
Indiana Code 23-7-1.1-53 (non-profit corporations)
NO FILING FEE

President original and 2 copies

Name of Corporation	Date of Incorporation
Anthem Health Life Insurance Company	March 21, 1996

Current Registered Office Address	ZIP Code
120 Monument Circle, Indianapolis, IN	46204

New Registered Office Address
One North Capitol Avenue, Indianapolis, Indiana 46204

Current Registered Agent *(Type or Print Name)*
Sandra Miller

New Registered Agent *(Type or Print Name)*
C T Corporation System

STATEMENT BY REGISTERED AGENT OR CORPORATION

This statement is a representation that the new registered agent has consented to the appointment as registered agent, or statement attached signed by registered agent giving consent to act as the new registered agent.

After the change or changes are made, the street address of this corporation's registered agent and the address of its registered office will be identical.

The resident agent filing this statement of change of the registered agent's business street address has notified the represented corporation in writing of the change, and the notification was manually signed or signed in facsimile.

IN WITNESS WHEREOF, the undersigned being the Assistant Secretary of said corporation executes this notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this 7 day of April, 19 99

Signature	Printed Name
R. Schultz	Richard Schultz

(INDIANA - 847 - 3/3/88)

19960312230

FILING #0004114403 PG 16 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02822
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

STATEMENT OF CONSENT TO ACT AS REGISTERED AGENT

C T Corporation System hereby accepts the appointment to serve as registered agent in Indiana for Anthem Health Life Insurance Company .
(Name of Corporation)

4-13, 1999

C T CORPORATION SYSTEM

By Marcia J. Sunahara

Marcia J. Sunahara, Asst. V.P.
(Print Name and Title)

(IND. - 855 - 6/21/88)

APPROVED
AND
FILED
IND. SECRETARY OF STATE

APPROVED
DEPARTMENT OF INSURANCE
JUN 30 1999
STATE OF INDIANA
INSURANCE COMMISSIONER

RECEIVED
CORPORATIONS DIV.
99 JUL 19 PM 3:55
SUE ANNE GILROY

RECEIVED
JUL 02 1999
ATTORNEY
OF INDIANA

RESTATED ARTICLES OF INCORPORATION
OF
ALTA HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The Corporation was originally incorporated on May 2, 1963 under the laws of the State of Florida as Orange State Life Insurance Company. On June 15, 1982, the Corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the Corporation transferred its corporate domicile from the State of Florida to the State of Ohio. On March 21, 1996, the Corporation's name was changed to Anthem Health & Life Insurance Company and its corporate domicile was transferred from the State of Ohio to the State of Indiana.

These Restated Articles of Incorporation supersede the existing Articles of Incorporation and Redomestication of Anthem Health & Life Insurance Company.

ARTICLE A

NAME OF THE CORPORATION

The name of the Corporation is ALTA HEALTH & LIFE INSURANCE COMPANY.

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

> To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

FILING #0004114403 PG 18 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02824
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of common stock with a par value of $2.00 each, for total authorized capital of $4,000,000.

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is $2,520,000.

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE H

DIRECTORS AND OFFICERS

The following are the names and addresses of the directors of the Corporation who have been elected to serve until the next annual meeting of shareholders, or until their successors are elected and qualified:

Director's Name	Address
Mitchell T.G. Graye	8515 E. Orchard Road Englewood, Colorado 80111
William T. McCallum	8515 E. Orchard Road Englewood, Colorado 80111

Certification Number: 2010011365565

FILING #0004114403 PG 19 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02825
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Director's Name	Address
Steve H. Miller	8505 E. Orchard Road Englewood, Colorado 80111
James D. Motz	8505 E. Orchard Road Englewood, Colorado 80111
Michael R. Quigley	10401 N. Meridian Street, Suite 350 Indianapolis, Indiana 46290
Martin Rosenbaum	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	1 Centennial Avenue Piscataway, New Jersey 08854

The following are the names, positions and addresses of the principal officers of the Corporation who have been elected to serve until the next annual meeting of directors, or until their successors are elected and qualified:

Officer's Name	Position Held	Address
William T. McCallum	Chairman of the Board	8515 E. Orchard Road Englewood, Colorado 80111
James D. Motz	Vice Chairman and Chief Executive Officer	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	President	1 Centennial Avenue Piscataway, New Jersey 08854
Mitchell T.G. Graye	Executive Vice President and Chief Financial Officer	8515 E. Orchard Road Englewood, Colorado 80111
John T. Hughes	Senior Vice President and Chief Investment Officer	8515 E. Orchard Road, Englewood, Colorado 80111
D.Craig Lennox	Senior Vice President, General Counsel and Secretary	8515 E. Orchard Road, Englewood, Colorado 80111
Glen R. Derback	Vice President and Treasurer	8515 E. Orchard Road, Englewood, Colorado 80111
James L. McCallen	Vice President and Actuary	8515 E. Orchard Road, Englewood, Colorado 80111

Certification Number: 2010011365565

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five nor more than twenty-one, the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors On June 15, 1999, a resolution was adopted by the Board of Directors of the Corporation proposing to the sole shareholder of the Corporation that the provisions and terms of its Articles of Incorporation and Redomestication be amended so as to read as set forth in these Restated Articles of Incorporation.

Section J.2. Action by Sole Shareholder On June 15, 1999, a resolution was adopted by the sole shareholder of the Corporation, adopting these Restated Articles of Incorporation.

Section J.3. Compliance with Legal Requirements The manner of the adoption of the Restated Articles of Incorporation, and the vote by which it was adopted, constitute full legal compliance with the provisions of the Indiana Insurance Law, the Articles of Incorporation and Redomestication and the By-Laws of the Corporation.

FILING #0004114403 PG 21 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02827
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLE K

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Restated Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

J.D. Motz
Vice Chairman and
Chief Executive Officer

D.C. Lennox
Senior Vice President,
General Counsel and Secretary

Subscribed and sworn before me this 25th day of June, 1999.

Notary Public

My commission expires April 9, 2000.

APPROVED
AND
FILED
IND. SECRETARY OF STATE

STATE OF INDIANA

OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
402 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

JEFFREY A. MODISETT
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

19960312 30

July 10, 1999

RECEIVED
99 JUL 19 PM 3:50
SUE ANNE GILROY

CERTIFICATION

I have examined the Restated Articles of Incorporation of Alta Health & Life Insurance Company which is changing its name from Anthem Health & Life Insurance Company, and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

JEFFREY A. MODISETT
Attorney General of Indiana
Atty No. 0014704-49

Gordon E. White, Jr.
Deputy Attorney General
Atty No. 0001041-49

15981

19960312 30

Alta Health & Life Insurance Company
PO Box 720
Denver, CO 80201-0720
(303) 571-5171
www.altaco.com

February 8, 2001

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box 5501
Indianapolis, IN 46255

APPROVED
AND
FILED
IND. SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

Connie Page

Connie Page
Legal Assistant

1996031230

Alta Health & Life Insurance Company
PO Box 738
Denver, CO 80201-0738
800-521-5124
www.altalic.com

February 8, 2001

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box 5501
Indianapolis, IN 46255

APPROVED
AND
FILED
IND. SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

Connie Page

Connie Page
Legal Assistant

INDIANA SECRETARY OF STATE

SYSTEM GENERATED
ADMINISTRATIVE DISSOLUTION/REVOCATION

Pursuant to the provisions set forth in Indiana Code Title 23
the entity has been Administratively Dissolved or
the Certificate of Authority revoked.

A certified copy of this document authenticates the date of
the Administrative Dissolution/Revocation

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

State of Indiana
Office of the Secretary of State

CERTIFICATE OF REINSTATEMENT

of

ALTA HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Application of Reinstatement of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, May 21, 2002.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 21, 2002.

Sue Anne Gilroy

SUE ANNE GILROY,
SECRETARY OF STATE

1996031230 / 20020524597G2

Certification Number: 2010011365565

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

19960312 30

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

APPLICATION FOR REINSTATEMENT

State Form 4160 (R8 / 3-97) / 111
Approved by the State Board of Accounts 1995

Indiana Code 23-1-46-3 *(for profit corporation)*
Indiana Code 23-17-23-3 *(not-for-profit corporation)*

Application must include:

1. Certificate of Clearance issued by the Indiana Department of Revenue
2. Corporate Reports and Fees: please call our information line to learn what reports are delinquent (317) 232-6576
   a. Up to and including 1995, Annual Reports filed every year.
      Annual Report fee $10.00
   b. Beginning with 1995, Biennial Reports filed every two years
      Biennial Report fee $30.00
      Corporations incorporated in an even year, file every even year.
      Corporations incorporated in an odd year, file every odd year.
   c. Nonprofit corporations file Annual Reports every year.
      Nonprofit Corporate Report fee $10..00
3. Reinstatement filing fee: $30.00

APPROVED
INDIANA DEPARTMENT OF REVENUE

THIS APPLICATION CANNOT BE ACCEPTED WITHOUT A NOTICE OF CLEARANCE FOR REINSTATEMENT FROM THE INDIANA DEPARTMENT OF REVENUE.

SECTION I - CORPORATE INFORMATION

Name of corporation	Date of incorporation *(mo., day, yr.)*
Alta Health & Life Insurance Company	5/2/1963

Effective date of administrative dissolution
2/8/2002

SECTION II - AFFIDAVIT OF CORPORATE OFFICER OR DIRECTOR

The undersigned, being at least one of the principal officers or a director of the above-named corporation deposes and says:

A. that the grounds for dissolution did not exist or have been eliminated, and.

B. that the Corporation's name satisfies the requirements of Indiana Code 23-1-23-1, or Indiana Code 23-17-5-1.

IN WITNESS WHEREOF, the undersigned being the Assistant Secretary (Title) of said corporation executes this application and verifies, subject to penalties of perjury, that the statements contrained herein are true, this 1st day of May, ~~19~~ 2002.

Signature	Printed name
R. Schultz	Richard G. Schultz, Assistant Secretary

FILING #0004114403 PG 28 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02834
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

RECEIVED
APR 26 2002
LAW DEPT

AD-190 (Rev. 1/01)
SF#

Indiana Department of Revenue
CERTIFICATE OF CLEARANCE
FOR REINSTATEMENT

Name of Corporation

Alta Health & Life Insurance Company
8515 East Orchard Road
Greenwood Village, CO 80111

Federal ID#
591031071
TID #
0102240450
Date Issued (Valid for 60 days)
04/12/2002

TO: Sue Anne Gilroy
Secretary of State
Corporations Division

The corporation named above has filed with the Department of State Revenue an affidavit, Form AD-19, disclosing that the corporation is applying for a Certificate of Reinstatement from the Secretary of State, and requesting a Certificate of Clearance from this Department stating all taxes and fees owed by the corporation have been paid.

An examination of the corporation's existing accounts for listed taxes and fees required to be administered or collected by the Department has determined that all taxes, fees, interest, and penalties due have been paid or satisfied. Execution of this document does not preclude the Department from future examination and adjustment of the corporation's Indiana tax accounts for any period.

This Certificate of Clearance shall be null and void sixty (60) days after its date of issue.

Kenneth L. Miller, Commissioner
Indiana Department of Revenue

Diane Freeman, Administrator
Compliance Division

BY:

Instructions to the corporation:

This notice is the signed original. You are to include this certification along with the other documents constituting your **Application for Reinstatement (SF#4160)**. Do Not Mail this certificate separately to the Secretary of State unless you are so directed.

The Indiana Secretary of State filing office certifies that this copy is on file in this office

FILING #000411440 3 PG 29 OF 30 VOL B-01317
FILED 03/05/2010 12:30 PM PAGE 02835
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS
State Form 50656 (R/1-03)

RECEIVED
CORPORATIONS DIV.
09 MAY 22 PM 1:13

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS: *Use 8 1/2" x 11" white paper for attachments.*
Present original and one copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov

Indiana Code 23-1-1-1 et seq.

NO FILING FEE

Name of corporation or other entity	Date of incorporation / organization / registration
Alta Health & Life Insurance Co.	3/21/1996
Current principal office address (number and street, city, state, ZIP code)	
8515 E. Orchard Road, Greenwood Village, CO 80111	
New principal office address (number and street, city, state, ZIP code)	
11595 N. Meridian Street, Suite 600, Carmel, IN 46032	

IN WITNESS WHEREOF, the undersigned executes this notice and verifies, subject to the penalties of perjury, that the statements contained herein are true, this 19th day of May, 20 09.

Signature	Title
Jennifer Grant	Assistant Secretary

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/22/2009
Effective Date: 05/22/2009

APPROVED AND FILED
IND. SECRETARY OF STATE

COPY

Certification Number: 2010011365565

CIGNA CORPORATION
1601 Chestnut Street
Philadelphia, PA 19192

March 5, 2010

Connecticut Secretary of State
30 Trinity Street
Hartford, CT 06106

Re: CIGNA Health and Life Insurance Company

Dear Sir/Madam:

I currently have the above-referenced name reserved for use in Connecticut. I hereby transfer the reservation to CT Corporation System.

Thank you for your assistance.

Very truly yours,

Jennifer A. Shank

FIRST RENEWAL OF
VOLUNTARY (EMPLOYEE-PAID) CRITICAL ILLNESS INSURANCE,
VOLUNTARY (EMPLOYEE-PAID) ACCIDENTAL INJURY INSURANCE, AND
VOLUNTARY (EMPLOYEE-PAID) HOSPITAL CARE INSURANCE

THIS AGREEMENT made and entered into this 1st day of October, 2025 by and between the Government of the Virgin Islands, through the Health Insurance Board of Trustees, (the "Government") the Virgin Islands Port Authority (the "Authority"), the University of the Virgin Islands ("UVI"), and the Frederiksted Health Care, Inc. ("FHC") (the Government, the Authority, UVI, and FHC hereinafter collectively referred to as the "Employer") and Cigna Health and Life Insurance Company (hereinafter "Cigna").

WITNESSETH:

WHEREAS, the Employer and Cigna entered into an Agreement for Voluntary (Employee Paid) Critical Illness, Accidental Injury, and Hospital Care Insurance (the "Agreement") approved by the Virgin Islands Legislature on September 22, 2023; and

WHEREAS, the Agreement was for a term of twenty-four (24) months and provides that the parties may renegotiate and renew the Agreement for up to two (2) successive twelve (12) month terms; and

WHEREAS, the Employer and Cigna intend, pursuant to this First Renewal, to renew the Agreement for an additional twelve (12) month term commencing October 1, 2025 and ending September 30, 2026, and amend the Agreement, as renewed, to provide for new rates defined below.

NOW THEREFORE, for and in consideration of the mutual covenants and promises made herein, the parties agree as follows:

Contractors Initials: RV

1. The Agreement, pursuant to the terms herein, is renewed for a twelve (12) month term commencing October 1, 2025 and ending September 30, 2026.

2. Commencing October 1, 2025, Cigna shall continue to provide coverage for all of the present active employees and Pre-65 retiree enrollees and their dependents who are eligible under the Policies.

3. The Policies issued by Cigna will describe the benefits provided to participants,.

4. Except as expressly amended by this First Renewal, all terms and provisions of the original Agreement remain in full force and effect.

5. This First Renewal is subject to the appropriation and availability of funds, the approval of the Governor of the U.S. Virgin Islands, and the approval of the Virgin Islands Legislature.

6. For purposes of this First Renewal, a photocopy or facsimile copy of the document or a photocopy or facsimile copy of a signature to the document shall have the same effect as an original. Also, this First Renewal may be executed in any number of counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same instrument.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Christy LeMieux

Cigna Health and Life Insurance Company

Paul Virtell

Paul Virtell
Senior Vice President

Date: 09/03/2025

Contractors Initials: PV

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

Date: 9/11/25

Beverly A. Joseph
Chairperson

Witness:

Virgin Islands Port Authority

Date:

Carlton Dowe
Executive Director

Witness:

University of the Virgin Islands

Date:

Dr. Safiya George
President

Witness:

Frederiksted Health Care, Inc.

Date:

Masserae Sprauve-Webster,
Chief Executive Officer

Approved as to Legal Sufficiency
Department of Justice

Contractors Initials:

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

_____ Date: _____

Beverly A. Joseph
Chairperson

Witness:

Virgin Islands Port Authority

J. Holder

Carlton Dowe Date: 9/11/2025

Carlton Dowe
Executive Director

Witness:

University of the Virgin Islands

_____ Date: _____

Dr. Safiya George
President

Witness:

Frederiksted Health Care, Inc.

_____ Date: _____

Masserae Sprauve-Webster,
Chief Executive Officer

Approved as to Legal Sufficiency
Department of Justice

Contractors Initials: RV

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

_____ Date: _____

Beverly A. Joseph
Chairperson

Witness:

Virgin Islands Port Authority

_____ Date: _____

Carlton Dowe
Executive Director

Witness:

University of the Virgin Islands

_____ Date: 09/12/2025

Dr. Safiya George
President

Witness:

Frederiksted Health Care, Inc.

_____ Date: _____

Masserae Sprauve-Webster,
Chief Executive Officer

Approved as to Legal Sufficiency
Department of Justice

Contractors Initials: RV

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

_____

_____ Date: _____

Beverly A. Joseph
Chairperson

Witness:

Virgin Islands Port Authority

_____

_____ Date: _____

Carlton Dowe
Executive Director

Witness:

University of the Virgin Islands

_____

_____ Date: _____

Dr. Safiya George
President

Witness:

Frederiksted Health Care, Inc.

Cheron Charles

_____ Date: 9/11/2025

Masserae Sprauve-Webster,
Chief Executive Officer

Approved as to Legal Sufficiency
Department of Justice

Contractors Initials: PV

Sean P Bailey, AAG
Assistant Attorney General

Date: 9/15/2025

Approved:

Honorable Albert Bryan Jr.
Governor of the Virgin Islands

Date: 9/16/25

Approved:

Milton E. Potter
President, 36th Legislature of the
Virgin Islands

Date: 9/19/2025

Contractors Initials: RV

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
GESC/HEALTH INSURANCE
BOARD OF TRUSTEES
P.O. Box 11177
St. Thomas, Virgin Islands 00801

September 8, 2025

Honorable Albert Bryan Jr.
Governor of the Virgin Islands
Government House
Nos. 21-22 Kongens Gade
St. Thomas, VI 00802

RE: Justification Letter – GESC/Health Insurance Board of Trustees – CIGNA Voluntary Worksite Products effective October 1, 2025, First Renewal

Dear Governor Bryan:

The Government Employees Service Commission (GESC) Health Insurance Board of Trustees ("Board") acting as the sole body overseeing the operation of the Government employees' health and other benefit plans, effective October 1, 2019, as part of CIGNA's medical renewal offer, the Board agreed to offer their voluntary worksite products to active employees to purchase at their own expense for: Accidental Injury, Critical Illness, and Hospital Care. Active employees can enroll in these products during open enrollment based upon the needs of themselves and their families. There is no cost to the Board nor the Government to offer these products.

The Board continued to offer the voluntary worksite products beginning October 1, 2023, and is electing to continue offering them for the upcoming plan year. There will be no change to the cost of the voluntary worksite insurance products for the upcoming fiscal year while providing these negotiated enhancements to the plan(s):

<u>Accidental Injury</u>

- Increased Diagnostic Exam benefits to $75
- Updated Wellness Incentive benefit to include routine dental and vision examinations

<u>Critical Illness</u>

- Enhanced Wellness Incentive benefit to include routine dental and vision examinations as well as COVID-19 immunization and screening
- Added Childhood Conditions to include Cerebral Palsy, Cystic Fibrosis, Muscular Dystrophy, Poliomyelitis, Heart Wall Malformation, and Sickle Cell Disease

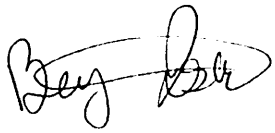
Hospital Care

- Added Newborn Nursey Care Stay at $100 per day on either plan
- Enhanced Wellness Incentive benefit to include routine dental and vision examinations

Cigna has recently revamped their claims process to make it simpler and quicker for claimants to get paid and now have direct deposit capabilities.

Since the Board is recommending renewing our medical coverage with Cigna, The Board believes that we should continue to offer the Cigna Voluntary Worksite products as a valuable enhancement to our plan offerings.

Sincerely,



Beverly A. Joseph
Chairperson, GESC/Health Insurance Board of Trustees

pc: GESC Health Insurance Board Members
Pamela R. Tepper, Esq., Solicitor General
Cindy Richardson, Director of Personnel
Valerie Clarke-Daley, Chief, Group Health Insurance
Gehring Group Consultant

CIGNA GROUP
ACCIDENTAL INJURY PROPOSAL

ACCIDENTAL INJURY INSURANCE POLICY

Prepared For:

The Government of the United States Virgin Islands

Requested By:	**The Gehring Group**
Proposed Effective Date:	October 1, 2025
Proposal Prepared On:	February 28, 2025
Proposal Valid Through:	May 29, 2025
Issued By:	**Cigna Health and Life Insurance Company***

The information contained in the following response/proposal is confidential and proprietary information of the insurance company making the proposal. It is being provided with the understanding that it will not be used by The Government of the United States Virgin Islands its representatives or consultants for any purpose other than the evaluation of the insurance company's proposal in connection with the services sought by The Government of the United States Virgin Islands. Dissemination of the information contained herein by The Government of the United States Virgin Islands, its representatives and consultants shall be limited to their respective employees who are directly involved in the evaluation process. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than The Government of the United States Virgin Islands and its representatives and consultants involved in the evaluation process.

THE POLICY CONTEMPLATED BY THIS PROPOSAL WILL PAY LIMITED ACCIDENT ONLY BENEFITS. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

VI

*The policy contemplated by this proposal will be issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

The Government of the United States Virgin Islands
Group Accidental Injury Proposal
Accidental Injury Insurance
Schedule of Benefits Summary

Eligibility	All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.
Eligibility Waiting Period	The standard recommended Eligibility Waiting Period is: First of month after 30 days from date of hire or Active Service. Credit will be given for the period of time of Active Service before the Policy effective date. The actual Eligibility Waiting Period is determined by the Employer.
Initial Enrollment Event	Guarantee issue coverage available for eligible new employees, spouse and dependent children
Annual/Scheduled Enrollment Events	Open Allowed on an annual basis Guarantee issue coverage available for all eligible employees, spouse, and dependent children.
Late Enrollment	
Late Enrollees	Not permitted outside of annual enrollment event.
Life Status Enrollees	All eligible employees are able to apply for coverage or increase coverage for themselves and apply for or increase coverage for their spouse and dependent children due to life status events without satisfying medical evidence of insurability so long as they apply within 31 days of such event. Life Status events include: marriage; loss of a spouse (whether by death, divorce, annulment or legal separation); birth or adoption of a child, or acquiring a child through marriage; a change in the group benefit plan available to the employee's spouse; a change in the employee's employment status that affects eligibility for group benefits for either the employee or his spouse; termination of a spouse's employment; and as specified in the Employer's Plan which this Policy insures.
Participation Requirement	10 enrolled Employees
SUMMARY OF BENEFITS	
Benefit Waiting Period	None for Employee benefits unless otherwise stated.
Pre-Existing Condition Limitation	Does not apply.
Employee Benefit Amount(s)	100% of the Benefit Amount shown
Spouse Benefit Amount(s) (spouse to age 100 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown

Dependent Child Benefit Amount(s) Child only eligible if employee is enrolled (Birth to 26; 26+ if disabled)	100% of the Benefit Amount shown
Age Based Reductions	None
Coverage	Pays a fixed benefit according to the schedule below. This is a group accident 24 hour insurance policy.

SIMPLE FILE INTEGRATION
(All capabilities dependent upon receipt of ongoing SHS eligibility feed)

Medical Auto Compare: Cigna automatically reminds eligible customers who have qualifying claims to file their eligible Cigna accidental injury, critical illness, or hospital care claims. This service is dependent upon receipt of data.

Wellness AutoPay: Cigna will automatically pay eligible benefits for customers who have a qualifying claim. This service is dependent upon receipt of data.

Coverage and Benefit Amounts — **Series CHLIC 1.0 CUSTOM LOW/CUSTOM MID PLANS**

INITIAL CARE AND EMERGENCY CARE

Benefit Type	Benefit Amount **Plan 1**	**Plan 2**
Emergency Care Treatment Limited to 1 per accident.	$100	$200
Physician Office Visit – *Includes urgent care, Virtual Care accepted* Limited to 1 per accident.	$50	$100
Diagnostic Exam (x-ray or lab) Limited 1 per accident.	$50	$75
Ground / Water Ambulance (to nearest hospital)	$300	$400
Air Ambulance Limited 1 per accident.	$1,200	$1,600

HOSPITALIZATION

Benefit Type	Benefit Amount **Plan 1**	**Plan 2**
Hospital Admission Limited to 1 per accident.	$500	$1,000
Hospital Stay Limited to 365 days, 1 stay per accident.	$100 per day	$200 per day
Intensive Care Unit Stay Limited to 365 days, 1 stay per accident.	$200 per day	$400 per day

FRACTURES
Limited to 1 per accident.

Benefit Type	**Plan 1** Benefit Amount		**Plan 2** Benefit Amount	
	Non-Surgical	Surgical	Non-Surgical	Surgical
Skull	$2,000	$4,000	$4,000	$8,000
Hip or Thigh	$2,000	$4,000	$4,000	$8,000
Vertebrae or Pelvis	$2,000	$4,000	$4,000	$8,000
Upper Arm	$500	$1,000	$1,000	$2,000
Shoulder or Collarbone	$500	$1,000	$1,000	$2,000
Leg	$500	$1,000	$1,000	$2,000
Ankle	$400	$800	$800	$1,600
Kneecap	$400	$800	$800	$1,600
Lower Arm	$400	$800	$800	$1,600
Foot	$400	$800	$800	$1,600
Hand or Wrist	$400	$800	$800	$1,600

Upper Jaw	$300	$600	$600	$1,200
Lower Jaw	$300	$600	$600	$1,200
Bones of Face or Nose	$300	$600	$600	$1,200
Vertebral Processes	$300	$600	$600	$1,200
Rib	$100	$200	$200	$400
More than 1 rib fracture pays **2** times the Benefit Amount				
Coccyx	$100	$200	$200	$400
Finger	$50	$100	$100	$200
More than 1 finger pays **2** times the Benefit Amount				
Toe	$50	$100	$100	$200
More than 1 toe fracture pays **2** times the Benefit Amount				
Sternum	$50	$100	$100	$200
Heel	$50	$100	$100	$200
Chip Fracture	25% of closed fracture benefit	N/A	25% of closed fracture benefit	N/A
Multiple Fractures	200% of the single fracture benefit for multiple fractures to the same bone	N/A	200% of the single fracture benefit for multiple fractures to the same bone	N/A

DISLOCATIONS
Limited to 1 per accident

Benefit Type	**Plan 1** Benefit Amount		**Plan 2** Benefit Amount	
	Non-Surgical	Surgical	Non-Surgical	Surgical
Hip Joint	$2,000	$4,000	$3,000	$6,000
Knee Joint	$2,000	$4,000	$3,000	$6,000
Bones of Foot	$2,000	$4,000	$3,000	$6,000
Ankle	$500	$1,000	$1,000	$2,000
Wrist	$400	$800	$800	$1,600
Elbow	$300	$600	$600	$1,200
Shoulder	$200	$400	$400	$800
Hand	$200	$400	$400	$800
Collarbone	$200	$400	$400	$800
Lower Jaw	$200	$400	$400	$800
Finger or Toe	$50	$100	$100	$200

More than 1 finger or toe pays **2** times the benefit

FOLLOW UP CARE – *Virtual Care accepted*

Benefit Type	Benefit Amount **Plan 1**	**Plan 2**
Follow up Physician Office Visit *(includes medical professionals)* Limited to **10 Visits** treatments per accident.	$25	$50
Follow up Physical Therapy Visits Limited to **10 Visits** treatments per accident.	$25	$50

Benefit – Specific Conditions, Exclusions & Limitations

- **Ambulance:** Only one benefit will be paid whichever is the greater amount.
- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Accident. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Accident.
- **Hospital Stay:** Must be admitted for at least 23 hours or as an Inpatient and confined to the Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. Hospital stays within 90 days for the same or a related Covered Accident is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted for at least 23 hours or Inpatient and confined in an ICU of a Hospital, due to a Covered Accident, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Accident, whichever is greater. ICU stays within 90 days for the same or a related Covered Accident is considered one ICU stay.
- **Follow up Physician Office and Physical Therapy Visits:** Must be examined, treated or prescribed by Physician. First examination or treatment must be within 120 days of the Covered Accident, Physical Therapy Visits within 180 days. Subsequent Follow up Treatment must be completed within 365 days from the Covered Accident. **Follow up Physician Office visit can include providers that are appropriately licensed professionals, including but not limited to those practicing chiropractic care, speech therapy, occupational therapy, vocational therapy, respiratory therapy, and mental health treatment associated with Covered Accidents.*
- **Fracture:** If more than one fracture, only one benefit will be paid, whichever is the greater amount. Chip fracture not paid in addition to closed fracture.
- **Dislocation:** If more than one dislocation, only one benefit will be paid, whichever is the greater amount.
- **Other:**
  - Requires diagnostic exams, diagnosis, visits, ambulance trips, or treatment to be within 120 days of a Covered Accident. Admissions and Stays within 90 days, Emergency care within 30 days.
  - If eligible for Physician Office or Emergency Care benefits for the same Covered Accident, only one benefit will be payable, whichever is greater. Not eligible for Physician Office benefit if eligible to receive benefits under Emergency Treatment.
  - Some benefits require services to be performed, prescribed or recommended by a Physician.

Optional Benefits (availability may vary by state)

ENHANCED ACCIDENT BENEFITS (Custom Low & Custom Mid)
Pays additional fixed benefits per schedule below.

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefits	100% of the Benefit Amount shown
Spouse Benefits	100% of the Benefit Amount shown
Dependent Child(ren) Benefits	100% of the Benefit Amount shown
Age Based Reductions	None

Benefit Type Limited to 1 per Covered Accident, unless otherwise indicated.	Benefit Amount **Plan 1**	**Plan 2**
Small Burns (2^{nd} or 3^{rd} degree – 20% or less of body)	$100	$300
Large Burns (2^{nd} degree – More than 20% of body)	$750	$1,000
Large Burns (3^{rd} degree – More than 20% of body)	$7,500	$10,000
Skin-Graft Benefit (if burn benefit paid)	50% of the applicable Benefit amount for Small Burns or Large	50% of the applicable Benefit amount for Small Burns or Large

	Burns	Burns
Lacerations Limited to 2		
Small Lacerations **(<6 inches with 2+ sutures)**	$50	$100
Large Lacerations **(>6 inches with 2+ sutures)**	$400	$600
General Anesthesia Benefit	$50	$100
Medicine Benefit	$5	$10
Medical Supply Benefit	$5	$10
Abdominal or Thoracic Surgery	$1,000	$1,250
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Repair	$200	$400
Tendon, Ligament, Rotator Cuff, or Knee Surgery - Exploratory	$100	$150
Ruptured Disc Surgery - Repair	$500	$750
Eye Injury Surgery	$200	$400
Eye Injury – Removal of Foreign Object	$100	$200
Emergency Dental – Extraction More than 1 tooth pays 2 times the Benefit Amount	$75	$150
Emergency Dental – Broken Tooth More than 1 tooth pays 2 times the Benefit Amount	$50	$75
Concussion	$100	$150
Coma	$5,000	$10,000
Diagnostic Advanced	$50	$200
Appliance (Durable Medical Equipment) Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	$50	$150
Prosthesis (arm, leg, hand, foot, eye) Limited to 2. Not including hearing aids, dentures, eye glasses, cosmetic devices, artificial joint replacements	$400	$1,000
Paralysis – Paraplegia (>30 days)	$1,000	$5,000
Paralysis – Quadriplegia (>30 days)	$2,000	$10,000
Blood, plasma, platelets	$100	$200
Transportation (100+ miles one-way) This benefit is limited 1 time per Covered Accident. Treatment not available locally with required Hospital Stay.	$400	$400
Family Lodging (100+ miles one-way) Limited to 30 days. This benefit is payable 1 times per Covered Accident. Treatment not available locally with required Hospital Stay.	$100 per day	$150 per day

Benefit – Specific Conditions, Exclusions & Limitations

- **Abdominal or Thoracic Surgery:** If paid, no other surgical benefit will be paid.
- **Eye Injury – Removal of Foreign Object**: If Eye Surgery benefit is paid, this benefit will not be paid for or during the same procedure.
- **Burns:** Excludes sunburn.
- **Medical Supplies:** Excludes durable medical equipment.
- **Coma:** Must be unconscious for 7 days or more with no response to external stimuli and requiring artificial respiratory or life support. Not payable if a coma is medically induced.
- **Prosthesis:** Benefits not payable if payable under the Accidental Dismemberment Benefit.
- **Paralysis:** If more than one benefit is payable, only the largest available benefit will be paid.
- **Transportation:** Benefits will not be payable if Ambulance benefit is paid.

- **Other:**
  - Some benefits require stays, treatment, services or items to be diagnosed, performed, prescribed or recommended by a Physician, or in the case of Anesthesia if benefit is payable, a Nurse Anesthetist. For dental services, they must be performed by a licensed dentist.
  - Requires surgery, treatment, grafting, diagnosis, purchases, extractions, transfusions, or exams to be within 120 days of a Covered Accident .

ACCIDENTAL DEATH AND DISMEMBERMENT BENEFITS (Level 1 & Level 2)
Pays benefits for Accidental Death, Dismemberment and other listed conditions.

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefits	100% of the Benefit Amount shown
Spouse Benefits	50% of the Benefit Amount shown
Dependent Child(ren) Benefits	25% of the Benefit Amount shown
Age Based Reductions	None

ACCIDENTAL DEATH BENEFITS

Benefit Type	Benefit Amount Plan 1	Plan 2
Loss of Life Accidental Death	$25,000	$50,000
Automobile Accidental Death	$25,000	$50,000
Common Carrier Accidental Death	$75,000	$100,000

CATASTROPHIC DISMEMBERMENT LOSS BENEFITS

Benefit Type	Benefit Amount Plan 1	Plan 2
Sight in Both Eyes	$20,000	$30,000
Both Hands or Arms	$20,000	$30,000
Both Feet or Legs	$20,000	$30,000
Speech and Hearing in Both Ears	$20,000	$30,000
Speech or Hearing in Both Ears	$10,000	$15,000
One Hand or Arm and One Foot or Leg	$10,000	$15,000
One Hand, Arm, Foot, Leg, or Sight in one Eye	$10,000	$15,000

DISMEMBERMENT BENEFIT

Benefit Type	Benefit Amount Plan 1	Plan 2
Finger	$1,000	$2,000
Toe	$1,000	$2,000

Loss of more than 1 finger or toe pays 2 times the benefit

Benefit – Specific Conditions, Exclusions & Limitations

- Loss must occur within 365 days of the Covered Accident.
- If a Covered Person dies as a result of an automobile accident or common carrier accident, the Loss of Life benefit will not be paid. To receive the Auto Accident Death benefit, the person must be wearing and properly using the seatbelt and the auto equipped with the manufacturer's originally air bag system, and if the driver, hold a valid license. Common Carrier benefit, the person cannot be the operator. If more than one benefit is payable for the same accident, only the largest available benefit is payable and death benefits will be reduced by payable Dismemberment Benefits.
    - If Catastrophic Dismemberment Benefits are payable, no benefits will be paid for Dismemberment and total benefits will not exceed the Accidental Death Benefit and in the case of Dismemberment Benefits, the Loss of Life Accidental Death Benefit.

WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT* (WPID)
This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below. *Virtual Care accepted.*

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefit	100% of the Benefit Amount shown

Spouse Benefit	100% of the Benefit Amount shown
Dependent Child(ren) Benefit	100% of the Benefit Amount shown
Age Based Reductions	None

Benefit Type	Benefit Amount	
	Plan 1	**Plan 2**
Wellness Treatment, Health Screening Test and Preventive Care Benefit Limited to 1 per year *Examples include (but are not limited to) general health exams, routine dental, vision, gynecological exams, mammography and certain blood tests. Also includes COVID-19 Immunization, Tests, and Screenings.*	$50 per day	$50 per day

Continuation Options	
CONTINUATION OF INSURANCE	Family Medical Leave 12 weeks Leave of Absence 12 weeks Temporary Layoff 12 weeks
PORTABILITY	The same coverage may be continued upon employee's termination of employment with the employer, or when the employee is no longer eligible for coverage. - Portable period: Coverage continues to age 100 - Coverage(s) may be ported on all Covered Persons - Maximum port age is 100

Included Cigna Programs and Services*

Value Added Programs

Mental Health Resources – Cigna offers phone seminars conducted by guest experts to help learn about common issues as well as offer coping techniques and support. These free sessions are open to anyone including parents, caregivers, and loved ones.

My Secure Advantage® (MSA): One on one expert money-coaching for all types of financial planning and challenges for every stage of life along with access to online financial digital tools, webinars, and video courses.

CLC: Attorney consultations for multiple types of legal matters, including identity theft, domestic relations, estate planning, and online tools for state-specific wills and other important legal documents.

*These programs are NOT insurance and do not provide reimbursement for financial losses. Participants are required to pay the entire discounted charge for any products or services purchased through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. Programs and services are continuously evaluated and updated, therefore Participants may see changes in coverage as updates are implemented.

POLICY PROVISIONS

NOTE: The following are some of the important policy provisions that apply to benefits described in the policy. This is not a complete list of policy provisions, terms and conditions.

Important Definitions:

Active Service Definition: an Employee will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions are met:

- He or she is actively at work. This means the Employee is performing his or her regular occupation for the Employer on a full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires the Employee to travel.
- The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days, only if the Employee was in Active Service on the preceding schedule workday.

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Accident: A sudden, unforeseeable, external event that results, directly and independently of all other causes, in a Covered Injury or Covered Loss and meets all of the following conditions:

- occurs while the Covered Person is insured under this Policy;
- is not contributed to by disease, sickness, mental or bodily infirmity;
- is not otherwise excluded under the terms of this Policy.

Covered Injury: Any bodily harm that results, directly and independently of all other causes, from a Covered Accident.

Covered Loss: A loss that is:

- the result, directly and independently of all other causes, from a Covered Accident; and

- one of the Covered Losses specified in the *Schedule of Benefits*
- suffered by the Covered Person within the applicable time period specified in the *Schedule of Benefits.*

Hospital: an institution that is licensed as a hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic or facility for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; (3) a facility primarily or solely providing psychiatric services to mentally ill patients. The term Hospital also does not include a unit of a Hospital for convalescent, custodial, educational or hospice care.

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which, directly or indirectly, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section:

- intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane;
- commission or attempt to commit a felony or an assault;
- declared or undeclared war or act of war;
- a Covered Loss that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days;
- voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage;
- operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred;
- bungee jumping; parachuting; skydiving; parasailing; hang-gliding;
- flight in, boarding or alighting from an Aircraft or any craft designed to fly above the Earth's surface:
    a. except as a fare-paying passenger on a regularly scheduled commercial airline;
    b. being flown by the Covered Person or in which the Covered Person is a member of the crew;
    c. being used for:
        i. crop dusting, spraying or seeding, giving and receiving flying instruction, fire fighting, sky writing, sky diving or hang-gliding, pipeline or power line inspection, aerial photography or exploration, racing, endurance tests, stunt or acrobatic flying; or
        ii. any operation that requires a special permit from the FAA, even if it is granted (this does not apply if the permit is required only because of the territory flown over or landed on);
    d. designed for flight above or beyond the earth's atmosphere;
    e. an ultra-light or glider;
    f. being used for the purpose of parachuting or skydiving;
    g. being used by any military authority, except an Aircraft used by the Air Mobility Command or its foreign equivalent;
- travel in any Aircraft owned, leased or controlled by the Policyholder/Subscriber, or any of its subsidiaries or affiliates. An Aircraft will be deemed to be "controlled" by the Policyholder/Subscriber if the Aircraft may be used as the Policyholder/Subscriber wishes for more than 10 straight days, or more than 15 days in any year;
- services or treatment rendered by a physician, nurse or any other person who is:
    a. employed or retained by the Subscriber;
    b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
    c. living in the Covered Person's household;
    d. who is a parent, sibling, spouse or child of the Covered Person
- sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof, except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food;

Policy Termination:

We may terminate insurance on or after the first anniversary of the Policy Effective Date. We or the Policyholder/Subscriber may terminate insurance on any Premium Due Date. Written notice by certified mail must be given at least 31 days prior to such Premium Due Date. Failure by the Policyholder/Subscriber to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid.

Termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a loss that occurs while insurance was in effect. Termination of the Policy during a period of disability of the Employee will not affect benefits payable under the coverage for loss of time from work because of the disability, or any specific indemnity required to be provided during a period of Hospital confinement.

Individual Termination:
Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. If portability is offered, your coverage may be continued.

COMMISSION SUMMARY

Rate includes a flat 15.00% commission payable on collected premiums.

Producer Compensation
Cigna companies may have entered into, or may enter into, agreements with brokers, under which the insurance company compensates brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of the insurance company's business. Cigna companies may invite brokers to participate in events sponsored by the insurance company for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the broker's overall book of business with the insurance company. Any such payments are separate from commissions and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.

PROPOSAL ASSUMPTIONS

- Unless stated otherwise in the class definition(s), our eligibility requirements assume that employees are working on a full-time basis, and citizens of the United States or permanent resident aliens, and working and residing in the United States. Part-time, seasonal, temporary, contracted, leased or severed employees are not eligible, unless otherwise noted.

- The rates and fees quoted within the proposal are based on information furnished to Cigna for the purpose of developing a proposal of group insurance. Cigna has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates are guaranteed for 3 years subject to exceptions in the policy and the policy's termination provisions. These rates and the guarantee assume that the number of eligible or insured employees does not change by more than 10% from the date of the census provided. Rates may differ slightly due to rounding.

- This proposal is not an insurance contract. Should your company decide to install the plan of benefits described within this proposal, your company's representative will receive a contract of insurance and related documents that describes the final benefit and service selections agreed to by you, the employer, and Cigna. All benefits will be subject to the terms of that contract.

- This proposal assumes that a group master policy will be delivered in Wyoming to a trustee for the benefit of the Employer and its eligible employees. The terms and availability of this proposal are subject to the laws of Wyoming and may be subject to change if the state of delivery is different. In addition, some jurisdictions require supplemental filing/approval for out-of-state policies covering their residents. As a result, coverage may not be available to employees in all states or coverage may vary slightly.

  - This proposal assumes a minimum required lead time for implementation of 30 days prior to enrollment period.

  NOTE: This proposal reflects coverage being funded on a post-tax basis.

- This proposal assumes Cigna will be selected as the carrier for the Accidental Injury, Critical Illness and Hospital Indemnity solutions. Cigna reserves the right to modify or withdraw the offer if all the products are not offered or not placed with Cigna.

Group accidental injury policies are issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company, 900 Cottage Grove Rd, Bloomfield, CT 06002. Policy forms: Accidental Injury - GAI-00-1000, et al.

RATE SUMMARY		
Quoted Number of Eligible Lives	9,996	
Rate Guarantee	36 months	
Rates Per Insured Class		
Monthly		
	Employee Paid	
	Plan 1	**Plan 2**
Employee	$11.10	$14.04
Employee + Spouse*	$16.77	$21.47
Employee + Child(ren)	$19.10	$24.67
Family	$24.77	$32.10

*For purposes of this document, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions.

CIGNA GROUP
CRITICAL ILLNESS PROPOSAL

CRITICAL ILLNESS INSURANCE POLICY

Prepared for:

The Government of the United States Virgin Islands

Requested By:	**The Gehring Group**
Proposed Effective Date:	October 1, 2025
Proposal Prepared On:	February 28, 2025
Proposal Valid Through:	May 29, 2025
Issued By:	**Cigna Health and Life Insurance Company***

The information contained in the following response/proposal is confidential and proprietary information of the insurance company making the proposal. It is being provided with the understanding that it will not be used by The Government of the United States Virgin Islands, its representatives or consultants for any purpose other than the evaluation of the insurance company's proposal in connection with the services sought by The Government of the United States Virgin Islands. Dissemination of the information contained herein by The Government of the United States Virgin Islands, its representatives and consultants shall be limited to their respective employees who are directly involved in the evaluation process. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than The Government of the United States Virgin Islands and its representatives and consultants involved in the evaluation process.

THIS POLICY PAYS LIMITED BENEFITS ONLY. IT DOES NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

VI

*The policy contemplated by this proposal will be issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

The Government of the United States Virgin Islands
Group Critical Illness Proposal
Critical Illness Insurance
Schedule of Benefits Summary

Eligibility	All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens.
Eligibility Waiting Period	The standard recommended Eligibility Waiting Period is: First of month after 30 days from date of hire or Active Service. Credit will be given for the period of time of Active Service before the Policy effective date. The actual Eligibility Waiting Period is determined by the Employer.
Initial Enrollment	Guarantee issue coverage available for eligible new employees, spouses and dependent children.
Annual/Scheduled Enrollment Events	Open Allowed on an annual basis. Guarantee issue coverage available for all eligible employees, spouses and dependent children.
Late Enrollment ***Late Enrollees***	Not permitted outside of the annual enrollment event.
Life Status Enrollees	All eligible Employees are able to apply for or increase coverage for themselves and apply for or increase coverage for their spouse and dependent children due to life status events without satisfying medical evidence of insurability so long as they apply within 31 days of such event. Life Status events include: marriage; loss of a spouse (whether by death, divorce, annulment or legal separation); birth or adoption of a child, or acquiring a child through marriage; a change in the group benefit plan available to the employee's spouse; a change in the employee's employment status that affects eligibility for group benefits for either the employee or his spouse; termination of a spouse's employment; and as specified in the employer's Plan which this Policy insures.
Participation Requirement	10% of eligible employees or 10 enrolled employees (whichever greater)
SUMMARY OF BENEFITS	
Benefit Waiting Period	None.
Pre-Existing Condition Limitation	Does not apply.
Employee Benefit Amount(s)	**Voluntary Benefits Amounts (options for employee selection):** $5,000, $10,000, $20,000 $20,000 Guaranteed Issue
Spouse Benefit Amount(s)	**Voluntary Benefits Amounts (options for spouse selection):**

(Spouse to age 100 is eligible for coverage if employee is enrolled)	50% of issued employee benefit amount (Guaranteed Issue)
Dependent Child Benefit Amount(s) Child only eligible if Employee is enrolled. Birth to 26; 26+ if disabled	**Voluntary Benefits Amounts (eligible Dependent Children are automatically enrolled):** 50% of issued employee benefit amount
Age Based Reductions	None.
Initial Critical Illness Benefit	Pays a lump sum benefit direct to the insured, unless otherwise assigned, upon the date of diagnosis made after the coverage effective date, for each of the Covered Conditions listed below. The amount payable per Covered Condition is the Initial Benefit Amount multiplied by the applicable percentage for the diagnosis of the Covered Condition shown below. Each Covered Condition will be payable one time per Covered Person. A 180-day separation period between the dates of diagnosis is required.
Recurrence Critical Illness Benefit	Benefits will be paid for the diagnosis of a subsequent and same Covered Condition that has already received a benefit payout under this policy after a 12-month separation period from the previous diagnosis.
Skin Cancer Benefit	Pays a flat dollar benefit. See below for Benefit Amount.
Maximum Lifetime Limit	Does not Apply.

SIMPLE FILE INTEGRATION
(All capabilities dependent upon receipt of ongoing SHS eligibility feed)

Medical Auto Compare: Cigna automatically reminds eligible customers who have qualifying claims to file their eligible Cigna accidental injury, critical illness, or hospital care claims. This service is dependent upon receipt of data.

Wellness AutoPay: Cigna will automatically pay eligible benefits for customers who have a qualifying claim. This service is dependent upon receipt of data.

Coverage and Benefit Amounts **Series CHLIC 1.0 (Custom)**

CRITICAL ILLNESS COVERAGE LIST OF COVERED CONDITIONS

Cancer Conditions	**Custom** **% of Initial Benefit Amount**	**Recurrence** **% of Initial Benefit Amount**
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
	Benefit Amount	
Skin Cancer	$250 1x per lifetime	Not Available
Vascular Conditions	**Custom** **% of Initial Benefit Amount**	**Recurrence** **% of Initial Benefit Amount**
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System Conditions	**Custom** **% of Initial Benefit Amount**	**Recurrence** **% of Initial Benefit Amount**
Advanced Stage Alzheimer's Disease	25%	Not Available
Amyotrophic Lateral Sclerosis (ALS)	25%	Not Available
Parkinson's Disease	25%	Not Available
Multiple Sclerosis	25%	Not Available
Childhood Conditions	**Option 1** **% of Child Initial Benefit Amount***	**Recurrence** **% of Child Initial Benefit Amount***
Cerebral Palsy	100%	Not Available
Cystic Fibrosis	100%	Not Available
Muscular Dystrophy	100%	Not Available

Poliomyelitis	100%	Not Available
Heart Wall Malformation	100%	Not Available
Sickle Cell	100%	Not Available
*For Childhood Conditions please refer to the Dependent Child Benefit Amount(s) section above for details on how much coverage is available for covered children.		
Other Specified Conditions	**Custom % of Initial Benefit Amount**	**Recurrence % of Initial Benefit Amount**
Benign Brain Tumor	100%	100%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Blindness	100%	Not Available
Coma	25%	25%
Paralysis	100%	100%

Benefit – Specified Conditions, Exclusions & Limitations

In addition to the Common Exclusions, the following additional conditions, exclusions and limitations apply:

- The date of diagnosis occurs while the Covered Person's coverage under this policy is in force.
- The definition for the Covered Condition is satisfied.
- Only 1 Initial Benefit paid for each Covered Condition per Covered Person. Additional benefits available under the Recurrence benefit.
- Separation periods apply. The separation period will not apply to directly medically related conditions for which a higher benefit amount is payable. However, the second benefit payment will be reduced by the amount of the first benefit paid.
- **Invasive Cancer,** excludes pre-malignant conditions or conditions with malignant potential, carcinoma in situ, basal cell carcinoma, squamous cell carcinoma of the skin, unless metastatic disease develops, melanoma that is diagnosed as Clark's Level I or II or Breslow less than 0.75mm, or melanoma in situ, or prostate tumor that is classified as T-1a, b, or c, N-0, and M-0 on a TNM classification scale. Also excludes the recurrence or metastasis of an original Cancer that was diagnosed prior to the coverage effective date if the Insured has undergone treatment for such cancer within 1 year of being diagnosed with cancer while under this coverage.
- **Carcinoma in Situ,** excludes premalignant conditions or conditions with malignant potential, skin cancers (basal/squamous cell carcinoma or melanoma / melanoma in situ).
- **Heart Attack,** excludes Sudden Cardiac Arrest, takotsubo syndrome, congestive heart failure, and myocarditis.
- **Stroke,** excludes transient ischemic attack (TIAs), brain injury related to trauma or infection, brain injury associated with hypoxia or anoxia, vascular disease affecting eye or optic nerve or ischemic disorders of the vestibular system.
- **Poliomyelitis,** excludes non-paralytic polio or post-polio syndrome.
- **Sickle Cell Anemia,** excludes the sickle cell trait.
- **Heart Wall Malformation,** surgery or catheter based treatment must be prescribed within 1 year of birth.
- **Coma** does not mean any state of unconsciousness intentionally or medically induced from which the Covered Person is able to be aroused.
- **Major Organ Failure,** excludes end-organ damage without physician prescribed/recommended transplant of that organ and covered person placed on UNOS national registry for organ matching. Recurrence Benefit not payable for same organ for which a benefit was previously paid.
- **Paralysis,** excludes loss due to Stroke, Multiple Sclerosis, and Cerebral Palsy.

Optional Benefits (availability may vary by state)

WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT (WPID)

This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as defined by the Policy. See examples below. *Virtual Care accepted.*

Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply
Employee Benefit	100% of the Benefit Amount shown
Spouse Benefit	100% of the Benefit Amount
Dependent Child(ren) Benefit	100% of the Benefit Amount
Age Based Reductions	None

Benefit Type	Benefit Amount
	Level 1

Wellness Treatment, Health Screening Test, and Preventive Care Benefit Limited to 1 per year *Examples include (but are not limited to) general health exams, routine dental, vision, gynecological exams, mammography and certain blood tests. Also includes COVID-19 Immunization, Tests, and Screenings.*	$50 per day

Continuation Options	
CONTINUATION OF INSURANCE	Temporary Layoff 12 weeks Family Medical Leave 12 weeks Leave of Absence 12 weeks
PORTABILITY	The same coverage may be continued upon employee's termination of employment with the employer, or when the employee is no longer eligible for coverage. - Portable period: Coverage continues to age 100 - Voluntary coverage(s) may be ported on all Covered Persons - Maximum port age is 100

Included Cigna Programs and Services*

Value Added Programs

Mental Health Resources – Cigna offers phone seminars conducted by guest experts to help learn about common issues as well as offer coping techniques and support. These free sessions are open to anyone including parents, caregivers, and loved ones.

My Secure Advantage® (MSA): One on one expert money-coaching for all types of financial planning and challenges for every stage of life along with access to online financial digital tools, webinars, and video courses.

CLC: Attorney consultations for multiple types of legal matters, including identity theft, domestic relations, estate planning, and online tools for state-specific wills and other important legal documents.

*These programs are NOT insurance and do not provide reimbursement for financial losses. Participants are required to pay the entire discounted charge for any products or services purchased through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. Programs and services are continuously evaluated and updated, therefore Participants may see changes in coverage as updates are implemented.

POLICY PROVISIONS

NOTE: The following are some of the important policy provisions that apply to benefits described in the policy. This is not a complete list of policy provisions, terms and conditions.

Important Definitions:

Active Service Definition: an Employee will be considered in Active Service with the employer on a day which is one of the employer's scheduled work days if either of the following conditions are met:

- He or she is actively at work. This means the employee is performing his or her regular occupation for the employer on a full-time basis, either at one of the employer's usual places of business or at some location to which the employer's business requires the employee to travel.
- The day is a scheduled holiday, vacation day or period of employer approved paid leave of absence, other than disability or sick leave after 7 days, only if the employee was in Active Service on the preceding schedule work day.

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Covered Loss: A loss that is one of the Covered Conditions suffered by the Covered Person within the applicable time period described in this Policy.

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Loss which, directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section:

1. Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane.
2. Commission or attempt to commit a felony or an assault.
3. Declared or undeclared war or act of war.
4. Covered Loss that results from active-duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active-duty training is not excluded unless it extends beyond 31 days.
5. Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless prescribed or taken under the direction of a physician and taken in accordance with the prescribed dosage.
6. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Loss occurred.
7. A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Policy Termination

We may terminate insurance on or after the first anniversary of the Policy Effective Date. We or The Policyholder/Subscriber may terminate insurance on any Premium Due Date. Written notice by certified mail must be given at least 31 days prior to such Premium Due Date. Failure by the Policyholder to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate insurance at the end of the period for which premium was paid.

Termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a loss that occurs while insurance was in effect.

Individual Termination

Coverage ends on the earliest of the date you and your dependents are no longer eligible, the date the group policy is no longer in force, or the date for the last period for which required premiums are paid. For your dependent, coverage also ends when your coverage ends, when their premiums are not paid or when they are no longer eligible. If portability is offered, your coverage may be continued.

COMMISSION SUMMARY

Rate includes a flat 15.00% commission payable on collected premiums.

Producer Compensation

Cigna companies may have entered into, or may enter into, agreements with brokers, under which the insurance company compensates brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of the insurance company's business. Cigna companies may invite brokers to participate in events sponsored by the insurance company for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the broker's overall book of business with the insurance company. Any such payments are separate from commissions and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.

PROPOSAL ASSUMPTIONS

- Unless stated otherwise in the class definition(s), our eligibility requirements assume that employees are *working on a Full-time basis, and citizens of the United States or permanent resident aliens, and working and residing in the United States.* Part-time, seasonal, temporary, contracted, leased or severed employees are not eligible, unless otherwise noted.

- The rates and fees quoted within the proposal are based on information furnished to Cigna for the purpose of developing a proposal of group insurance. Cigna has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates are guaranteed for 3 years subject to exceptions in the policy and the policy's termination provisions. These rates and the guarantee assume that the number of eligible or insured employees does not change by more than 10% from the date of the census provided. Rates may differ slightly due to rounding. The policy's rate structure is based on attained age, which means the premium will increase each year due to the increase in the employee's age.

- This proposal is not an insurance contract. Should your company decide to install the plan of benefits described within this proposal, your company's representative will receive a contract of insurance and related documents that describes the final benefit and service selections agreed to by you, the employer, and Cigna. All benefits will be subject to the terms of that contract.

- This proposal assumes that a group master policy will be delivered in Wyoming to a trustee for the benefit of the Employer and its eligible employees. The terms and availability of this proposal are subject to the laws of Wyoming and may be subject to change if the state of delivery is different. In addition, some jurisdictions require supplemental filing/approval for out-of-state policies covering their residents. As a result, coverage may not be available to employees in all states or coverage may vary slightly.

  - This proposal assumes a minimum required lead time for implementation of 30 days prior to enrollment period.

  Group critical illness policies are issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company, 900 Cottage Grove Rd, Bloomfield, CT 06002. Policy Form: GCI-02-1000, et al

- This proposal assumes Cigna will be selected as the carrier for the Accidental Injury, Critical Illness and Hospital Indemnity solutions. Cigna reserves the right to modify or withdraw the offer if all the products are not offered or not placed with Cigna.

- NOTE: This proposal reflects coverage being funded on a post-tax basis.

RATE SUMMARY

Quoted Number of Eligible Lives	9,996
Rate Guarantee	36 months
Premium Frequency	Monthly

Employee Paid Monthly Age Banded Rates (Includes Rates for Optional Benefits)

Employee Paid Guaranteed Issue Level: $5,000

Uni-Tobacco

Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-24	$3.38	$5.45	$3.38	$5.45
25-29	$3.63	$5.81	$3.63	$5.81
30-34	$4.30	$6.76	$4.30	$6.76
35-39	$5.39	$8.38	$5.39	$8.38
40-44	$6.48	$10.01	$6.48	$10.01
45-49	$8.43	$13.13	$8.43	$13.13
50-54	$10.83	$17.22	$10.83	$17.22
55-59	$13.95	$22.54	$13.95	$22.54
60-64	$16.95	$27.53	$16.95	$27.53
65-69	$20.26	$32.66	$20.26	$32.66
70-74	$27.54	$43.92	$27.54	$43.92
75-79	$36.51	$56.78	$36.51	$56.78
80-84	$44.04	$68.81	$44.04	$68.81
85+	$59.47	$92.50	$59.47	$92.50

Employee Paid Monthly Age Banded Rates

Employee Paid Guaranteed Issue Level: $10,000

Uni-Tobacco				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-24	$4.62	$7.27	$4.62	$7.27
25-29	$5.12	$7.98	$5.12	$7.98
30-34	$6.47	$9.89	$6.47	$9.89
35-39	$8.65	$13.13	$8.65	$13.13
40-44	$10.83	$16.39	$10.83	$16.39
45-49	$14.73	$22.62	$14.73	$22.62
50-54	$19.53	$30.81	$19.53	$30.81
55-59	$25.77	$41.44	$25.77	$41.44
60-64	$31.76	$51.42	$31.76	$51.42
65-69	$38.38	$61.68	$38.38	$61.68
70-74	$52.94	$84.21	$52.94	$84.21
75-79	$70.88	$109.92	$70.88	$109.92
80-84	$85.94	$133.98	$85.94	$133.98
85+	$116.80	$181.36	$116.80	$181.36

Employee Paid Monthly Age Banded Rates

Employee Paid Guaranteed Issue Level: $20,000

Uni-Tobacco				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-24	$7.10	$10.91	$7.10	$10.91
25-29	$8.10	$12.33	$8.10	$12.33
30-34	$10.80	$16.15	$10.80	$16.15
35-39	$15.16	$22.63	$15.16	$22.63
40-44	$19.52	$29.15	$19.52	$29.15
45-49	$27.32	$41.61	$27.32	$41.61
50-54	$36.92	$57.99	$36.92	$57.99
55-59	$49.40	$79.25	$49.40	$79.25
60-64	$61.38	$99.21	$61.38	$99.21
65-69	$74.62	$119.73	$74.62	$119.73
70-74	$103.74	$164.79	$103.74	$164.79
75-79	$139.62	$216.21	$139.62	$216.21
80-84	$169.74	$264.33	$169.74	$264.33
85+	$231.46	$359.09	$231.46	$359.09

CIGNA GROUP HOSPITAL CARE PROPOSAL

Hospital Indemnity Insurance

Prepared For:

The Government of the United States Virgin Islands

Requested By:	**The Gehring Group**
Proposed Effective Date:	October 1, 2025
Proposal Prepared On:	February 28, 2025
Proposal Valid Through:	May 29, 2025
Issued By:	**Cigna Health and Life Insurance Company***

The information contained in the following response/proposal is confidential and proprietary information of the insurance company making the proposal. It is being provided with the understanding that it will not be used by The Government of the United States Virgin Islands, its representatives or consultants for any purpose other than the evaluation of the insurance company's proposal in connection with the services sought by The Government of the United States Virgin Islands. Dissemination of the information contained herein by The Government of the United States Virgin Islands, its representatives and consultants shall be limited to their respective employees who are directly involved in the evaluation process. Under no circumstances is any of the information contained herein (including excerpts, summaries, extracts and evaluations thereof) to be used, disseminated, disclosed or otherwise communicated to any person or entity other than The Government of the United States Virgin Islands and its representatives and consultants involved in the evaluation process.

THE POLICY CONTEMPLATED BY THIS PROPOSAL WILL PAY LIMITED BENEFITS ONLY. IT WILL NOT CONSTITUTE COMPREHENSIVE HEALTH INSURANCE COVERAGE AND IS NOT INTENDED TO COVER ALL MEDICAL EXPENSES. THE COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT A MEDICAID OR MEDICARE SUPPLEMENT POLICY.

VI

*The policy contemplated by this proposal will be issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.

The Government of the United States Virgin Islands
Group Hospital Care Proposal
Hospital Indemnity Insurance
Schedule of Benefits Summary

Eligibility	All active, Full-time Employees of the Employer who are regularly working in the United States a minimum of 20 hours per week and regularly residing in the United States and who are United States citizens or permanent resident aliens and their Spouse and Dependent Children who are United States citizens or permanent resident aliens and who are residing in the United States.
Eligibility Waiting Period	The standard recommended Eligibility Waiting Period is: First of month after 30 days from date of hire or Active Service. Credit will be given for the period of time of Active Service before the Policy effective date. The actual Eligibility Waiting Period is determined by the Employer.
Initial Enrollment Event	Guarantee issue coverage available for new employees, spouses and dependent children.
Annual/Scheduled Enrollment Events	Open Allowed on an annual basis. Guarantee issue coverage available for all eligible employees, spouses and dependent children.
Late Enrollment	
Late Enrollees	Not permitted outside of annual enrollment event.
Life Status Enrollees	All eligible Employees are able to apply for or increase coverage for themselves and apply for or increase coverage for their spouse and dependent children due to life status events without satisfying medical evidence of insurability so long as they apply within 31 days of such event. Life Status events include: marriage; loss of a spouse (whether by death, divorce, annulment or legal separation); birth or adoption of a child, or acquiring a child through marriage; a change in the group benefit plan available to the employee's spouse; a change in the employee's employment status that affects eligibility for group benefits for either the employee or his spouse; termination of a spouse's employment; and as specified in the Employer's Plan which this Policy insures.
Participation Requirement	10% of eligible employees or 10 enrolled employees (whichever greater)
SUMMARY OF BENEFITS	
Benefit Waiting Period	None
Pre-Existing Condition Limitation	Does not apply.
Employee Benefit Amount(s)	100% of the Benefit Amount shown
Spouse Benefit Amount(s) (spouse to age 100 is eligible for coverage if employee is enrolled)	100% of the Benefit Amount shown
Dependent Child Benefit Amount(s) Child only eligible if employee is enrolled. Birth to 26; 26+ if disabled	100% of the Benefit Amount shown

Age Based Reductions	None on base plan.
Coverage	Fixed benefits per schedule below.
SIMPLE FILE INTEGRATION (All capabilities dependent upon receipt of ongoing SHS eligibility feed)	
Medical Auto Compare: Cigna automatically reminds eligible customers who have qualifying claims to file their eligible Cigna accidental injury, critical illness, or hospital care claims. This service is dependent upon receipt of data.	
Wellness AutoPay: Cigna will automatically pay eligible benefits for customers who have a qualifying claim. This service is dependent upon receipt of data.	

Coverage and Benefit Amounts	Series 1.0 CUSTOM LOW/CUSTOM LOW PLANS	
HOSPITALIZATION BENEFITS[1]		
Benefit Type	Benefit Amount **Plan 1**	**Plan 2**
Hospital Admission No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	$500	$1,000
Hospital Intensive Care Unit Admission No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	$1,000	$1,000
Hospital Chronic Condition Admission No elimination period. Limited to 1 day, 1 benefit(s) every 90 days.	$50	$50
Hospital Stay No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	$100 per day	$100 per day
Hospital Intensive Care Unit Stay No elimination period. Limited to 30 days, 1 benefit(s) every 90 days.	$200 per day	$200 per day
Hospital Observation Stay 24-hour elimination period. Limited to 72 hours. 1 benefit(s) for each 24-hour period or pro rata period of observation.	$100 per day	$100 per day
Newborn Nursery Care Stay Limited to 30 days, 1 benefit per newborn child. This benefit is payable to the employee even if child coverage is not elected.	$100 per day	$100 per day

Hospital Admission Once Every 90 Days with No Readmission:
This plan provides coverage for initial hospital admissions once every 90 days. This plan does not provide coverage for readmission benefits.

Benefit – Specific Conditions, Exclusions & Limitations

- **Hospital Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions) This benefit will pay in addition to the Hospital Intensive Care Unit (ICU) Admission Benefit.
- **Hospital Intensive Care Unit (ICU) Admission:** Must be admitted as an Inpatient due to a Covered Injury or Covered Illness. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions). This benefit will pay in addition to the Hospital Admission Benefit.
- **Hospital Chronic Condition Admission:** Must be admitted as an Inpatient due to a covered chronic. Excludes: treatment in an emergency room, provided on an outpatient basis, or for re-admission for the same Covered Injury or Covered Illness (including chronic conditions).
- **Hospital Stay:** Must be admitted as an Inpatient and confined to the Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the ICU Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. Hospital stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one Hospital Stay.
- **Intensive Care Unit (ICU) Stay:** Must be admitted as an Inpatient and confined in an ICU of a Hospital, due to a Covered Injury or Covered Illness, at the direction and under the care of a physician. If also eligible for the Hospital Stay Benefit, only 1 benefit will be paid for the same Covered Injury or Covered Illness, whichever is greater. ICU stays within 90 days for the same or a related Covered Injury or Covered Illness is considered one ICU Stay.
- **Hospital Observation Stay:** Must be receiving treatment for a Covered Injury or Covered Illness in a Hospital, including an observation room, or ambulatory surgical center, for more than 24 hours, on a non-Inpatient basis and a charge must be incurred. This benefit is not payable if a benefit is payable under the Hospital Stay Benefit or Hospital Intensive Care Unit Stay Benefit.
- **Newborn Nursery Care Stay:** Must be admitted as an Inpatient and confined in a Hospital immediately following birth at the direction and under the care of a physician.

WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT[1] (WPID)

This coverage is payable if a Covered Person undergoes or receives Wellness Treatment, Health Screening Tests, and/or Preventive Care as shown below. *Virtual Care accepted.*

Benefit Waiting Period	0 days
Pre-Existing Condition Limitation	Does not apply
Employee Benefit	100% of the Benefit Amount shown
Spouse Benefit	100% of the Benefit Amount shown
Dependent Child(ren) Benefit	100% of the Benefit Amount shown
Age Based Reductions	None

Benefit Type	Benefit Amount	
	Plan 1	**Plan 2**
Wellness Treatment, Health Screening Test and Preventive Care Benefit Limited to 1 per year *Examples include (but are not limited to) general health exams, routine dental, vision, gynecological exams, mammography and certain blood tests Also includes COVID-19 Immunization, Tests, and Screenings.*	$50 per day	$50 per day

PLEASE NOTE – BENEFIT COMPATIBILITY WITH HSA-ACCOUNT HOLDERS:

[1] PLANS WITH THESE BENEFITS ARE INTENDED TO BE COMPATIBLE WITH A HEALTH SAVINGS ACCOUNT (HSA) AT THE TIME OF THIS OFFERING. WE MAKE NO REPRESENTATIONS AS TO THEIR CONTINUING COMPATIBILITY WITH AN HSA, AS LAWS MAY CHANGE, OR AS TO ANY BENEFIT THAT MUST BE INCLUDED TO RESIDENTS AS MANDATED BY THEIR STATE. PLEASE CONSULT YOUR TAX ADVISOR WITH ANY QUESTIONS.

See Policy Provisions section for important policy definitions and a listing of applicable common exclusions and limitations.

Continuation Options	
CONTINUATION OF INSURANCE	Temporary Layoff - 12 weeks Family Medical Leave - 12 weeks Leave of Absence - 12 weeks
PORTABILITY	The same coverage may be continued upon employee's termination of employment with the employer, or when the employee is no longer eligible for coverage. - Portable period is to age 100 - Coverage(s) may be ported on all Covered Persons - Maximum port age is 100

Included Cigna Programs and Services*

Value Added Programs

Mental Health Resources – Cigna offers phone seminars conducted by guest experts to help learn about common issues as well as offer coping techniques and support. These free sessions are open to anyone including parents, caregivers, and loved ones.

My Secure Advantage® (MSA): One on one expert money-coaching for all types of financial planning and challenges for every stage of life along with access to online financial digital tools, webinars, and video courses.

CLC: Attorney consultations for multiple types of legal matters, including identity theft, domestic relations, estate planning, and online tools for state-specific wills and other important legal documents.

*These programs are NOT insurance and do not provide reimbursement for financial losses. Participants are required to pay the entire discounted charge for any products or services purchased through these programs. Programs are provided through third party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law. Programs and services are continuously evaluated and updated, therefore Participants may see changes in coverage as updates are implemented.

POLICY PROVISIONS

NOTE: The following are some of the important policy provisions that apply to benefits described in the policy. This is not a complete list of policy provisions, terms and conditions.

Important Definitions:

Active Service Definition: An Employee will be considered in Active Service with the Employer on a day which is one of the Employer's scheduled work days if either of the following conditions is met.

- He or she is actively at work. This means the Employee is performing his or her regular occupation for the Employer on a full-time basis, either at one of the Employer's usual places of business or at some location to which the Employer's business requires the Employee to travel.
- The day is a scheduled holiday, vacation day or period of Employer approved paid leave of absence, other than disability or sick leave after 7 days, only if the Employee was in Active Service on the preceding schedule workday.

Covered Illness: A physical or mental disease or disorder including pregnancy and complications of pregnancy that results in a covered loss. A Covered Illness includes medically-necessary quarantine in a Hospital in conjunction with medically-necessary preventive treatment due to an identifiable exposure to a life-threatening contagious and infectious disease.

Covered Injury: Any bodily harm that results directly in a covered loss.

Covered Person: An eligible person who is enrolled for coverage under the Policy.

Hospital: an institution that is licensed as a hospital pursuant to applicable law; it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons; managed under the supervision of a staff of medical doctors; provides 24-hour nursing services by or under the supervision of a graduate registered Nurse (R.N.); and has medical, diagnostic and treatment facilities with major surgical facilities on its premises, or available to it on a prearranged basis. The term Hospital does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug addiction or alcoholism; (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

Common Exclusions:

In addition to any benefit-specific exclusions, benefits will not be paid for any Covered Injury or Covered Illness which is caused by or results from any of the following unless coverage is specifically provided for by name in the Description of Benefits section:

1. Intentionally self-inflicted Injury, suicide or any attempt thereat while sane or insane.
2. Commission or attempt to commit a felony or an assault.
3. Declared or undeclared war or act of war.
4. A Covered Injury or Covered Illness that occurs while on active duty service in the military, naval or air force of any country or international organization. Upon Our receipt of proof of service, We will refund any premium paid for this time. Reserve or National Guard active duty training is not excluded unless it extends beyond 31 days.
5. Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the Covered Person has been provided a written warning against operating a vehicle while taking it. "Under the influence of alcohol", for purposes of this exclusion, means intoxicated, as defined by the law of the state in which the Covered Injury or Covered Illness occurred.
6. Elective or cosmetic surgery. This does not include reconstructive, cosmetic surgery: a) incidental to or following surgery for trauma, infection or other disease of the involved part; or b) due to congenital disease or anomaly of a Covered Dependent child which has resulted in a functional defect.

7. Dental surgery, unless the surgery is the result of an accidental injury.
8. Services or treatment rendered by a Physician, Nurse or any other person who is:
    a. employed or retained by the Subscriber;
    b. providing homeopathic, aroma-therapeutic or herbal therapeutic services;
    c. living in the Covered Person's household;
    d. a parent, sibling, spouse or child of the Covered Person

Termination:

We may terminate insurance on or after the first anniversary of the Policy Effective Date. We or The Policyholder/Subscriber may terminate insurance on any Premium Due Date. Written notice by certified mail must be given at least 31 days prior to such Premium Due Date. Failure by the Policyholder to pay premiums when due or within the Grace Period shall be deemed notice to Us to terminate coverage at the end of the period for which premium was paid.

Termination will not affect a claim for a Covered Injury or Covered Illness that is the result of a Covered Loss that occurs while coverage was in effect.

COMMISSION SUMMARY

Rate includes a flat 15.00% commission payable on collected premiums.

Producer Compensation

Cigna companies may have entered into, or may enter into, agreements with brokers, under which the insurance company compensates brokers for providing marketplace intelligence and other services intended to enhance the effectiveness of the insurance company's business. Cigna companies may invite brokers to participate in events sponsored by the insurance company for the same purposes. Any compensation paid may be based on meeting targets for new business production and persistency, and, if paid, is funded from the insurance company's overhead and is based on the broker's overall book of business with the insurance company. Any such payments are separate from commissions and, if applicable, will be included in ERISA Form 5500, Schedule A information provided by the insurance company.

PROPOSAL ASSUMPTIONS

- Unless stated otherwise in the class definition(s), our eligibility requirements assume that employees are working on a full-time basis, *and citizens of the United States or permanent resident aliens, and working in the United States*. Part-time, seasonal, temporary, contracted, leased or severed employees are not eligible, unless otherwise noted.

- The rates and fees quoted within the proposal are based on information furnished to Cigna for the purpose of developing a proposal of group insurance. Cigna has assumed that the demographic and plan design information provided will be an accurate representation of your company at the time of implementation. Premium rates are guaranteed for 3 years subject to exceptions in the policy and the policy's termination provisions. These rates and the guarantee assume that the number of eligible or insured employees does not change by more than 10% from the date of the census provided. Rates may differ slightly due to rounding.

- This proposal is not an insurance contract. Should your company decide to install the plan of benefits described within this proposal, your company's representative will receive a contract of insurance and related documents that describes the final benefit and service selections agreed to by you, the employer, and Cigna. All benefits will be subject to the terms of that contract.

- This proposal assumes that a group master policy will be delivered in Wyoming to a trustee for the benefit of the Employer and its eligible employees. The terms and availability of this proposal are subject to the laws of WY Trust and may be subject to change if the state of delivery is different. In addition, some jurisdictions require supplemental filing/approval for out-of-state policies covering their residents. As a result, coverage may not be available to employees in all states or coverage may vary slightly.

  - This proposal assumes a minimum required lead time for implementation of 30 days prior to enrollment period.

- NOTE: This proposal reflects coverage being funded on a post-tax basis.

- This proposal assumes Cigna will be selected as the carrier for the Accidental Injury, Critical Illness and Hospital Indemnity solutions. Cigna reserves the right to modify or withdraw the offer if all the products are not offered or not placed with Cigna.

  Group hospital indemnity policies are issued and administered by Cigna Health and Life Insurance Company and insured by Cigna Health and Life Insurance Company, 900 Cottage Grove Rd, Bloomfield, CT 06002. Policy forms: Hospital Indemnity – GHIP-1.2-1000, et al.

RATE SUMMARY			
Quoted Number of Eligible Lives	9,996		
Rate Guarantee	36 months		
Rates Per Insured Class			
Monthly			
		Plan 1	**Plan 2**
	Employee	$14.24	$19.35
	Employee + Spouse*	$27.57	$37.67
	Employee + Child(ren)	$25.18	$33.13
	Employee + Family	$38.51	$51.45

*For purposes of this document, wherever the term Spouse appears, it shall also include Domestic Partner registered under any state which legally recognizes Domestic Partnerships or Civil Unions.

Company #: 1115867

GOVERNMENT OF THE VIRGIN ISLANDS OF THE UNITED STATES

OFFICE OF THE LIEUTENANT GOVERNOR

Division of Banking, Insurance, and Financial Regulation

Certificate of Authority

This is to certify that in accordance with the Virgin Islands Code, which provides for the regulation of the business of Insurance in the Virgin Islands,

CIGNA Health and Life Insurance Company

900 Cottage Grove Road Bloomfield CT 06002

having filed all the documents required by law and having otherwise complied with the applicable insurance laws of the U.S. Virgin Islands is hereby authorized to transact the type(s) of insurance listed below:

Life
Accident
Health
Annuities

NOW, THEREFORE, I **Tregenza A. Roach Esq.** Lieutenant Governor and Commissioner of Insurance, pursuant to the authority vested in me in Section 209 of the Title 22 Virgin Islands Code, hereby issue this Certificate Of Authority which authorizes said Company to transact the type(s) of insurance set forth above.

This certificate is valid from January 01, 2025 to December 31, 2025. Renewal of this Certificate is required annually upon expiration on the 31st day of December, and it may be suspended or revoked as provided in Section 212 of Title 22 Virgin Islands Code.

Given under the Seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas.

Tregenza A. Roach

TREGENZA A. ROACH ESQ.
Lieutenant Governor / Insurance Commissioner

THE UNITED STATES VIRGIN ISLANDS
OFFICE OF THE LIEUTENANT GOVERNOR

DIVISION OF
BANKING, INSURANCE AND
FINANCIAL REGULATION

January 08, 2025

Ms. Tamara Dixon-Marigna
Assistant Secretary
CIGNA Health and Life Ins. Co.
1601 Chestnut Street, TL11A
Philadelphia, PA 19192

Re: 2025 Certificate of Authority

Dear Ms. Dixon-Marigna:

Enclosed is the Certificate of Authority issued to **CIGNA Health and Life Insurance Company** or "Company". The Certificate authorizes the Company to conduct insurance business in the United States Virgin Islands. The Certificate of Authority is for Calendar year 2025 and is subject to the following conditions but not limited to:

1. Pursuant to Section 222 of Title 22 Virgin Islands Code, the Company must file annually with the Division of Banking and Insurance ("Division"), an annual statement for each calendar year on or before March 31st of the following year. Such statement must be submitted in general form and context as approved by the National Association of Insurance Commissioners (NAIC). The annual statement must include a Statement of Actuarial Opinion on Page 1 and must be issued by a certified actuary. In addition, a filing fee of $250.00 must accompany the statement as provided in Section 601, Title 22 of the Virgin Islands Code. The Company is also required to include a VI State Page when submitting their annual statements.

2. Pursuant to Section 222a of Title 22, the Company must have an annual audit prepared by an independent certified public accountant. Such audited financial report must be filed with the Commissioner of Insurance, on or before June 01st of each year for the year ending December 31st immediately preceding. A filing fee of $25.00 must accompany the audited report as provided in Section 601 of Title 22, Virgin Islands Code.

3. The Company's Certificate of Authority expires on December 31st of each year and it should be renewed on or before said date to avoid any applicable penalties. The fee for the renewal of your license is $600.00.

4. Pursuant to Act 7963 (Title 22 Chapter 20), all Domestic Insurance Companies are required to submit a **Risk Based Capital Report** annually on or before March 1st of each year with a filing fee of $25.00 pursuant to section 601 Title 22 of Virgin Islands Code. **This filing requirement is only for Domestic insurers.** However, it can be requested by the Division for Foreign insurers.

5. Pursuant to Title 22 of the Virgin Islands Code Section 498(C), all insurers **domiciled** in the Territory and all **alien insurers** doing business in the Territory that are **not licensed to conduct insurance business in any other U.S. Jurisdiction** are required to file a Corporate Governance Annual Disclosure on or before June 1st of each year. A filing fee of $25.00 must accompany the document.

6. Pursuant to Title 22 of the Virgin Islands Code Section 486, all insurers **domiciled** in the Territory, all **foreign** insurers that are **not subject to the requirements and standards as adopted by statute substantially similar to those contained in Title 22, Chapter 20a of the Virgin Islands Code** and all **alien** insurers **not licensed to transact insurance in at least one other U.S. Jurisdiction** are required to file an Own Risk and Solvency Assessment ("ORSA") Summary Report on or before March 15th of each year. A filing fee of $25.00 must accompany the document.

7. The Company must maintain at all times its statutory deposit of $500,000. If it's a Title Company, a statutory deposit of $100,000 must be maintained.

8. The Company is required to file a supplement to the annual statement titled "Management's Discussion and Analysis" by April 1st of each year, along with a filing fee of $25.00. This supplement is primarily a narrative document setting forth information which enables regulators to enhance their understanding of the insurer's financial position, results of operations, changes in capital and surplus accounts and cash flow. The narrative may refer to such schedules, exhibits, General Interrogatives and Five-Year Historical Data contained in the annual statement as management believes to be necessary. Please apply to the NAIC Accounting Instructions for guidance.

9. The Company is required to file a supplement to the annual statement titled "Accident and Health Policy Experience Exhibit" by April 1st of each year, along with a filing fee of $25.00. Please apply to the NAIC for guidance. **This filing is only required if the Company sells accident and health policies.**

10. Pursuant to Section 603 of Title 22 Virgin Islands Code, all premium tax filings are due quarterly, March, June, September and December, with filing dates on or before the first day of February, May, August and November of each year. The filing for each statement is $50.00. Enclosed is a Quarterly Statement form for said filings.

11. The Company must submit to the Division quarterly financial statements no later than sixty (60) days after the end of each quarter. A filing fee of $25.00 must accompany each filing.

12. On or before March 15th of each year, the Company shall file with the Commissioner of Insurance a confidential document entitled "Actuarial Opinion Summary". The Company's appointed actuary must provide the summary separately and apart from the statement of Actuarial Opinion. In addition, the summary must be clearly labeled and identified as a confidential document. A filing fee of $25.00 is required. **This summary filing is only required for Property and Casualty Insurance Companies.**

13. All policy forms, rate amendments and other related changes must be filed for approval with this office with the appropriate filing fee of $20.00 per form. These forms can be submitted through SERFF. If submitted electronically, you must be notified of approval by the Division before they can be used to do business in the Territory.

14. The Company must designate contact persons to facilitate communication between our office and the Company. Therefore, the Company must keep the contact information current during the time it is licensed in the Virgin Islands.

15. The Company is required to submit Biographical Affidavits for any newly appointed Directors and/or Officers to the Company along with a filing fee of $25.00 each. **Only submit for those that are added to the company Jurat page.**

16. Premiums written to stated capital should not exceed the recommended NAIC ratio of 3-to-1.

17. The Company is required to keep on file a written Catastrophe Response Plan with the Division. If you have already submitted your plan and changes have been made, please submit an updated copy for your file and if no changes were made since your last submittal, there is no need to resubmit.

18. The Company must remain in sound financial condition during the time it engages in insurance business in the Virgin Islands. The Financial soundness of the company shall be subject to strict scrutiny and if the Commissioner of Insurance has reason to believe that the Company's financial condition is unsound, its Certificate of Authority may be revoked.

19. The Company must comply with the laws of the Virgin Islands, and other insurance related laws; and the violation of said laws may result in the revocation of the Company's Certificate of Authority.

Please feel free to contact the Division regarding any of the above-mentioned.

Sincerely,

Condaisy Richards
Insurance Licensing Examiner

SECRETARY'S CERTIFICATE

CIGNA HEALTH AND LIFE INSURANCE COMPANY

The undersigned, a duly elected Assistant Secretary of Cigna Health and Life Insurance Company (the "Company"), does hereby represent and certify that the following resolution was adopted by the Board of Directors of the Company via Unanimous Written Consent dated March 25, 2019 and such resolution remains in full force and effect as of the date hereof, not having been amended, modified or rescinded since the date of its adoption:

Execution of Documents

RESOLVED, that any President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer, or their designees, be, and each of them hereby is authorized and empowered to enter into, execute, acknowledge and deliver, on behalf of the Company, any and all agreements, contracts, assignments, equipment leases, transfers, powers of attorney, and other written documents and instruments and amendments or changes to any such documents or instruments that they, or any of them, may deem necessary or desirable in connection with the regular and ordinary business activities of the Company, including but not limited to entering into contracts and incurring liabilities with respect to the purchase of goods and services on behalf of the Company in the ordinary course of its business.

It is hereby further certified that Paul Virtell, is a Vice President of the Company having been elected by the Board of Directors of the Company on January 16, 2025.

IN WITNESS WHEREOF, I hereunto set my hand on this 8th day of September, 2025.

Susan Metrow

Susan Metrow, Assistant Secretary

CERTIFICATE OF REDOMESTICATION

INSURANCE COMPANY REDOMESTICATION TO CONNECTICUT

Office of the Secretary of the State

MAILING ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Certificate of Authorization from Insurance Commissioner and a certified copy of the original Articles of Incorporation must be filed with this certificate.

FEE: $100.00 *(plus franchise tax)*

Space For Office Use Only | **Make Checks Payable To "Secretary of the State"**

FILING #0004114403 PG 01 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02807
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF INSURANCE COMPANY:

Alta Health & Life Insurance Company

2. CHARTER HISTORY OF CORPORATION (including date and place of incorporation, name change information and information regarding change of domicile state):

The corporation was originally incorporated on May 2, 1963 as "Orange State Life Insurance Company" under the laws of the State of Florida. On June 15, 1982, the corporation's name was changed to "Home Life Financial Assurance Corporation." On August 1, 1994, the corporation transferred its state of domicile from the State of Florida to the State of Ohio. On March 21, 1996, the corporation changed its corporate name to "Anthem Health & Life Insurance Company" and it transferred its state of domicile from the State of Ohio to the State of Indiana. On July 19, 1999, the corporation's name was changed to "Alta Health & Life Insurance Company."

3. APPROVALS:

The corporation's redomestication to Connecticut was approved by the Insurance Commissioner of the State of

Indiana

(State from which corporation is redomesticating)

The corporation's redomestication was approved by the Insurance Commissioner of the State of Connecticut as demonstrated by such Commissioner's Certificate of Approval included herewith.

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

Space For Office Use Only

FILING #0004114403 PG 02 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02808
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

4. VOTE INFORMATION (check and complete A. or B.):

X A. The insurance company has authority to issue capital stock. The resolution of redomestication was adopted by its board of directors and approved by its shareholders as follows (provide at minimum the total number of shareholder votes cast in favor of the resolution and the total number of votes cast against the resolution or if no shareholder approval was required, provide a statement to that effect):

The board of directors of the corporation, acting by unanimous written consent, duly adopted resolutions approving the redomestication. The sole shareholder of the corporation, also acting by unanimous written consent, duly approved the redomestication

____ B. The corporation is a mutual insurance company. The resolution of redomestication was adopted by its board of directors and approved by its members as follows (provide at minimum the total number of member votes cast in favor of the resolution and the total number of votes cast against the resolution or if no membership approval was required, provide a statement to that effect):

5. CERTIFICATE OF INCORPORATION:

The corporation's amended and restated Certificate of Incorporation is attached hereto.

6. EXECUTION:

Signed this 4th day of March, 2010.

Shermona Mapp	Corporate Secretary	Shermona Mapp
Print or type name of signatory	Capacity of signatory	Signature

Rev 12/07/06

FILING #0004114403 PG 03 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02809
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH AND LIFE INSURANCE COMPANY

SECTION 1. The new name of the corporation shall be CIGNA Health and Life Insurance Company.

SECTION 2. In accordance with Connecticut General Statutes Section 38a-58a, the corporation shall adopt the State of Connecticut as its corporate domicile and shall be subject to the authority and jurisdiction of the State of Connecticut, with all the powers granted by the general statutes, as now enacted or hereafter amended, to corporations formed under the Connecticut Business Corporation Act. The corporation shall be a continuation of the body corporate incorporated in the State of Florida on May 2, 1963. The corporation shall continue to use May 2, 1963 as the date of incorporation.

SECTION 3. The business of the corporation shall be life insurance, endowments, annuities, accident insurance, health insurance and any other business or type of business which any other corporation now or hereafter chartered by Connecticut and empowered to do a health or life insurance business may now or hereafter lawfully do. The corporation is specifically empowered to accept and to cede reinsurance and retrocession of any such risks or hazards. The corporation may exercise such powers outside of Connecticut to the extent permitted by the laws of the particular jurisdiction. Policies or other contracts may be issued stipulated to be with or without participation in profits and with or without a seal.

SECTION 4. The corporation shall be authorized to issue 2,000,000 shares of common stock with a par value of two dollars ($2) per share. The capital stock of the corporation shall be transferable in accordance with the bylaws and a transfer agent may be employed.

SECTION 5. The annual meeting of the shareholders of the corporation shall be held at such time and place as may be determined from time to time either by or in accordance with the bylaws. If the corporation shall fail to hold its annual meeting at the time specified for the meeting in any year or shall fail to elect directors thereat, the corporation shall not be dissolved nor shall its rights be impaired thereby, but a special meeting of the shareholders shall be called; and at such meeting directors to fill the places of the directors whose terms shall have expired may be elected and any other proper business may be transacted. At all meetings of the shareholders each shareholder shall be entitled to vote in person or by an attorney duly authorized by a written proxy, and each share of stock represented at the meeting shall be entitled to one vote.

SECTION 6. The corporation's principal place of business shall be at 900 Cottage Grove Road, Bloomfield, Connecticut 06152, or at some other place within the State of Connecticut, and the corporation may establish and maintain other offices and agencies in other locations within or without the State. The property and affairs of the corporation shall be managed under the direction of a board of directors. The directors shall have concurrent power with the stockholders to make, alter, amend, change, add to or repeal the bylaws of the corporation. The number of directors of the corporation shall be as from time to time fixed by, or in the manner provided in, the by-laws of the corporation. Directors will be elected by a plurality of the votes cast at each annual meeting of shareholders of the corporation and each director so elected shall hold office until the next annual meeting of shareholders of the corporation or until such director's successor is duly elected and qualified, or until such director's earlier death, resignation or removal. If any vacancy occurs in the board of directors, such vacancy may be filled by a majority of the remaining directors, whether or not such directors constitute a quorum, for the unexpired portion of the term, and if the number of directors is increased by vote of the board of directors between meetings of shareholders, the additional directors may be chosen by the board of directors for terms expiring with the next annual meeting thereafter. Unless the bylaws provide for a lesser or greater quorum as may be permitted by law, a majority of the authorized number of directors, as fixed by the board of directors from time to time, shall constitute a quorum.

SECTION 7. Connecticut General Life Insurance Company shall be the corporation's registered agent. The registered agent's address is 900 Cottage Grove Road, Bloomfield, Connecticut 06152.

SECTION 8. The personal liability of a person who is or was a director of the corporation to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to the amount of compensation received by the director for serving the corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect on the effective date hereof or as it may be amended from time to time (the "Act"), to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation, (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation, or (e) create liability under Section 33-757 of the Act. Any lawful repeal or modification of this Section 8 or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith. The limitation of liability of any person who is or was a director provided for in this Section 8 shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any such person under, Connecticut law as in effect on the effective date hereof or as thereafter amended.

SECTION 9. The corporation may indemnify or advance expenses to a person who is or was a director, officer, employee or agent of the corporation, or who is or was serving at the corporation's request as a director, officer, partner, trustee, employee or agent of another corporation, a partnership, joint venture, trust, an employee benefit plan or other entity, to the extent permitted under Connecticut law as in effect on the effective date hereof or as thereafter amended, including, without limitation, pursuant to Section 33-636(b)(5) of the Act, for liability of any such person for any actions taken, or any failure to take any actions, except for conduct as set out in items (a) through (e) of Section 8, above. The corporation shall indemnify or advance expenses to any such person to the extent required by the bylaws of the corporation, as amended from time to time.

State of Connecticut

Insurance Department

This is to Certify, that

- the redomestication of Alta Health & Life Insurance Company, a Indiana Company, pursuant to Section 38a-58a Connecticut General Statutes, is approved, and

- the attached Certificate of Redomestication and Amended and Restated Articles of Incorporation effecting and name are change of domicile is approved.

Witness my hand and official seal, at HARTFORD,

this 3rd day of March, 2010

Insurance Commissioner

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
CORPORATIONS CERTIFIED COPIES

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204

FILING #0004114403 PG 07 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02813
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

http://www.sos.in.gov

January 13, 2010

Company Requested: ALTA HEALTH & LIFE INSURANCE COMPANY
Control Number: 1996031230

Date	Transaction	# Pages
03/21/1996	Articles of Incorporation	6
03/10/1999	Miscellaneous	1
04/19/1999	Notice of Change of Registered Office or Registered Agent	2
07/19/1999	Restatement of Articles of Incorporation	6
02/13/2001	Change of Officer	1
02/13/2001	Change of Principal Address	1
02/08/2002	Administrative Dissolution	1
05/21/2002	Application of Reinstatement	3
05/22/2009	Change of Principal Address	1

State of Indiana
Office of the Secretary of State

I hereby certify that this is a true and complete copy of this 22 page document filed in this office.

Dated: January 13, 2010
Certification Number: 2010011365565

Secretary of State

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin March 21, 1996.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-first day of March, 1996.

Deputy

1996031230

APPROVED
DEPARTMENT OF INSURANCE
MAR 19 1996
STATE OF INDIANA
INSURANCE COMMISSIONER

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The undersigned corporation desires to transfer its corporate domicile from the State of Ohio to the State of Indiana pursuant to the approval of the Indiana Commissioner of Insurance and to be recognized as a corporation from its original date of incorporation of May 2, 1963 in the State of Florida.

The undersigned corporation was incorporated on May 2, 1963 under the laws of the State of Florida under the name Orange State Life Insurance Company. On June 15, 1982, the corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the corporation transferred its corporate domicile from the State of Florida to the State of Ohio.

These Articles of Incorporation and Redomestication supersede the existing Articles of Incorporation of Home Life Financial Assurance Corporation.

ARTICLE A

NAME OF THE CORPORATION

The name of the corporation is

ANTHEM HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 120 Monument Circle, Indianapolis, Indiana 46204. The name of its registered agent at such address is Sandra Miller.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/21/1996
Effective Date: 03/21/1996

To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of Common Stock (the "Common Shares") with a par value of $2.00 each.

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is Two Million, Five Hundred Twenty Thousand Dollars ($2,520,000).

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE H

DATA RESPECTING OFFICERS AND DIRECTORS

The names and addresses of the persons elected to serve as Officers and Directors at the time of this reinstatement and until the next Annual Meeting of the Shareholder, or until their

successors are elected and qualify, are:

Dwane R. Houser 9842 Forestglen Drive Cincinnati, Ohio 45242	Stefen F. Brueckner 4745 Burley Hills Drive Cincinnati, Ohio 45243	William F. Milnes, Jr. 331 Sunny Acres Cincinnati, Ohio 45255
Robert C. Heird 113 Lakeview Court Loveland, Ohio 45140	James A. White 11 Ashland Court Skillman, N.J. 08558	Wayne R. Hanus 54 Green Meadow Middletown, NJ 07748
Jeremiah J. Hanrahan 161 Monroe Avenue Belle Mead, NJ 08502		

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five (5) nor more than twenty-one (21), the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors On February 1, 1996, a resolution was adopted by the Board of Directors of the Corporation proposing to the Shareholder of the Corporation entitled to vote in respect of the Amendment that the provisions and terms of its Articles of Incorporation be amended so as to read as set forth in these Articles of Incorporation and Redomestication and meeting of such Shareholder was called to be held February 1, 1996 to adopt or reject the Articles of Incorporation and Redomestication, unless the same was so approved by written consent.

Section J.2. Action by Shareholder At a duly-called meeting held February 1, 1996 the holder of one million two hundred sixty thousand shares of the Corporation, being all of the shares of the Corporation entitled to vote in respect of the Amendment, adopted the Amendment.

Section J.3. Compliance with Legal Requirements The manner of the adoption of the Amendment, and the vote by which it was adopted, constitute full legal compliance with the

provisions of the Indiana Insurance Law, the Articles of Incorporation and the By-Laws of the Corporation.

ARTICLE K

Meetings of stockholders may be held within or without the State of Indiana, as the by-laws may provide. The books of the Corporation may be kept outside the state of Indiana at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

ARTICLE L

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

James A. White

Jeremiah J. Hanrahan

Wayne R. Hanus

Subscribed and sworn to before me this 19th day of February, 1996.

KIM A. HOVAK
Notary Public of New Jersey
My Commission Expires May 17, 2000
Lic. 2177856

Notary Public

(corbylaw)km

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/21/1996
Effective Date: 03/21/1996

STATE OF INDIANA

OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
402 WEST WASHINGTON STREET - INDIANAPOLIS, IN 46204-2770

PAMELA CARTER
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

March 21, 1996

CERTIFICATION

I have examined the Articles of Incorporation and Redomestication of Anthem Health and Life Insurance Company and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

PAMELA CARTER
Attorney General of Indiana
Atty No. 0004242-49

Gordon E. White, Jr.
Deputy Attorney General
Atty No. 0001041-49

84019

Certification Number. 2010011365565

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/10/1999
Effective Date: 03/10/1999

1996031230

FILING #000411403 PG 14 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02820
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

CERTIFICATE - CHANGE IN PRINCIPAL OFFICE

To: Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

To: Indiana Secretary of State
201 State House
Indianapolis, IN 46204

This will certify that, pursuant to authorization by the Board of Directors, the Principal Office of Anthem Health & Life Insurance Company has changed to 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

G R. Derback, Vice President and Treasurer

R G. Schultz, Assistant Secretary

STATE OF Colorado)
) ss.
COUNTY OF Arapahoe)

On this 1st day of March, 1999, the undersigned personally appeared before me, known to me to be the persons whose names are subscribed above as Glen R. Derback and Richard G. Schultz, and acknowledged that they have executed the same, and that the foregoing statements are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Notary Public

My Commission Expires: April 9, 2000

VALERIE A. ADAIR NOTARY PUBLIC STATE OF COLORADO

Certification Number: 2010011365565

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

19960312 30

NOTICE OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ALL CORPORATIONS

State Form 26276 (R / 1-88)

Provided by: EVAN BAYH
Indiana Secretary of State
Room 155, State House
Indianapolis, IN 46204
(317) 232-6576
Indiana Code 23-1-24-2 (for profit corporations)
Indiana Code 23-7-1.1-53 (non-profit corporations)
NO FILING FEE

President original and 2 copies

Name of Corporation	Date of Incorporation
Anthem Health Life Insurance Company	March 21, 1996
Current Registered Office Address	**ZIP Code**
120 Monument Circle, Indianapolis, IN	46204
New Registered Office Address	
One North Capitol Avenue, Indianapolis, Indiana 46204	

Current Registered Agent *(Type or Print Name)*
Sandra Miller
New Registered Agent *(Type or Print Name)*
C T Corporation System

STATEMENT BY REGISTERED AGENT OR CORPORATION

This statement is a representation that the new registered agent has consented to the appointment as registered agent, or statement attached signed by registered agent giving consent to act as the new registered agent.

After the change or changes are made, the street address of this corporation's registered agent and the address of its registered office will be identical.

The resident agent filing this statement of change of the registered agent's business street address has notified the represented corporation in writing of the change, and the notification was manually signed or signed in facsimile.

IN WITNESS WHEREOF, the undersigned being the Assistant Secretary of said corporation executes this notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this 7 day of April, 19 99

Signature	Printed Name
R. Schultz	Richard Schultz

(INDIANA - 847 - 3/3/88)

19960312230

FILING #0004114403 PG 16 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02822
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

STATEMENT OF CONSENT TO ACT AS REGISTERED AGENT

C T Corporation System hereby accepts the appointment to serve as registered agent in Indiana for Anthem Health Life Insurance Company .
(Name of Corporation)

4-13, 1999

C T CORPORATION SYSTEM

By Marcia J. Sunahara

Marcia J. Sunahara, Asst. V.P.
(Print Name and Title)

(IND. - 855 - 6/21/88)

RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The Corporation was originally incorporated on May 2, 1963 under the laws of the State of Florida as Orange State Life Insurance Company. On June 15, 1982, the Corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the Corporation transferred its corporate domicile from the State of Florida to the State of Ohio. On March 21, 1996, the Corporation's name was changed to Anthem Health & Life Insurance Company and its corporate domicile was transferred from the State of Ohio to the State of Indiana.

These Restated Articles of Incorporation supersede the existing Articles of Incorporation and Redomestication of Anthem Health & Life Insurance Company.

ARTICLE A

NAME OF THE CORPORATION

The name of the Corporation is ALTA HEALTH & LIFE INSURANCE COMPANY.

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

> To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of common stock with a par value of $2.00 each, for total authorized capital of $4,000,000.

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is $2,520,000.

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE H

DIRECTORS AND OFFICERS

The following are the names and addresses of the directors of the Corporation who have been elected to serve until the next annual meeting of shareholders, or until their successors are elected and qualified:

Director's Name	Address
Mitchell T.G. Graye	8515 E. Orchard Road Englewood, Colorado 80111
William T. McCallum	8515 E. Orchard Road Englewood, Colorado 80111

FILING #0004114403 PG 19 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02825
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Director's Name	Address
Steve H. Miller	8505 E. Orchard Road Englewood, Colorado 80111
James D. Motz	8505 E. Orchard Road Englewood, Colorado 80111
Michael R. Quigley	10401 N. Meridian Street, Suite 350 Indianapolis, Indiana 46290
Martin Rosenbaum	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	1 Centennial Avenue Piscataway, New Jersey 08854

The following are the names, positions and addresses of the principal officers of the Corporation who have been elected to serve until the next annual meeting of directors, or until their successors are elected and qualified:

Officer's Name	Position Held	Address
William T. McCallum	Chairman of the Board	8515 E. Orchard Road Englewood, Colorado 80111
James D. Motz	Vice Chairman and Chief Executive Officer	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	President	1 Centennial Avenue Piscataway, New Jersey 08854
Mitchell T.G. Graye	Executive Vice President and Chief Financial Officer	8515 E. Orchard Road Englewood, Colorado 80111
John T. Hughes	Senior Vice President and Chief Investment Officer	8515 E. Orchard Road, Englewood, Colorado 80111
D.Craig Lennox	Senior Vice President, General Counsel and Secretary	8515 E. Orchard Road, Englewood, Colorado 80111
Glen R. Derback	Vice President and Treasurer	8515 E. Orchard Road, Englewood, Colorado 80111
James L. McCallen	Vice President and Actuary	8515 E. Orchard Road, Englewood, Colorado 80111

Certification Number: 2010011365565

FILING #0004114403 PG 20 OF 30 VOL B-013
FILED 03/05/2010 12:30 PM PAGE 0282
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five nor more than twenty-one, the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors On June 15, 1999, a resolution was adopted by the Board of Directors of the Corporation proposing to the sole shareholder of the Corporation that the provisions and terms of its Articles of Incorporation and Redomestication be amended so as to read as set forth in these Restated Articles of Incorporation.

Section J.2. Action by Sole Shareholder On June 15, 1999, a resolution was adopted by the sole shareholder of the Corporation, adopting these Restated Articles of Incorporation.

Section J.3. Compliance with Legal Requirements The manner of the adoption of the Restated Articles of Incorporation, and the vote by which it was adopted, constitute full legal compliance with the provisions of the Indiana Insurance Law, the Articles of Incorporation and Redomestication and the By-Laws of the Corporation.

FILING #0004114403 PG 21 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02827
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLE K

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Restated Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

J.D. Motz
Vice Chairman and
Chief Executive Officer

D.C. Lennox
Senior Vice President,
General Counsel and Secretary

Subscribed and sworn before me this 25th day of June, 1999

Notary Public

My commission expires April 9, 2000.

Certification Number: 2010011365565

APPROVED
AND
FILED
IND. SECRETARY OF STATE

STATE OF INDIANA

OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
402 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

JEFFREY A. MODISETT
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

19960312 30

RECEIVED
99 JUL 19 PM 3:50
SUE ANNE GILROY

July 10, 1999

CERTIFICATION

I have examined the Restated Articles of Incorporation of Alta Health & Life Insurance Company which is changing its name from Anthem Health & Life Insurance Company, and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

JEFFREY A. MODISETT
Attorney General of Indiana
Atty No. 0014704-49

Gordon E. White, Jr.
Deputy Attorney General
Atty No. 0001041-49

15981

19960312 30

Alta Health & Life Insurance Company
PO Box 720
Denver, CO 80201-0720
800 521 5174
www.altaq.com

February 8, 2001

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box 5501
Indianapolis, IN 46255

APPROVED
ACCEPTED
FILED
IND. SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

Connie Page

Connie Page
Legal Assistant

1996031230

Alta Health & Life Insurance Company
PO Box 230
Denver, CO 80201-0230
800-521-5124
www.altalic.com

February 8, 2001

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box 5501
Indianapolis, IN 46255

APPROVED
AND
FILED
IND. SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

Connie Page

Connie Page
Legal Assistant

INDIANA SECRETARY OF STATE

SYSTEM GENERATED
ADMINISTRATIVE DISSOLUTION/REVOCATION

Pursuant to the provisions set forth in Indiana Code Title 23
the entity has been Administratively Dissolved or
the Certificate of Authority revoked.

A certified copy of this document authenticates the date of
the Administrative Dissolution/Revocation

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

State of Indiana
Office of the Secretary of State

CERTIFICATE OF REINSTATEMENT

of

ALTA HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Application of Reinstatement of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law.

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, May 21, 2002.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 21, 2002.

Sue Anne Gilroy

SUE ANNE GILROY,
SECRETARY OF STATE

1996031230 / 20020524597 62

Certification Number: 2010011365565

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

19960312 30

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

APPLICATION FOR REINSTATEMENT

State Form 4160 (R8 / 3-97) / 111
Approved by the State Board of Accounts 1995

Indiana Code 23-1-45-3 *(for profit corporation)*
Indiana Code 23-17-23-3 *(not-for-profit corporation)*

Application must include:

1. Certificate of Clearance issued by the Indiana Department of Revenue
2. Corporate Reports and Fees: please call our information line to learn what reports are delinquent (317) 232-6576
   a. Up to and including 1995, Annual Reports filed every year.
      Annual Report fee $16.00
   b. Beginning with 1996, Biennial Reports filed every two years
      Biennial Report fee $30.00
      Corporations incorporated in an even year, file every even year.
      Corporations incorporated in an odd year, file every odd year.
   c. Nonprofit corporations file Annual Reports every year.
      Nonprofit Corporate Report fee $10..00
3. Restatement filing fee: $30.00

APPROVED
OFFICE OF
INDIANA DEPARTMENT OF REVENUE

THIS APPLICATION CANNOT BE ACCEPTED WITHOUT A NOTICE OF CLEARANCE FOR REINSTATEMENT FROM THE INDIANA DEPARTMENT OF REVENUE.

SECTION I - CORPORATE INFORMATION

Name of corporation	Date of incorporation *(mo., day, yr.)*
Alta Health & Life Insurance Company	5/2/1963

Effective date of administrative dissolution
2/8/2002

SECTION II - AFFIDAVIT OF CORPORATE OFFICER OF DIRECTOR

The undersigned, being at least one of the principal officers or a director of the above-named corporation deposes and says:

A. that the grounds for dissolution did not exist or have been eliminated, and,

B. that the Corporation's name satisfies the requirements of Indiana Code 23-1-23-1, or Indiana Code 23-17-5-1.

IN WITNESS WHEREOF, the undersigned being the Assistant Secretary (Title) of said corporation executes this application and verifies, subject to penalties of perjury, that the statements contrained herein are true, this 1st day of May, ~~19~~ 2002.

Signature	Printed name
R. Schultz	Richard C. Schultz, Assistant Secretary

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

FILING #0004114403 PG 28 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02834
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

RECEIVED
APR 26 2002
LAW DEPT

Indiana Department of Revenue
CERTIFICATE OF CLEARANCE
FOR REINSTATEMENT

AD-190 (Rev. 1/01)
SF#

Name of Corporation

Alta Health & Life Insurance Company
8515 East Orchard Road
Greenwood Village, CO 80111

Federal ID#
591031071
TID #
0102240450
Date Issued (Valid for 60 days)
04/12/2002

TO: Sue Anne Gilroy
Secretary of State
Corporations Division

The corporation named above has filed with the Department of State Revenue an affidavit, Form AD-19, disclosing that the corporation is applying for a Certificate of Reinstatement from the Secretary of State, and requesting a Certificate of Clearance from this Department stating all taxes and fees owed by the corporation have been paid.

An examination of the corporation's existing accounts for listed taxes and fees required to be administered or collected by the Department has determined that all taxes, fees, interest, and penalties due have been paid or satisfied. Execution of this document does not preclude the Department from future examination and adjustment of the corporation's Indiana tax accounts for any period.

This Certificate of Clearance shall be null and void sixty (60) days after its date of issue.

Kenneth L. Miller, Commissioner
Indiana Department of Revenue

Diane Freeman, Administrator
Compliance Division

BY: _____

Instructions to the corporation:

This notice is the signed original. You are to include this certification along with the other documents constituting your **Application for Reinstatement** (SF#4160). Do Not Mail this certificate separately to the Secretary of State unless you are so directed.

Certification Number: 2010011365565

The Indiana Secretary of State filing office certifies that this copy is on file in this office

FILING #000411440 3 PG 29 OF 30 VOL B-01317
FILED 03/05/2010 12:30 PM PAGE 02835
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS
State Form 50656 (R/1-03)

RECEIVED
CORPORATIONS DIV.
09 MAY 22 PM 1:18

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS: *Use 8 1/2" x 11" white paper for attachments.*
Present original and one copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov

Indiana Code 23-1-1-1 et seq.

NO FILING FEE

Name of corporation or other entity	Date of incorporation / organization / registration
Alta Health & Life Insurance Co.	3/21/1996
Current principal office address (number and street, city, state, ZIP code)	
8515 E. Orchard Road, Greenwood Village, CO 80111	
New principal office address (number and street, city, state, ZIP code)	
11595 N. Meridian Street, Suite 600, Carmel, IN 46032	

IN WITNESS WHEREOF, the undersigned executes this notice and verifies, subject to the penalties of perjury, that the statements contained herein are true, this 19th day of May, 20 09.

Signature	Title
Jennifer Stark	Assistant Secretary

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/22/2009
Effective Date: 05/22/2009

APPROVED AND FILED
IND. SECRETARY OF STATE

COPY

Certification Number: 2010011365565

CIGNA CORPORATION
1601 Chestnut Street
Philadelphia, PA 19192

March 5, 2010

FILING #0004114403 PG 30 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02836
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Connecticut Secretary of State
30 Trinity Street
Hartford, CT 06106

Re: CIGNA Health and Life Insurance Company

Dear Sir/Madam:

I currently have the above-referenced name reserved for use in Connecticut. I hereby transfer the reservation to CT Corporation System.

Thank you for your assistance.

Very truly yours,

Jennifer A. Shank

OLC NO. 0304-2023

VIRGIN ISLANDS DEPARTMENT OF JUSTICE

OFFICE OF THE ATTORNEY GENERAL

September 11, 2023

VIA SHAREPOINT©
Honorable Albert Bryan Jr.
Governor of the Virgin Islands
Government House
Nos. 21-22 Kongens Gade
St. Thomas, VI 00802

Attn: Richard T. Evangelista, Esq.
Chief Legal Counsel to the Governor

Re: IMPORTANT: The current Voluntary Employee-Paid Contract ends on September 30, 2023, and the Voluntary Employee-Paid Contract requires the approval of the Governor and the Legislature.
Agreement for Voluntary (Employee-Paid) Critical Illness, Accidental Injury, and Hospital Care Insurance between the Government of the Virgin Islands through the GESC/Health Insurance Board of Trustees and Life Insurance Company of North America ("CIGNA")

A.G. File No. K-23-0373

Dear Governor Bryan:

Transmitted herewith for your approval is the Agreement for Voluntary (Employee-Paid) Critical Illness, Accidental Injury and Hospital Care Insurance ("the Agreement") by and between the Government of the Virgin Islands, through the GESC/Health Insurance Board of Trustees ("Board")("Government"), and the Virgin Islands Port Authority (the "Authority"), the University of the Virgin Islands ("UVI"), and Frederiksted Health Care, Inc. ("FHC")(the Government, the Authority, UVI, and FHC hereinafter individually and collectively referred to as "Employer" and Life Insurance Company of North America (hereinafter "Cigna").

The term of the Agreement is twenty-four (24) months, beginning on October 1, 2023, and ending on September 30, 2025. The Agreement is subject to annual review and renewal with the terms to be renegotiated by the Government and Cigna for up to two successive twelve (12) month terms, provided the Government gives Cigna at least (60) days' notice before the expiration of the

term of the Agreement. The Government shall remit premiums on behalf of its employees through payroll deductions to Cigna under the rates and terms contained in the Agreement and Addenda. The employee-paid insurance is voluntary, so no General Funds will be used to pay premiums.

The Justification Letter from the Board, dated August 28, 2023, explains that acting as the sole body overseeing the operation of the Government employees' health and other benefit plans, effective October 1, 2019, as part of CIGNA's medical renewal offer, the Board agreed to offer their voluntary worksite products to active employees to purchase at their own expense for Accidental Injury, Critical Illness, and Hospital Care. Active employees can enroll in these products during open enrollment based on their and their families' needs. There is no cost to the Board or the Government to offer these products. There will be no change to the cost of the voluntary worksite insurance products for the upcoming fiscal year, nor will any changes to the benefits offered. In the Justification Letter, the Board recommended renewing the Virgin Islands medical coverage with Cigna. The Board believes it obtained the lowest cost for employees while maintaining a viable benefit offering.

This Contract is expressly made subject to approval by you and the Virgin Islands Legislature, as well as the appropriation and availability of funds. The Contract includes language allowing for execution in any number of counterparts, each of which shall be deemed an original, even if a photocopy or facsimile.

I am attaching for your review the following documents:

1. Certificate of Authority (no business license is required because insurance companies are not engaged in any business, occupation, profession, or trade listed in 27 V.I.C. § 302);
2. Secretary's Certificate for signatory;
3. GESC/Health Insurance Board of Trustees letter dated August 28, 2022;
4. Accidental Injury Insurance Policy Proposal;
5. Critical Illness Insurance Policy Proposal;
6. Hospital Care Insurance Policy Proposal;
7. Certificate of Redomestication;
8. Amended and Restated Articles of Incorporation;
9. Hospital Care Insurance Policy Proposal;
10. Restated Charter and amendments; and
11. Voluntary Employee-Paid Contract

Thank you for considering this matter. The Voluntary Employee-Paid Contract and supporting documents have been reviewed and approved for legal sufficiency. If you have questions, please contact Assistant Attorney General Ian S.A. Clement, Esq., or me at 340-774-5666.

Sincerely,

Pamela R. Pepper
Solicitor General

Enclosures: Voluntary Employee-Paid Contract and Supporting Documents

cc: Ariel M. Smith, Esq., Attorney General
Department of Justice

Beverly Joseph, Chairperson
GESC Health Insurance Board

Valerie P. Daley, Chief Health Insurance
Division of Personnel

AGREEMENT FOR VOLUNTARY (EMPLOYEE-PAID) CRITICAL ILLNESS INSURANCE, VOLUNTARY (EMPLOYEE-PAID) ACCIDENTAL INJURY INSURANCE, AND VOLUNTARY (EMPLOYEE-PAID) HOSPITAL CARE INSURANCE

THIS AGREEMENT made and entered into this 1st day of October 2023, by and between the Government of the Virgin Islands, through the Health Insurance Board of Trustees (the "Government" or "Board"), the Virgin Islands Port Authority (the "Authority"), the University of the Virgin Islands ("UVI"), and the Frederiksted Health Care, Inc. ("FHC") (the Government, the Authority, UVI, , and FHC hereinafter collectively referred to as the "Employer") and Cigna Health and Life Insurance Company (hereinafter "CIGNA").

WITNESSETH:

WHEREAS, the Employer consists of the Government of the Virgin Islands and its independent instrumentalities; and

WHEREAS, the terms of the Voluntary (Employee-Paid) Critical Illness Insurance, Voluntary (Employee-Paid) Accidental Injury Insurance, and Voluntary (Employee-Paid) Hospital Care Insurance Agreement shall consist of the terms provided herein and the terms of the attached Addenda which are fully incorporated herein by reference; and

NOW THEREFORE, for and in consideration of the mutual covenants and promises made herein, the parties agree as follows:

ARTICLE 1. TERM

This Agreement shall be in force and effect for a term of twenty-four (24) months beginning on October 1, 2023, and ending September 30, 2025. This Agreement is subject to annual review and renewal, with terms to be renegotiated by the parties, for up to two successive twelve (12) month terms. The Employer shall give notice of its intent to renew this Agreement at least sixty (60) days prior to the expiration of the term of this Agreement.

ARTICLE II. COMPENSATION FOR INSURER

A. The Employer shall pay premium payments on behalf of its employees to CIGNA in accordance with the rates and terms contained in the Policies (as defined below). No Employer funds shall be used to pay premium payments. This is voluntary insurance and the employees of the Employer remit premiums via payroll deductions which is then transmitted to CIGNA by the Employer.

B. Premium payments are due as of the effective date of the Policies, October 1, 2023, and the first day of each succeeding monthly period. Premium

Rates shall remain in effect and are guaranteed for twenty-four (24) months commencing on October 1, 2023, and terminating on September 30, 2025. CIGNA may terminate the insurance Policies pursuant to each "Payment of Premium" contained in the Group Critical Illness Policy; Group Hospital Care Policy; Group Accidental Injury Policy (the **"Policies"**), including for non-payment of premium. It is understood by CIGNA that the Authority, UVI, and FHC will be billed for premiums for their respective employees separate from the responsibility of the Government. Payment of premiums is subject to the grace period of 31 days as provided for in each "Grace Period" provision of each of the Policies, during which time the applicable Policy will remain in place as long as premium payment is received within the stated grace period.

C. While the future premiums shall be based upon the claims experience, it is agreed by the parties that the premium rates for any renewal period after expiration of the initial rate guarantees, shall be calculated in accordance with CIGNA's underwriting policies and procedures then in effect.

ARTICLE III. BENEFITS PLAN

The benefits provided to employees by CIGNA (the "Plan") are as contained in the Policies and by this reference are incorporated herein.

ARTICLE IV. FUNDING ARRANGEMENT

During the term of the Policies, the Benefit Programs shall be operated under a "Traditional Funding Arrangement." Under this arrangement, the Government pays all premiums directly to CIGNA. CIGNA is then responsible for paying all claims and expenses incurred while the underlying Policy is in effect. A plan that is traditionally funded is considered to be fully insured. That is, once the required premium is paid in full, the policyholder has no additional liability.

ARTICLE V. BOOKLETS

Within SIXTY (60) days of final approval of this Agreement and of the benefit plan to be provided to Employer, CIGNA shall produce and distribute the complete Policy documents describing the applicable agreed upon Policies. The number of copies and manner of distribution will be as directed by the Employer and as agreed upon by and between the Employer and CIGNA.

ARTICLE VI. REPORTS

A. CIGNA shall provide the following report to the Employer for each Policy no less than one hundred twenty (120) days prior to each Policy renewal:

Cigna's Initials: _____

Group utilization report showing (by month and cumulatively) the number of participating members, premium received, administrative costs, claims costs, number of accessing members and the average claim cost per accessing member.

ARTICLE VII. ENROLLMENT

Subject to the terms of the Policies, CIGNA shall accept and provide coverage for all of the present active employee enrollees, without requiring evidence of insurability. After the initial effective date of the Policies, employees eligible for coverage should submit timely an enrollment form. Evidence of Insurability is not required.

If the employee applies for coverage and agrees to make required contributions within 31 days after the date the employee becomes eligible and, subject to the Deferred Effective Date Provisions section below, coverage becomes effective on the later of:

1 the effective date of the Subscriber's participation under this Policy;

2. the first of the month following the date CIGNA or the Employer receive the employee's completed enrollment form.

For all Spouse coverage, Evidence of Insurability is not required.
If the Spouse is eligible for coverage, and the employee applies for coverage and agrees to make required contributions within 31 days after the date the Spouse becomes eligible and, subject to the Deferred Effective Date Provisions section below, coverage becomes effective on the later of:

1. the effective date of the Subscriber's participation under this Policy;
2. the date the employee becomes eligible;
3. the date the employee's coverage becomes effective;
4. the date the dependent meets the definition of Spouse as applicable;
5. the first of the month following the date CIGNA or the Employer receive the completed enrollment form.

For all Dependent Child coverage, Evidence of Insurability is not required.

If the Dependent Child is eligible for coverage, and the employee applies for coverage and agrees to make required contributions within 31 days after the date the Dependent Child becomes eligible and, subject to the Deferred Effective Date Provisions section below, coverage becomes effective on the later of:

1. the effective date of the Subscriber's participation under this Policy;
2. the date the employee becomes eligible;

Cigna's Initials 

3. the date the employee's coverage becomes effective;

4. the date the dependent meets the definition of Dependent Child as applicable;

5. the first of the month following the date We or the Employer receive the completed enrollment form for Dependent Child coverage.

If coverage for a Dependent Child is in force and another Dependent Child becomes eligible, coverage for that child is effective on the date the child qualifies as a Dependent Child.

ARTICLE VIII. PERFORMANCE GUARANTEE

Not Applicable.

ARTICLE IX. LOCAL CUSTOMER REPRESENTATIVES

CIGNA is not required to provide full-time local customer service representation in the USVI for these products. This provision is applicable to the group health & dental agreement with CIGNA.

ARTICLE X. APPROVAL and AGREEMENT EFFECTIVE DATE

This Agreement is subject to and shall become effective upon the approval of the Governor of the Virgin Islands and the Legislature of the Virgin Islands.

ARTICLE XI. TAXES and LICENSURE

CIGNA shall maintain the appropriate licenses to conduct business in the U.S. Virgin Islands and shall pay all fees and taxes imposed by the Federal and Territorial government agencies, for its operations in the Virgin Islands. CIGNA shall also comply with all local and federal laws and rules and regulations applicable to and pertaining to insurance and insurance transactions in the Virgin Islands.

ARTICLE XII. LIABILITY OF OTHERS

Nothing in this Agreement shall be construed to impose any liability upon the Employer by persons, firms, associations, or corporations engaged by CIGNA as servants, agents, independent contractors, or in any other capacity whatsoever, or make the Employer liable to any such persons, firms, associations or corporations for the acts, omissions, responsibilities, obligations and taxes of CIGNA of whatsoever nature, including but not limited to unemployment insurance and social security taxes for CIGNA, its servants, agents or independent contractors.

Cigna's Initials

ARTICLE XIV. INDEMNIFICATION

All insured benefit obligations are the sole and direct obligation of CIGNA. In its capacity as insurer, CIGNA shall be solely responsible for the defense, settlement and payment of all such claims, whether such claims are brought against Employer, its officials, employees or agents.

ARTICLE XV. INDEPENDENT CONTRACTOR

CIGNA shall perform this Agreement as an independent contractor, and nothing herein contained shall be construed to be inconsistent with this relationship or status.

ARTICLE XVI. TERMINATION

A. This Agreement may be terminated only as follows:

1. By mutual agreement of the parties.

2. In accordance with the terms of the Policies which include the following provisions:

Each Policy is consistent to include the following termination provisions:

TERMINATION OF INSURANCE

The coverage on a Covered Person will end on the earliest date below:

1. the date this Policy or coverage for a Covered Class is terminated.
2. the date the Subscriber's participation under this Policy ends.
3. the date the employee is no longer in Active Service.
4. the next premium due date after the date the employee is no longer in a Covered Class or satisfies eligibility requirements under this Policy.
5. the last day of the last period for which premium is paid.
6. the next premium due date after the Covered Person attains the maximum Age for insurance under this Policy, as shown in the *Schedule of Benefits*.
7. with respect to a Spouse or Dependent Child, the date of the death of the covered employee or the date of divorce from the covered employee, unless the Spouse elects to continue coverage, including coverage on any Dependent Child. See the *Continuation of Insurance Provisions* section.
8. for a Spouse, the date the Spouse reaches age 100.
9. for a Dependent Child, the date the Dependent Child reaches age 26, unless primarily supported by the employee and incapable of self-sustaining employment by reason of mental or physical handicap.

Cigna's Initials _____

10. As to each Covered Person, the date all benefits under this Policy have been exhausted for that individual.

With regard to the **Group Critical Illness Policy** termination will not affect a claim that arises while coverage was in effect.

With regard to the **Group Hospital Care Policy** termination will not affect a claim for a Covered Loss that is the result, directly and independently of all other causes, of a Covered Injury or Covered Illness that occurs while coverage was in effect.

With regard to the **Group Accidental Injury Policy**, termination will not affect a claim for a Covered Loss or Covered Injury that is the result, directly and independently of all other causes, of a Covered Accident that occurs while coverage was in effect.

A. Notice of termination shall be given a party in accordance with the Policies.

B. Time and Payment of Claims. Cigna agrees to pay any claims due under the Policies in accordance with the terms and conditions of the Policies.

Payment of Claims
All benefits will be paid in United States currency. All benefits payable under a Policy are payable to the Covered Person, if living, except if the Covered Person is a Dependent Child, then the benefits will be payable to the employee. If the Covered Person dies while any of these benefits remain unpaid, benefits payable under the Policy will be paid to the Covered Person's Spouse, if living, or otherwise to the executors or administrators of the Covered Person's estate. Benefits will be reduced by any outstanding premium due.

If CIGNA is to pay benefits to the estate or to a person who is incapable of giving a valid release, CIGNA may pay $1,000 to a relative by blood or marriage whom CIGNA believes is equitably entitled. Any payment made by CIGNA in good faith pursuant to this provision will fully discharge CIGNA, and release CIGNA from all liability, to the extent of such payment.

Time of Payment of Claims
CIGNA will pay benefits due under a Policy for any loss other than a loss for which such Policy provides any periodic payment immediately upon receipt of due written or authorized electronic proof of such loss. Subject to due written or authorized electronic proof of loss, all accrued benefits for loss for which the Policy provides periodic payment will be paid monthly unless otherwise specified in the benefits descriptions and any balance remaining unpaid at the termination of liability will be paid immediately upon receipt of proof satisfactory to CIGNA.

Cigna's Initials 

C. Notwithstanding anything herein to the contrary, in the event a Policy is terminated, CIGNA shall continue to process claims incurred while the Policy was in effect so long as claims are filed in accordance with the NOTICE OF CLAIMS provisions as follows: Written or authorized electronic, or telephonic notice of claim must be given to CIGNA within 31 days after a Covered Loss occurs or begins or as soon as is reasonably possible. If written or authorized electronic, or telephonic notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written or authorized electronic, or telephonic notice was given as soon as was reasonably possible. Notice can be given to CIGNA at CIGNA's Home Office in Bloomfield, Connecticut, such other place as CIGNA may designate for the purpose, or to CIGNA's authorized agent. Notice should include the Subscriber's name and Policy number and the Covered Person's name, address, Policy and Certificate number.

ARTICLE XVII. GOVERNING LAW

A. This Agreement shall be governed by the laws of the United States Virgin Islands and jurisdiction over any and all matters and disputes is exclusive in the courts, both local and federal, sitting in the United States Virgin Islands.

B. CIGNA covenants that it has familiarized itself with the applicable provisions of Title 22. Virgin Islands Code.

ARTICLE XVIII. WAIVERS AND AMENDMENTS

No waiver, modification or amendment of any term, condition or provision of this Agreement shall be valid or of any force or effect unless made in writing, signed by the parties hereto or their duly authorized representative, and specifying with particularity the nature and extent of such waiver, modification or amendment. Any such waiver, modification or amendment in any instance or instances shall in no event be construed to be a general waiver, modification or amendment of any of the terms, conditions or provisions of this Agreement, but the same shall be strictly limited and restricted to the extent and occasion specified in such signed writing or writings.

ARTICLE XIX. AUTHORITY

Each party warrants and represents that it is authorized to enter into this Agreement and agrees to be bound by the terms herein. The parties further warrant and represent that the persons signing on their behalf are representatives of the entity with proper and sufficient authority to bind the entity to the terms of this Agreement.

Cigna's Initials _____

ARTICLE XX. CONDITION PRECEDENT

This Agreement is subject to the availability and appropriation of funds and to the approval of the Governor and the Virgin Islands Legislature.

ARTICLE XXI. NON-DISCRIMINATION

No person shall be excluded from being offered participation in, be denied the proceeds of, or be subject to discrimination in the performance of the Policies on account of race, creed, color, sex, religion, national origin or disability; provided that, where applicants are required to submit evidence of good health, CIGNA shall be permitted to make underwriting determinations in accordance with applicable legal requirements.

ARTICLE XXII. CONFLICT OF INTEREST

CIGNA covenants that it is:

(1) Not a territorial officer or employee (i.e., the Governor, Lieutenant Governor, member of the Legislature or any other elected territorial official; or an officer or employee of the legislative, executive, or judicial branch of the Government or any agency, board, commission or independent instrumentality of the Government, whether compensation on a salary, fee or contractual basis).

ARTICLE XXIII. ENTIRE AGREEMENT

This Agreement shall include: (i) this Agreement and Addenda attached thereto, (ii) the Request for Proposals and any amendments thereto, and (iii) CIGNA's proposal submitted in response to the RFP, which are incorporated herein by reference. This Agreement and the Policies constitute the complete understanding and agreement of the parties. There are no other representations, covenants or understandings other than those included or incorporated herein by reference. This Agreement shall not be amended, changed or modified except if done in writing and fully executed by the parties. In the event of a conflict in language among the documents referenced above and the Policies, the provisions and requirements of the Policies shall govern, followed in priority order by this Agreement and the other Addenda to the Agreement, the Request for Proposals, and then CIGNA's response to the RFP.

ARTICLE XXIV. NOTICES

Any notice required to be given by the terms of this Agreement shall be deemed to have been given when the same is sent by certified mail, postage prepaid or personally delivered, addressed to the parties as follows:

Employer — Chief, Group Insurance program
Virgin Islands Division of Personnel

Cigna's Initials: _____

3438 Kronprindsens Gade
GERS Complex, 3rd Floor
St. Thomas, Virgin Islands 00802

CIGNA

Legal Department, Cigna Supplemental Health Solutions
900 Cottage Grove Road
Bloomfield, Connecticut 06002

ARTICLE XXVI. DEBARMENT CERTIFICATION

By execution of this Agreement, CIGNA certifies that it is eligible to receive contract awards using federally appropriated funds and that it has not been suspended or debarred from entering into agreements with any federal agency. In the event CIGNA misrepresents its eligibility to receive contract awards using federal funds, CIGNA may be terminated for cause forthwith or at such future dated as Employer may specify and CIGNA agrees that it shall not be entitled to payment for any coverage performed under this Agreement.

ARTICLE XXVII. FALSE CLAIMS

CIGNA warrants that it shall not, with respect to this Agreement, make or present any claim upon or against a subscriber or Employer, knowing such claim to be false, fictitious or fraudulent. CIGNA acknowledges that making such a false, fictitious, or fraudulent claim is an offense under U.S. Virgin Islands law.

ARTICLE XXVIII. COUNTERPARTS, FACSIMILE, and ELECTRONIC FILING

This Agreement may be executed in counterparts, each of which shall constitute an original and all of which, when taken together, shall constitute one and the same instrument. The parties agree that documents, including this Agreement, may be transmitted electronically and by facsimile and that executed electronic and facsimile documents, including this Agreement, shall be deemed an original and shall be binding on the party executing said document.

ARTICLE XXIX. RETENTION OF RECORDS AND ACCESS BY GOVERNMENT AGENCIES

Employer's sole financial obligation shall be the collection and payment of premiums for insurance coverage provided by the Policies.

ARTICLE XXX. CONTINGENT FEE PROHIBITED

CIGNA warrants that it has not employed or retained any individual, corporation, partnership or other entity, other than a bona fide employee or agent working for CIGNA to solicit or secure this Agreement, and that it has not paid or agreed to pay any individual,

Cigna's Initials: _____

corporation, partnership or other entity, other than a bona fide employee or agent any fee or other consideration contingent on the making of this Agreement.

ARTICLE XXXI. SEVERABILITY

If any term or condition of this Agreement or the application thereof to any person(s) or circumstances is held invalid, such invalidity shall not affect other terms, conditions, or applications which can be given effect without the invalid term, condition, or application.

ARTICLE XXXII. DEFINITIONS

"Benefit Program" is the program of benefits for Group Critical Illness, Group Hospital Care, and Group Accidental Injury as set forth in the Policies. Each of these Policies includes a DESCRIPTION OF COVERAGE & BENEFITS that describes the type of benefit provided; and a SCHEDULE OF BENEFITS that outlines the value of the benefit to be provided for each Policy, by class.

- "Premium Due Date" is the 1st day of each calendar month following the month of Policy coverage.

- "Subscriber" means an active employee eligible for coverage or the eligible dependent of an employee eligible for coverage whose coverage under the Benefit Program has become effective.

ARTICLE XXXIII. OBLIGATIONS OF THE EMPLOYER

A. The Employer shall pay premiums to CIGNA in accordance with the Policies.

B. The Employer will notify CIGNA in writing of any changes the Employer desires to be made to the Benefit Program at least 60 days prior to the proposed effective date of the changes.

Such changes must be agreed to by CIGNA before they become effective. There may be an additional charge for such changes and such changes are subject to CIGNA's underwriting practices and guidelines.

C. The Employer will provide to CIGNA a complete and current listing of all Subscribers under the Benefit Program, in a form and medium agreed to by the parties. The Employer will also provide notice, in a form and medium agreed to by the parties, in advance of any additions to or subtractions from the listing by forwarding electronic eligibility data to CIGNA for the affected individual that includes the nature of the change and the effective date of the change. CIGNA will rely on the listing and changes to the listing. The Employer agrees that this listing may be subject to audit and

Cigna's Initials

verification by CIGNA. Audits may be performed during business hours after at least seven (21) days' notice.

D. The Employer may distribute forms for enrollment in the Benefit Program, which have been agreed to by the parties, to those members who are eligible for coverage under the Benefit Program. The Employer will forward to CIGNA, in a medium agreed to in advance by the parties, including electronically, completed forms. Clerical errors or delays in recording or reporting dates will not:

- invalidate coverage which would otherwise be in force; and
- continue coverage which would otherwise terminate.

Upon discovery of errors or delays, an equitable adjustment of charges will be made and reported on the next month's electronic eligibility file, and adjusted payment correspondingly made by Employer

The Employer and CIGNA acknowledge that the written consent of Subscribers may be required by statute before the release of confidential medical information necessary to substantiate the payment of benefits. CIGNA shall furnish forms for such authorizations and shall maintain records of such authorizations.

ARTICLE XXXIV. OBLIGATIONS OF CIGNA

A. CIGNA will review, evaluate, adjudicate, process, determine whether benefits are due regarding, and pay or not pay claims for benefits under the Benefit Program covered and incurred during the term of the applicable Policy for subscribers pursuant to the group Policies.

B. CIGNA will provide the Employer with the claims reports of the types and with the frequencies set forth pursuant to ARTICLE VI. CIGNA may adjust all such information provided to the Employer to prevent the disclosure of the identity of any Subscriber or other patient who is the subject of the information.

C. As provided in this Agreement, CIGNA will prepare a booklet(s) as outlined in ARTICLE V summarizing the benefits available to Subscribers under the Benefit Program.

D. CIGNA will maintain current individual claim records on all Subscribers.

ARTICLE XXXV. CONFIDENTIAL & HEALTH INFORMATION

A. During and after the term of this Agreement the Employer will not release and will protect all Confidential Information that it receives or

Cigna's Initials

becomes aware of pursuant to or in the course of the performance of the obligations of this Agreement except pursuant to:

- Virgin Islands or U.S. federal laws and regulations;
- court order;
- this Agreement;
- another agreement between the parties specifically regarding the subject matter of this Paragraph;
- and as necessary to establish and maintain the Benefit Program.

B. As used in this Article, "Confidential Information" includes, but is not limited to, the business practices, strategies, developments, know-how, procedures, methods, methodologies, and systems used by CIGNA to conduct its business, to process claims, and to otherwise administer the Benefit Program.

C. If the Employer releases Confidential Information contrary to the terms of this Article, the Employer will take all steps necessary to assure that the person to whom the Confidential Information is released does not release and does protect the Confidential Information.

D. During and after the term of this Agreement the Employer will not release and will protect all Health Information that it receives or becomes aware of pursuant to or in the course of the performance of the obligations of this Agreement except pursuant to:

- Virgin Islands or U.S. federal laws and regulations;
- court order;
- this Agreement;
- another agreement between the parties specifically regarding the subject matter of this Paragraph;
- and as necessary to establish and maintain the Benefit Program.

E. "Health Information" means any information that is created or received by a health care provider, the Employer, or CIGNA and relates to:

- the past, present, or future physical or mental condition of an individual;
- the provision of health care to an individual; or
- the past, present, or future payment for the provision of health care to an individual.

This definition shall include any additional information which may be defined as Health Information by any Virgin Islands or U.S. laws or regulations.

Cigna's Initials: _____

F. During and after the term of this Agreement, the Employer will not release and will protect all Health Information unless released pursuant to applicable Virgin Islands and U.S. laws or regulations. Releases of such information may require the consent of the individual who is the subject of the information and improper releases may be subject to penalty.

G. To the extent permitted by applicable law, the Employer will indemnify, hold harmless and release CIGNA, its directors, officers, employees, subcontractors, principals, and agents (CIGNA) against any and all liabilities, losses, obligations, risks expenses (including attorneys' fees), costs, damages, and judgments, and against any and all claims and actions actually or allegedly based upon, arising out of, or in any way connected with:

- CIGNA's disclosure of Health Information to the Employer or any agent of the Employer; or
- disclosure or use of Health Information by the Employer or agent, regardless of the source of the Health Information.

H. To the extent permitted by applicable law, CIGNA will indemnify, hold harmless and release the Employer, its directors, officers, employees, subcontractors, principals, and agents (the Employer) against any and all liabilities, losses, obligations, risks expenses (including attorneys' fees), costs, damages, and judgments, and against any and all claims and actions actually or allegedly based upon, arising out of, or in any way connected with:

- The Employer's disclosure of Health Information to CIGNA or any agent of the Employer; or
- disclosure or use of Health Information by CIGNA or agent, regardless of the source of the Health Information.

I. If any applicable law or regulation is enacted, or a decision of a regulatory agency or judicial body is issued which prohibits CIGNA from disclosing Health Information, CIGNA shall be relieved of its obligations under this Agreement, to the extent required by the law or decision.

J. The obligations of this Article shall survive the termination or expiration of this Article or the Agreement.

ARTICLE XXXVI. HEADINGS NOT CONTROLLING

Section headings in this Agreement are for convenience only and shall have no binding force or effect and shall not enter into the interpretation of this Agreement.

Cigna's Initials: _____

ARTICLE XXXVII. OWNERSHIP

The Employer shall retain ownership and property interest in any of its pre-existing intellectual property and pre-existing work products.

ARTICLE XXXIII. FORCE MAJEURE.

Neither party shall be responsible for any delay or failure in performance of any part of this Agreement to the extent that such delay or failure is caused by fire, flood, explosion, war, embargo, government requirement, civil or military authority, act of God, act or omission of carriers or other similar causes beyond its control.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Jennifer Jeffreys

Cigna Health and Life Insurance Company

Date: 8/28/2023

Marc A Jeffreys
Vice President – Supplemental Health Solutions

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

Date: 9-7-2023

Beverly A. Joseph, Chairperson

Witness:

Virgin Islands Port Authority

_____ Date: _____

Carlton Dowe, Executive Director

Witness:

University of the Virgin Islands

_____ Date: _____

David Hall, Ph.D., President

Cigna's Initials: ____

ARTICLE XXXVII. OWNERSHIP

The Employer shall retain ownership and property interest in any of its pre-existing intellectual property and pre-existing work products.

ARTICLE XXXIII. FORCE MAJEURE.

Neither party shall be responsible for any delay or failure in performance of any part of this Agreement to the extent that such delay or failure is caused by fire, flood, explosion, war, embargo, government requirement, civil or military authority, act of God, act or omission of carriers or other similar causes beyond its control.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Jennifer Jeffreys

Cigna Health and Life Insurance Company

Date: 9/28/2003

Mark A Jeffreys
Vice President – Supplemental Health Solutions

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

_____

_____ Date: _____
Beverly A. Joseph, Chairperson

Witness:

Mariath Hodge

Virgin Islands Port Authority

Date: 9/2/03

Carlton Dowe, Executive Director

Witness:

University of the Virgin Islands

_____

_____ Date: _____
David Hall, Ph.D., President

Cigna's Initials

ARTICLE XXXVII. OWNERSHIP

The Employer shall retain ownership and property interest in any of its pre-existing intellectual property and pre-existing work products.

ARTICLE XXXIII. FORCE MAJEURE.

Neither party shall be responsible for any delay or failure in performance of any part of this Agreement to the extent that such delay or failure is caused by fire, flood, explosion, war, embargo, government requirement, civil or military authority, act of God, act or omission of carriers or other similar causes beyond its control.

IN WITNESS WHEREOF the parties through their authorized representative set their signatures on the day and year indicated.

Witness:

Jennifer Jeffreys

Cigna Health and Life Insurance Company

Date: 8/28/2023

Mard A Jeffreys
Vice President – Supplemental Health Solutions

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

_____

Date: _____

Beverly A. Joseph, Chairperson

Witness:

Virgin Islands Port Authority

_____

Date: _____

Carlton Dowe, Executive Director

Witness:

University of the Virgin Islands

David Hall

Date: 9/7/2023

David Hall, Ph.D., President

Cigna's Initials

Witness:

Cheren-Prevail Charles
9/7/23

Frederiksted Health Care, Inc.

Date: 9/7/2023

Masierae Spratlove-Webster,
Chief Executive Officer

Approved as to Legal Sufficiency
Department of Justice

By: /s/ [illegible] Esq
Assistant Attorney General

Date: 9/8/23

Approved:

Honorable Albert Bryan Jr.
Governor of the Virgin Islands

Date: 9/14/23

Approved:

Novelle E. Francis, Jr., President
President, 35th Legislature of the
Virgin Islands

Date: 9/22/23

Cigna's Initials

ADDENDUM 1-A
GROUP CRITICAL ILLNESS POLICY

BENEFIT PROGRAM

This Addendum is to address the benefit provisions for the Agreement between the Employer and Cigna.

The Agreement between the Employer and Cigna contemplates the issuance of a group benefit policy, including a certificate of insurance that describes the benefits under the policy that sets forth the terms of the benefits under the Agreement. Cigna will provide a final group benefit policy (the "Policy") as of the effective date as of the Agreement, and such Policy shall be incorporated herein by reference as if set forth in full in this Addendum.

The benefits as more fully summarized and specified are contained in the Certificate of Insurance and is provided to each participant in Employer's health benefit plan.

In the event of a conflict between the Agreement, this Addendum, and the Policy, the provisions and requirements of the Policy shall govern.

Cigna's Initials _____

ADDENDUM 1-B
GROUP HOSPITAL CARE POLICY

BENEFIT PROGRAM

This Addendum is to address the benefit provisions for the Agreement between the Employer and Cigna.

The Agreement between the Employer and Cigna contemplates the issuance of a group benefit policy, including a certificate of insurance that describes the benefits under the policy that sets forth the terms of the benefits under the Agreement. Cigna will provide a final group benefit policy (the "Policy") as of the effective date as of the Agreement, and such Policy shall be incorporated herein by reference as if set forth in full in this Addendum.

The benefits as more fully summarized and specified are contained in the Certificate of Insurance and is provided to each participant in Employer's health benefit plan.

In the event of a conflict between the Agreement, this Addendum, and the Policy, the provisions and requirements of the Policy shall govern.

Cigna's Initials _____

ADDENDUM 1-C
GROUP ACCIDENTAL INJURY POLICY

BENEFIT PROGRAM

This Addendum is to address the benefit provisions for the Agreement between the Employer and Cigna.

The Agreement between the Employer and Cigna contemplates the issuance of a group benefit policy, including a certificate of insurance that describes the benefits under the policy that sets forth the terms of the benefits under the Agreement. Cigna will provide a final group benefit policy (the "Policy") as of the effective date as of the Agreement, and such Policy shall be incorporated herein by reference as if set forth in full in this Addendum.

The benefits as more fully summarized and specified are contained in the Certificate of Insurance and is provided to each participant in Employer's health benefit plan.

In the event of a conflict between the Agreement, this Addendum, and the Policy, the provisions and requirements of the Policy shall govern.

Cigna's Initials _____

ADDENDUM NO. 2
Impact of Legislation

Whereas, it is possible that legislation may be enacted that directly affects the administration of the Agreement or the Policies in ways that also may affect the cost of the Benefit Programs; and

Whereas, the parties agree that Cigna should not be subjected to unexpected changes in the Benefit Programs that will result in higher costs without an opportunity to adjust the premium rates quoted;

Therefore the parties agree as follows:

1. Cigna is permitted to review its premium rates should legislation be enacted, or regulations adopted, after the signing of the Agreement and prior to the anniversary date of the Agreement which requires changes in the way the Benefit Programs are administered, or in the benefit structure of the Benefit Programs, and for which the premium rates quoted by Cigna do not provide. Such legislation includes but is not limited to legislation that:

   a. changes the way claims are processed;
   b. affects the way Cigna may contract with providers, including Cigna's right to do business with any particular provider or group of providers:
   c. requires changes in the amount providers may be reimbursed;
   d. mandates benefits or services that must be covered or the level of coverage to he provided;
   e. introduces any other requirement that materially affects the cost of the Benefit Programs.

2. Cigna shall notify Employer of the results of its review within 90 days after the adoption of such legislation or regulations.

3. Cigna may adjust the premium rates quoted to the Employer to reflect changes in costs due to any statutory or regulatory requirements.

4. Such changes in rates shall be effective for the next billing period after the date on which Cigna submits the rate changes to the Employer except however:

   a. the rate changes shall not be effective before the effective date of the statute or regulation,

Cigna's Initials

b. such changes in rates shall not be effective prior to their being presented to Employer by Cigna unless the effective date of the statute or regulation predates the rate changes being presented and Cigna is completed to comply with the statute or regulation at this earlier date.

5. Cigna has the right to review its rates during the first 90 days after the effective date of the Agreement to determine if legislation passed after Cigna signed the Agreement has an effect on the Agreement sufficient to cause an impact on the premium rates attached to the Agreement.

Cigna's Initials 

Company #: 1115867

GOVERNMENT OF THE VIRGIN ISLANDS
OF THE UNITED STATES
OFFICE OF THE LIEUTENANT GOVERNOR
Division of Banking, Insurance, and Financial Regulation

Certificate of Authority

This is to certify that in accordance with the Virgin Islands Code, which provides for the regulation of the business of Insurance in the Virgin Islands,

CIGNA Health and Life Insurance Company

900 Cottage Grove Road Bloomfield CT 06002

having filed all the documents required by law and having otherwise complied with the applicable insurance laws of the U.S. Virgin Islands is hereby authorized to transact the type(s) of insurance listed below:

Life
Accident
Health
Annuities

NOW, THEREFORE, I **Tregenza A. Roach Esq.** Lieutenant Governor and Commissioner of Insurance, pursuant to the authority vested in me in Section 209 of the Title 22 Virgin Islands Code, hereby issue this Certificate Of Authority which authorizes said Company to transact the type(s) of insurance set forth above.

This certificate is valid from January 01, 2023 to December 31, 2023. Renewal of this Certificate is required annually upon expiration on the 31st day of December, and it may be suspended or revoked as provided in Section 212 of Title 22 Virgin Islands Code.

Given under the Seal of the Government of the Virgin Islands of the United States, at Charlotte Amalie, St. Thomas.

Tregenza A. Roach

TREGENZA A. ROACH ESQ.
Lieutenant Governor / Insurance Commissioner

SECRETARY'S CERTIFICATE

CIGNA HEALTH AND LIFE INSURANCE COMPANY

The undersigned, a duly elected Assistant Secretary of Cigna Health and Life Insurance Company (the "Company"), does hereby represent and certify that the following resolution was adopted by the Board of Directors of the Company via Unanimous Written Consent dated March 25, 2019 and such resolution remains in full force and effect as of the date hereof, not having been amended, modified or rescinded since the date of its adoption:

Execution of Documents

RESOLVED, that any President, Vice President, Assistant Vice President, Secretary, Assistant Secretary, Treasurer, or their designees, be, and each of them hereby is authorized and empowered to enter into, execute, acknowledge and deliver, on behalf of the Company, any and all agreements, contracts, assignments, equipment leases, transfers, powers of attorney, and other written documents and instruments and amendments or changes to any such documents or instruments that they, or any of them, may deem necessary or desirable in connection with the regular and ordinary business activities of the Company, including but not limited to entering into contracts and incurring liabilities with respect to the purchase of goods and services on behalf of the Company in the ordinary course of its business.

It is hereby further certified that Marc Jeffreys is a Vice President of the Company having been elected by the Board of Directors of the Company on February 3, 2022.

IN WITNESS WHEREOF, I hereunto set my hand on this 14th day of March, 2022.

Susan M. Metrow

Susan M. Metrow, Assistant Secretary

GOVERNMENT OF
THE VIRGIN ISLANDS OF THE UNITED STATES
GESC/HEALTH INSURANCE
BOARD OF TRUSTEES
P.O. Box 11177
St. Thomas, Virgin Islands 00801

August 28, 2023

Honorable Albert Bryan Jr.
Governor of the Virgin Islands
Government House
Nos. 21-22 Kongens Gade
St. Thomas, VI 00802

RE: Justification Letter - GESC/Health Insurance Board of Trustees - CIGNA Voluntary Worksite Products effective October 1, 2023

Dear Governor Bryan:

The Government Employees Service Commission (GESC) Health Insurance Board of Trustees ("Board") acting as the sole body overseeing the operation of the Government employees' health and other benefit plans, effective October 1, 2019, as part of CIGNA's medical renewal offer, the Board agreed to offer their voluntary worksite products to active employees to purchase at their own expense for: Accidental Injury, Critical Illness, and Hospital Care. Active employees can enroll in these products during open enrollment based upon the needs of themselves and their families. There is no cost to the Board nor the Government to offer these products.

There will be no change to the cost of the voluntary worksite insurance products for the upcoming fiscal year nor will there be any changes to the benefits offered.

Since we are recommending renewing our medical coverage with Cigna, The Board believes it was able to obtain the overall lowest cost for employees, while maintaining a viable benefit offering.

Sincerely,

Beverly A. Joseph
Chairperson, GESC/Health Insurance Board of Trustees

pc: GESC Health Insurance Board Members

Cindy Richardson, Director of Personnel
Valerie Clarke-Daley, Chief, Group Health Insurance
Ian S.A. Clement, Assistant Attorney General, Solicitor General Division
Gehring Group Consultant

Government of The United States Virgin Islands
Accidental Injury Insurance Policy Proposal
Effective Date: October 1, 2023

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

	Accidental Injury Plan 1	Accidental Injury Plan 2
Initial Care & Emergency Care	*Plan Pays Fixed Benefit Below*	*Plan Pays Fixed Benefit Below*
Emergency Care Treatment	$100 (1 per accident)	$200 (1 per accident)
Physician Office Visit	$50 (1 per accident)	$100 (1 per accident)
Diagnostic Exam (x-ray or lab)	$10 (1 per accident)	$50 (1 per accident)
Ground/Water Ambulance	$300 (nearest hospital)	$400 (nearest hospital)
Air Ambulance	$1,200 (1 per accident)	$1,400 (1 per accident)
Follow-Up Physician Office Visit	$25 (10 visits per accident)	$50 (10 visits per accident)
Follow-Up Physical Therapy Visits	$25 (10 visits per accident)	$50 (10 visits per accident)
Hospitalization	*Plan Pays Fixed Benefit Below*	*Plan Pays Fixed Benefit Below*
Hospital Admission	$500 (1 per accident)	$1,000 (1 per accident)
Hospital Stays	$100 per day (365 days maximum)	$200 per day (365 days maximum)
Intensive Care Unit Stay	$200 per day (365 days maximum)	$400 per day (365 days maximum)
Physical Therapy	$25	$50
Accident Follow Up Treatment	Physician Visit $50	Physician Visit $75
Fractures/Dislocations (Sample Listing)	*Non-Surgical / Surgical*	*Non-Surgical / Surgical*
Skull/Hip/Thigh/Pelvis	$2,000 / $4,000	$4,000 / $8,000
Upper Arm/Shoulder/Collarbone/Leg	$500 / $1,000	$1,000 / $2,000
Ankle/Kneecap/Lower Arm/Foot/Hand	$400 / $800	$800 / $1,600
Jaw/Face/Nose/Vertebral Processes	$300 / $600	$600 / $1,200
Ribs (2 ribs maximum)/Coccyx	$100 / $200	$200 / $400
Finger/Toe (2 digits maximum)	$50 / $100	$100 / $200
Multiple Fractures	200% of the single fracture benefit	200% of the single fracture benefit
Enhanced Accident Benefits	*Plan Pays Fixed Benefit Below*	*Plan Pays Fixed Benefit Below*
Burns (2nd/3rd degree) (20% or more)	$750 / $7,500	$1,000 / $10,000
Lacerations (based on size)	$50 - $400	$100 - $600
General Anesthesia	$50	$100
Abdominal or Thoracic Surgery	$1,000	$1,250
Ruptured Disc Surgery	$500	$750
Eye Injury Surgery	$200	$400
Emergency Dental (2 maximum)	$100	$150
Coma	$5,000	$10,000
Paralysis (Paraplegia / Quadriplegia)	$1,000 / $2,000	$5,000 / $10,000
Transportation (100+ miles one-way)	$400	$400
Family Lodging (100+ miles one-way)	$100 per day (30 days maximum)	$150 per day (30 days maximum)
Accidental Death & Dismemberment	*Spouse 50% & Children 25% of Benefit Shown*	*Spouse 50% & Children 25% of Benefit Shown*
Loss of Life	$25,000	$50,000
Common Carrier Accidental Death	$75,000	$100,000
Loss of Eyes/Hands/Arms/Feet/Legs	$20,000	$30,000
Speech & Hearing in Both Ears	$20,000	$30,000
Speech or Hearing in Both Ears	$10,000	$15,000
Loss of One Member (Hand/Arm/Leg/Foot)	$10,000	$15,000
Wellness Screening	**$50 per year**	**$50 per year**
Premium (Bi-Weekly) (36-month Gurantee)	*Guaranteed Issue*	*Guaranteed Issue*
Employee Only	$5.55	$7.02
Employee + Spouse	$8.39	$10.74
Employee + Children	$9.55	$12.34
Employee + Family	$12.39	$16.05

Government of The United States Virgin Islands
Critical Illness Insurance Policy Proposal
Effective Date: October 1, 2023

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

	Summary of Benefits	
Benefit Amount		
Employee	$20,000	
Spouse	$10,000	
Child (Birth to 26; 26+ if disabled)	$10,000	
Initial Critical Illness Benefit	Pays the lump sum benefit direct to the insured. Each covered condition will be payable one time per person, subject to a maximum lifetime limits. A 180 day separation period between the dates of diagnosis is required per condition.	
Recurrence Critical Illness Benefit	Benefits will be paid for the diagnosis of a subsequent and same covered condition that has already received a benefit payout under this policy after a 12 month separation period from the previous diagnosis, subject to maximum lifetime limits.	
Skin Cancer Benefits	Pays a flat dollar amount. See below for Benefit Amount.	
Maximum Lifetime Benefit	$100,000 (does not apply to Skin Cancer or Optional Benefits)	
Coverage Amounts	*Initial Benefit*	*Recurrence Benefit*
Cancer		
Invasive Cancer	100%	100%
Carcinoma in Situ	25%	25%
Skin Cancer	$250 (1 per lifetime)	$0
Vascular		
Heart Attack	100%	100%
Stroke	100%	100%
Coronary Artery Disease	25%	25%
Nervous System		
Advanced Alzheimer's Disease	25%	$0
ALS	25%	$0
Parkinson's Disease	25%	$0
Multiple Sclerosis	25%	$0
Other Conditions		
Benign Brain Tumor	100%	100%
Blindness	100%	$0
Coma	25%	25%
End-Stage Renal (Kidney) Disease	100%	100%
Major Organ Failure	100%	100%
Paralysis	100%	100%
Wellness Screening	**$50 per year**	**$50 per year**
Premium (Bi-Weekly) (36-Month Guarantee)	Guaranteed Issue	Guaranteed Issue
Attained Age as of Policy Year	**Employee Only**	**Employee & Family**
0-24	$3.55	$5.46
25-29	$4.05	$6.17
30-34	$5.40	$8.08
35-39	$7.58	$11.32
40-44	$9.76	$14.58
45-49	$13.66	$20.81
50-54	$18.46	$29.00
55-59	$24.70	$36.13
60-64	$30.69	$49.61
65-69	$37.31	$59.87
70-74	$51.87	$82.40
75-79	$69.81	$108.11
80-84	$84.87	$132.17
85+	$115.73	$179.55

Government of The United States Virgin Islands
Hospital Care Insurance Policy Proposal
Effective Date: October 1, 2023

GEHRING GROUP
EMPLOYEE BENEFITS | RISK MANAGEMENT

	Hospital Care Plan 1	Hospital Care Plan 2
Hospitalization Benefits	*Plan Pays Fixed Benefit Below*	*Plan Pays Fixed Benefit Below*
Hospital Admission	$500 (1 benefit every 365 days)	$1,000 (1 benefit every 365 days)
Chronic Condition Admission	$50 (1 benefit every 90 days)	$50 (1 benefit every 90 days)
Hospital Stay	$100 per day (30 days maximum, 1 benefit every 90 days)	$100 per day (30 days maximum, 1 benefit every 90 days)
Hospital Intensive Care Unit Stay	$200 per day (30 days maximum, 1 benefit every 90 days)	$200 per day (30 days maximum, 1 benefit every 90 days)
Hospital Observation Stay	$100 per day (24 hour elimination period, 72 hours max)	$100 per day (24 hour elimination period, 72 hours max)
Air Ambulance	$1,200 (1 per accident)	$1,400 (1 per accident)
Follow-Up Physician Office Visit	$25 (10 visits per accident)	$50 (10 visits per accident)
Follow-Up Physical Therapy Visits	$25 (10 visits per accident)	$50 (10 visits per accident)
Wellness Screening	**$50 per year**	**$50 per year**
Premium (Bi-Weekly) (36-month Guarantee)	*Guaranteed Issue*	*Guaranteed Issue*
Employee Only	$7.12	$9.68
Employee + Spouse	$13.79	$18.84
Employee + Children	$12.59	$16.57
Employee + Family	$19.26	$25.73

IT'S SMOOTH SAILING.*

In case it isn't, Cigna Supplemental Health insurance plans are here for you.

Life doesn't announce surprises. By signing up for Cigna's Accidental Injury, Critical Illness and Hospital Care insurance, you can supplement your health plan. It can provide you and your family with the coverage and additional financial protection you may need for expenses associated with an unplanned covered accident, illness or hospitalization. It can help you bounce back physically, emotionally, and financially. And that's a feeling we want for you every day.

HERE'S HOW IT WORKS

- **Cash benefit paid directly to you.**[1] No copays, deductibles, coinsurance, or network requirements.
- **Use the money however you want.** Pay for costs, such as medical copays and deductibles, travel to see a specialist, child care, help around the house, alternative treatments and more. It's up to you.
- **Cost-effective coverage.** By signing up through your employer, you get coverage at a low group rate.
- **Get it and forget it.** Your premium can be easily deducted from your paycheck. Plus, through Cigna's Simple File® feature, Auto compare[2] carefully reviews Cigna medical claims and automatically reminds you to submit your eligible Supplemental Health insurance claims.
- **Take it with you.** You may be able to take your coverage with you if you leave your employer – benefits won't change if you port your coverage.[3]

PERSONALIZED RECOVERY SUPPORT FOR BODY AND MIND.

In addition to extra financial protection, Cigna Accidental Injury, Critical Illness and Hospital Care (indemnity) insurance delivers:

- **Assistance to help you recover physically.**[4] Tools and resources to find the right care at the right cost – plus discounts on recovery services.
- **Additional services to help you recover emotionally.**[4] Free expert legal and financial counseling, including money coaching.

*We really hope it is.

Together, all the way.®

Cigna.

SEE THE VALUE

Even with medical coverage, you may still have out-of-pocket medical costs, such as copays and coinsurance, as well as indirect living expenses.

Jack dislocated his knee and fractured his wrist from a bike accident.[5]

Accidental Injury Benefit

• Doctor's office visit	$50
• Diagnostic exam (X-ray)	$10
• Dislocated knee	$2,000
• Fractured wrist	$400
• Follow-up appointment	$25
• Five physical therapy sessions	$125
Accidental Injury coverage paid:	**$2,610**

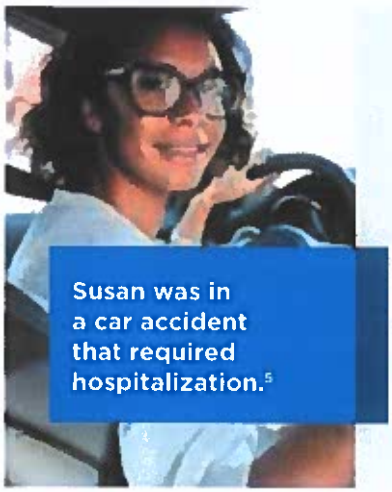
Marco had a heart attack while raking leaves.[5]

Critical Illness

Consider possible expenses that may occur as a result of a heart attack diagnosis

- Deductible, coinsurance and copays
- Transportation
- Room and board
- Daycare
- Alternative treatments

Critical Illness coverage paid:	**$10,000**



Susan was in a car accident that required hospitalization.[5]

Hospital Care

• Hospital admission	$500
• Hospital ICU stay (1 day)	$200
• Hospital stay (3 days)	$300
Hospital Care coverage paid:	**$1,000**

SEE THE VALUE

Even with medical coverage, you may still have out-of-pocket medical costs, such as copays and coinsurance, as well as indirect living expenses.

Jack dislocated his knee and fractured his wrist from a bike accident.[5]

Accidental Injury Benefit

• Doctor's office visit	$100
• Diagnostic exam (X-ray)	$50
• Dislocated knee	$3,000
• Fractured wrist	$800
• Follow-up appointment	$50
• Five physical therapy sessions	$250
Accidental Injury coverage paid:	**$4,250**

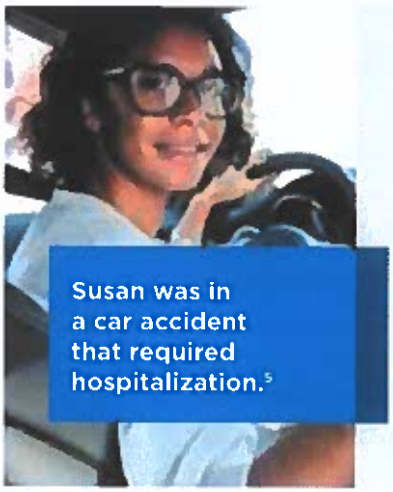
Marco had a heart attack while raking leaves.[5]

Critical Illness

Consider possible expenses that may occur as a result of a heart attack diagnosis

- Deductible, coinsurance and copays
- Transportation
- Room and board
- Daycare
- Alternative treatments

Critical Illness coverage paid:	**$10,000**



Susan was in a car accident that required hospitalization.[5]

Hospital[a] Care

• Hospital admission	$1,000
• Hospital ICU stay (1 day)	$200
• Hospital stay (3 days)	$300
Hospital Care coverage paid:	**$1,500**

EASY WAYS TO FILE A CLAIM

Choose the option that's easiest for you.

Phone: Call **800.754.3207** to speak with one of our dedicated customer service representatives.

Online: Visit **SuppHealthClaims.com**

Fax: Send documents to our fax line at **860.730.6460**

Email: Send scanned documents to **SuppHealthClaims@Cigna.com**

Mail: Send documents to:
Cigna Supplemental Health Solutions
P. O. Box 188028
Chattanooga, TN 37422

WHAT'S NOT COVERED

The following is general information about the exclusions and limitations that may apply to the benefits described. This is not a complete list of policy terms and conditions. Your actual policy may vary by plan design and location. See your plan documents for more information, including state-mandated benefits.

Depending on your plan, benefits may not be paid for an illness or injury that existed prior to the effective date of coverage. Age-based reduction of benefits and benefit waiting periods may also apply.

Accidental Injury:

Benefits are only payable for covered injuries diagnosed and treated by a health care provider and resulting directly from a covered accident. Under most plans, treatment must begin within 90 days of the accident.

- **Physician office visit:** Limited to one benefit per accident. Excludes routine health examinations or immunizations, visits for behavioral or nervous disorders, or visits by a surgeon while confined to a hospital.
- **Diagnostic exam:** Limited to one benefit per accident.
- **Dislocation/fracture:** If there is more than one type of fracture or dislocation, only one benefit will be paid for each injury, whichever is greater.
- **Follow-up physician visit:** Limited to 10 visits per accident. Physician recommendation is required. All treatments must be completed within 365 days of the accident.
- **Physical therapy:** Limited to 10 visits per accident. Physician recommendation is required. All treatments must be completed within 365 days of the accident.

Benefits may not be paid for any loss that is the result of: Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; Commission or attempt to commit a felony or an assault; Declared or undeclared war or act of war; Active duty service in the military, naval or air force of any country or international organization; Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; Bungee jumping; parachuting; skydiving; parasailing; hang-gliding; Flight in, boarding or alighting from an aircraft or any craft designed to fly above the Earth's surface (except as a fare-paying passenger on a regularly scheduled commercial airline); Services or treatment rendered by a health care professional who is: employed, retained by, related to, or living with the covered person; providing homeopathic, aroma-therapeutic or herbal therapeutic services; or Sickness, disease, bodily or mental infirmity, bacterial or viral infection or medical or surgical treatment thereof (except for any bacterial infection resulting from an accidental external cut or wound or accidental ingestion of contaminated food).

Critical Illness:

Benefits are only payable for a covered critical illness diagnosed by a physician. The benefit amounts payable per condition or per lifetime may be limited depending on plan design. A "heart attack" requires confirmation by diagnostic testing. Examples include EKG or elevation of biochemical/cardiac enzyme markers.

Benefits may not be paid for any loss that is the result of: Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; Commission or attempt to commit a felony or an assault; Declared or undeclared war or act of war; Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; or A diagnosis not in accordance with generally accepted medical principles prevailing in the United States at the time of the diagnosis.

Hospital Care Indemnity:

- **Hospital admission:** Benefits are payable once per day, limited to one day per admission and one benefit every 365 days. Covered person must be admitted as an inpatient to the hospital. Excludes treatment in an emergency room or provided on an outpatient basis, or for re-admission for the same covered injury or illness (including chronic conditions).
- **Hospital intensive care unit (ICU) stay and hospital stay:** Benefits are payable once per day, limited to 30 days and one benefit every 90 days. Stays within 90 days for the same/related injury or illness are considered one stay. Covered person must be admitted as an inpatient and confined to the hospital. If eligible for both benefits, only one benefit will be paid per day, whichever is greater.

Benefits may not be paid for any loss that is the result of: Intentionally self-inflicted injury, suicide or any attempt thereat while sane or insane; Commission or attempt to commit a felony or an assault; Declared or undeclared war or act of war; Active duty service in the military, naval or air force of any country or international organization (Reserve or National Guard active duty training extending beyond 31 days); Voluntary ingestion of any narcotic, drug, poison, gas or fumes, unless taken as prescribed by a physician; Operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant; Services deemed by the insurer as not being medically necessary; Elective or cosmetic surgery; Dental surgery, unless due to accidental injury; or Services or treatment rendered by a person employed or retained by the covered person, providing homeopathic, aroma-therapeutic or herbal therapeutic services, living in covered person's household, or who is a parent, sibling, spouse or child of the covered person.

Cigna.

1. Benefits may be paid directly to anyone you designate, such as a hospital, upon assignment.
2. The Simple File process is based on a one-time assessment of the initial claim documentation for the primary claim. Any subsequent events would not be identified and the customer will need to submit a claim for any supplemental health benefits.
3. Under most plans, coverage is portable and ends at age 100. Review your plan documents for details.
4. **These programs are NOT insurance and do not provide reimbursement for financial losses.** Some restrictions may apply. Programs are provided through third-party vendors who are solely responsible for their products and services. Full terms, conditions and exclusions are contained in the applicable client program description, and are subject to change. Program availability may vary by plan type and location, and are not available where prohibited by law.
5. These are examples used for illustrative purposes only. Actual costs would vary. Actual coverage and benefit amounts will vary by policy design. Age-based reduction of benefits and benefit waiting periods may apply. Coverage is subject to all terms and conditions as specified in the group policy.
6. The term "Hospital" does not include a clinic, facility, or unit of a Hospital for: (1) rehabilitation, convalescent, custodial, educational, hospice, or skilled nursing care; (2) the aged, drug or alcohol addiction; or (3) a facility primarily or solely providing psychiatric services to mentally ill patients.

THESE POLICIES PAY LIMITED BENEFITS ONLY. THEY ARE NOT COMPREHENSIVE HEALTH INSURANCE COVERAGE AND DO NOT COVER ALL MEDICAL EXPENSES. THIS COVERAGE DOES NOT SATISFY THE "MINIMUM ESSENTIAL COVERAGE" OR INDIVIDUAL MANDATE REQUIREMENTS OF THE AFFORDABLE CARE ACT (ACA). THIS COVERAGE IS NOT MEDICAID OR MEDICARE SUPPLEMENT INSURANCE.

Product availability may vary by location and plan type and is subject to change. All group insurance policies and group benefit plans may contain exclusions, limitations, reduction of benefits, and terms under which the policy may be continued in force or discontinued. Benefit waiting periods may apply. For costs and complete details of coverage, contact your Cigna representative.

SR

CERTIFICATE OF REDOMESTICATION

INSURANCE COMPANY REDOMESTICATION TO CONNECTICUT

Office of the Secretary of the State

MAILING ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
P.O. Box 150470
Hartford, CT 06115-0470
860-509-6003

DELIVERY ADDRESS:
Commercial Recording Division
Connecticut Secretary of the State
30 Trinity Street
Hartford, CT 06106
860-509-6003

Certificate of Authorization from Insurance Commissioner and a certified copy of the original Articles of Incorporation must be filed with this certificate.
FEE: $100.00 *(plus franchise tax)*

Space For Office Use Only | **Make Checks Payable To "Secretary of the State"**

FILING #0004114403 PG 01 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02807
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

1. NAME OF INSURANCE COMPANY:
   Alta Health & Life Insurance Company

2. CHARTER HISTORY OF CORPORATION (including date and place of incorporation, name change information and information regarding change of domicile state):

   The corporation was originally incorporated on May 2, 1963 as "Orange State Life Insurance Company" under the laws of the State of Florida. On June 15, 1982, the corporation's name was changed to "Home Life Financial Assurance Corporation." On August 1, 1994, the corporation transferred its state of domicile from the State of Florida to the State of Ohio. On March 21, 1996, the corporation changed its corporate name to "Anthem Health & Life Insurance Company" and it transferred its state of domicile from the State of Ohio to the State of Indiana. On July 19, 1999, the corporation's name was changed to "Alta Health & Life Insurance Company."

3. APPROVALS:

The corporation's redomestication to Connecticut was approved by the Insurance Commissioner of the State of

Indiana
(State from which corporation is redomesticating)

The corporation's redomestication was approved by the Insurance Commissioner of the State of Connecticut as demonstrated by such Commissioner's Certificate of Approval included herewith.

(Please reference an 8 1/2 X 11 attachment if additional space is needed)

Space For Office Use Only

FILING #0004114403 PG 02 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02808
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

4. VOTE INFORMATION (check and complete A. or B.):

X A. The insurance company has authority to issue capital stock. The resolution of redomestication was adopted by its board of directors and approved by its shareholders as follows (provide at minimum the total number of shareholder votes cast in favor of the resolution and the total number of votes cast against the resolution or if no shareholder approval was required, provide a statement to that effect):

The board of directors of the corporation, acting by unanimous written consent, duly adopted resolutions approving the redomestication. The sole shareholder of the corporation, also acting by unanimous written consent, duly approved the redomestication

____ B. The corporation is a mutual insurance company. The resolution of redomestication was adopted by its board of directors and approved by its members as follows (provide at minimum the total number of member votes cast in favor of the resolution and the total number of votes cast against the resolution or if no membership approval was required, provide a statement to that effect):

5. CERTIFICATE OF INCORPORATION:

The corporation's amended and restated Certificate of Incorporation is attached hereto.

6. EXECUTION:

Signed this 4th day of March, 2010

Shermona Mapp	Corporate Secretary	
Print or type name of signatory	Capacity of signatory	Signature

Rev. 12/07/05

FILING #0004114403 PG 03 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02809
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

ALTA HEALTH AND LIFE INSURANCE COMPANY

SECTION 1. The new name of the corporation shall be CIGNA Health and Life Insurance Company.

SECTION 2. In accordance with Connecticut General Statutes Section 38a-58a, the corporation shall adopt the State of Connecticut as its corporate domicile and shall be subject to the authority and jurisdiction of the State of Connecticut, with all the powers granted by the general statutes, as now enacted or hereafter amended, to corporations formed under the Connecticut Business Corporation Act. The corporation shall be a continuation of the body corporate incorporated in the State of Florida on May 2, 1963. The corporation shall continue to use May 2, 1963 as the date of incorporation.

SECTION 3. The business of the corporation shall be life insurance, endowments, annuities, accident insurance, health insurance and any other business or type of business which any other corporation now or hereafter chartered by Connecticut and empowered to do a health or life insurance business may now or hereafter lawfully do. The corporation is specifically empowered to accept and to cede reinsurance and retrocession of any such risks or hazards. The corporation may exercise such powers outside of Connecticut to the extent permitted by the laws of the particular jurisdiction. Policies or other contracts may be issued stipulated to be with or without participation in profits and with or without a seal.

SECTION 4. The corporation shall be authorized to issue 2,000,000 shares of common stock with a par value of two dollars ($2) per share. The capital stock of the corporation shall be transferable in accordance with the bylaws and a transfer agent may be employed.

SECTION 5. The annual meeting of the shareholders of the corporation shall be held at such time and place as may be determined from time to time either by or in accordance with the bylaws. If the corporation shall fail to hold its annual meeting at the time specified for the meeting in any year or shall fail to elect directors thereat, the corporation shall not be dissolved nor shall its rights be impaired thereby, but a special meeting of the shareholders shall be called; and at such meeting directors to fill the places of the directors whose terms shall have expired may be elected and any other proper business may be transacted. At all meetings of the shareholders each shareholder shall be entitled to vote in person or by an attorney duly authorized by a written proxy, and each share of stock represented at the meeting shall be entitled to one vote.

SECTION 6. The corporation's principal place of business shall be at 900 Cottage Grove Road, Bloomfield, Connecticut 06152, or at some other place within the State of Connecticut, and the corporation may establish and maintain other offices and agencies in other locations within or without the State. The property and affairs of the corporation shall be managed under the direction of a board of directors. The directors shall have concurrent power with the stockholders to make, alter, amend, change, add to or repeal the bylaws of the corporation. The number of directors of the corporation shall be as from time to time fixed by, or in the manner provided in, the by-laws of the corporation. Directors will be elected by a plurality of the votes cast at each annual meeting of shareholders of the corporation and each director so elected shall hold office until the next annual meeting of shareholders of the corporation or until such director's successor is duly elected and qualified, or until such director's earlier death, resignation or removal. If any vacancy occurs in the board of directors, such vacancy may be filled by a majority of the remaining directors, whether or not such directors constitute a quorum, for the unexpired portion of the term, and if the number of directors is increased by vote of the board of directors between meetings of shareholders, the additional directors may be chosen by the board of directors for terms expiring with the next annual meeting thereafter. Unless the bylaws provide for a lesser or greater quorum as may be permitted by law, a majority of the authorized number of directors, as fixed by the board of directors from time to time, shall constitute a quorum.

SECTION 7. Connecticut General Life Insurance Company shall be the corporation's registered agent. The registered agent's address is 900 Cottage Grove Road, Bloomfield, Connecticut 06152.

SECTION 8. The personal liability of a person who is or was a director of the corporation to the corporation or its shareholders for monetary damages for breach of duty as a director shall be limited to the amount of compensation received by the director for serving the corporation during the year of the violation if such breach did not (a) involve a knowing and culpable violation of law by the director, (b) enable the director or an associate, as defined in Section 33-840 of the Connecticut Business Corporation Act as in effect on the effective date hereof or as it may be amended from time to time (the "Act"), to receive an improper personal economic gain, (c) show a lack of good faith and a conscious disregard for the duty of the director to the corporation under circumstances in which the director was aware that his conduct or omission created an unjustifiable risk of serious injury to the corporation, (d) constitute a sustained and unexcused pattern of inattention that amounted to an abdication of the director's duty to the corporation, or (e) create liability under Section 33-757 of the Act. Any lawful repeal or modification of this Section 8 or the adoption of any provision inconsistent herewith by the board of directors and the shareholders of the corporation shall not, with respect to a person who is or was a director, adversely affect any limitation of liability, right or protection existing at or prior to the effective date of such repeal, modification or adoption of a provision inconsistent herewith. The limitation of liability of any person who is or was a director provided for in this Section 8 shall not be exclusive of any other limitation or elimination of liability contained in, or which may be provided to any such person under, Connecticut law as in effect on the effective date hereof or as thereafter amended.

SECTION 9. The corporation may indemnify or advance expenses to a person who is or was a director, officer, employee or agent of the corporation, or who is or was serving at the corporation's request as a director, officer, partner, trustee, employee or agent of another corporation, a partnership, joint venture, trust, an employee benefit plan or other entity, to the extent permitted under Connecticut law as in effect on the effective date hereof or as thereafter amended, including, without limitation, pursuant to Section 33-636(b)(5) of the Act, for liability of any such person for any actions taken, or any failure to take any actions, except for conduct as set out in items (a) through (e) of Section 8, above. The corporation shall indemnify or advance expenses to any such person to the extent required by the bylaws of the corporation, as amended from time to time.

FILING #000041144[illegible]
FILED 03/05/2010 12:30 PM PAGE 02812
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

State of Connecticut

Insurance Department

This is to Certify, that

- the redomestication of Alta Health & Life Insurance Company, a Indiana Company, pursuant to Section 38a-58a Connecticut General Statutes, is approved, and

- the attached Certificate of Redomestication and Amended and Restated Articles of Incorporation effecting and name are change of domicile is approved.

Witness my hand and official seal, at HARTFORD,

this 3rd day of March, 2010

Insurance Commissioner

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
CORPORATIONS CERTIFIED COPIES

INDIANA SECRETARY OF STATE
BUSINESS SERVICES DIVISION
302 West Washington Street, Room E018
Indianapolis, IN 46204

FILING #0004114403 PG 07 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02813
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

http://www.sos.in.gov

January 13, 2010

Company Requested: ALTA HEALTH & LIFE INSURANCE COMPANY
Control Number: 1996031230

Date	Transaction	# Pages
03/21/1996	Articles of Incorporation	6
03/10/1999	Miscellaneous	1
04/19/1999	Notice of Change of Registered Office or Registered Agent	2
07/19/1999	Restatement of Articles of Incorporation	6
02/13/2001	Change of Officer	1
02/13/2001	Change of Principal Address	1
02/08/2002	Administrative Dissolution	1
05/21/2002	Application of Reinstatement	3
05/22/2009	Change of Principal Address	1

State of Indiana
Office of the Secretary of State

I hereby certify that this is a true and complete copy of this 22 page document filed in this office.

Dated: January 13, 2010
Certification Number: 2010011365565

Secretary of State

STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE

CERTIFICATE OF INCORPORATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Articles of Incorporation of the above corporation have been presented to me at my office accompanied by the fees prescribed by law; that I have found such Articles conform to law; all as prescribed by the provisions of the Indiana Business Corporation Law, as amended.

NOW, THEREFORE, I hereby issue to such corporation this Certificate of Incorporation, and further certify that its corporate existence will begin March 21, 1996.

In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the City of Indianapolis, this Twenty-first day of March, 1996.

Deputy

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/21/1996
Effective Date: 03/21/1996

1996031230

APPROVED
DEPARTMENT OF INSURANCE
MAR 19, 1996
STATE OF INDIANA
INSURANCE COMMISSIONER

APPROVED
AND
FILED
IND. SECRETARY OF STATE

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The undersigned corporation desires to transfer its corporate domicile from the State of Ohio to the State of Indiana pursuant to the approval of the Indiana Commissioner of Insurance and to be recognized as a corporation from its original date of incorporation of May 2, 1963 in the State of Florida.

The undersigned corporation was incorporated on May 2, 1963 under the laws of the State of Florida under the name Orange State Life Insurance Company. On June 15, 1982, the corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the corporation transferred its corporate domicile from the State of Florida to the State of Ohio.

These Articles of Incorporation and Redomestication supersede the existing Articles of Incorporation of Home Life Financial Assurance Corporation.

ARTICLE A

NAME OF THE CORPORATION

The name of the corporation is

ANTHEM HEALTH & LIFE INSURANCE COMPANY

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 120 Monument Circle, Indianapolis, Indiana 46204. The name of its registered agent at such address is Sandra Miller.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

Certification Number: 2010011365565

To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of Common Stock (the "Common Shares") with a par value of $2.00 each.

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is Two Million, Five Hundred Twenty Thousand Dollars ($2,520,000).

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE H

DATA RESPECTING OFFICERS AND DIRECTORS

The names and addresses of the persons elected to serve as Officers and Directors at the time of this reinstatement and until the next Annual Meeting of the Shareholder, or until their

successors are elected and qualify, are:

Dwane R. Houser 9842 Forestglen Drive Cincinnati, Ohio 45242	Stefen F. Brueckner 4745 Burley Hills Drive Cincinnati, Ohio 45243	William F. Milnes, Jr. 331 Sunny Acres Cincinnati, Ohio 45255
Robert C. Heird 113 Lakeview Court Loveland, Ohio 45140	James A. White 11 Ashland Court Skillman, N.J. 08558	Wayne R. Hanus 54 Green Meadow Middletown, NJ 07748
Jeremiah J. Hanrahan 161 Monroe Avenue Belle Mead, NJ 08502		

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five (5) nor more than twenty-one (21), the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors On February 1, 1996, a resolution was adopted by the Board of Directors of the Corporation proposing to the Shareholder of the Corporation entitled to vote in respect of the Amendment that the provisions and terms of its Articles of Incorporation be amended so as to read as set forth in these Articles of Incorporation and Redomestication and meeting of such Shareholder was called to be held February 1, 1996 to adopt or reject the Articles of Incorporation and Redomestication, unless the same was so approved by written consent.

Section J.2. Action by Shareholder At a duly-called meeting held February 1, 1996 the holder of one million two hundred sixty thousand shares of the Corporation, being all of the shares of the Corporation entitled to vote in respect of the Amendment, adopted the Amendment.

Section J.3. Compliance with Legal Requirements The manner of the adoption of the Amendment, and the vote by which it was adopted, constitute full legal compliance with the

provisions of the Indiana Insurance Law, the Articles of Incorporation and the By-Laws of the Corporation.

ARTICLE K

Meetings of stockholders may be held within or without the State of Indiana, as the by-laws may provide. The books of the Corporation may be kept outside the state of Indiana at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

ARTICLE L

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

James A. White

Jeremiah J. Hanrahan

Wayne R. Hanus

Subscribed and sworn to before me this 19th day of January, 1996.

KIM R. HOVAK
Notary Public of New Jersey
My Commission Expires May 17, 2000
No. 2177856

Notary Public

(bsbylaw)kim

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/21/1996
Effective Date: 03/21/1996

STATE OF INDIANA
OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH FIFTH FLOOR
402 WEST WASHINGTON STREET - INDIANAPOLIS, IN 46204-2770

PAMELA CARTER
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

March 21, 1996

CERTIFICATION

I have examined the Articles of Incorporation and Redomestication of Anthem Health and Life Insurance Company and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

PAMELA CARTER
Attorney General of Indiana
Atty No. 0004242-49

Gordon E. White, Jr.
Deputy Attorney General
Atty No. 0001041-49

84019

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 03/10/1999
Effective Date: 03/10/1999

1996031230

FILING #000041144403 PG 14 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02820
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

CERTIFICATE - CHANGE IN PRINCIPAL OFFICE

To: Indiana Department of Insurance
311 W. Washington Street, Suite 300
Indianapolis, IN 46204

To: Indiana Secretary of State
201 State House
Indianapolis, IN 46204

This will certify that, pursuant to authorization by the Board of Directors, the Principal Office of Anthem Health & Life Insurance Company has changed to 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290

G.R. Derback, Vice President and Treasurer

R.G. Schultz, Assistant Secretary

STATE OF Colorado)
) ss.
COUNTY OF Arapahoe)

On this 1st day of March, 1999, the undersigned personally appeared before me, known to me to be the persons whose names are subscribed above as Glen R Derback and Richard G. Schultz, and acknowledged that they have executed the same, and that the foregoing statements are true and correct.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal.

Notary Public

VALERIE A. ADAIR NOTARY PUBLIC STATE OF COLORADO

My Commission Expires: April 9, 2000

Certification Number: 2010011365565

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

FILING #000041440 3 PG 15 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02821
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

19960312 30

NOTICE OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT
ALL CORPORATIONS
State Form 26276 (R / 1-88)

Provided by: EVAN BAYH
Indiana Secretary of State
Room 155, State House
Indianapolis, IN 46204
(317) 232-6576
Indiana Code 23-1-24-2 (for profit corporations)
Indiana Code 23-7-1.1-53 (non-profit corporations)
NO FILING FEE

President original and 2 copies

Name of Corporation	Date of Incorporation
Anthem Health Life Insurance Company	March 21, 1996
Current Registered Office Address	ZIP Code
120 Monument Circle, Indianapolis, IN	46204
New Registered Office Address	
One North Capitol Avenue, Indianapolis, Indiana 46204	

Current Registered Agent *(Type or Print Name)*
Sandra Miller
New Registered Agent *(Type or Print Name)*
C T Corporation System

STATEMENT BY REGISTERED AGENT OR CORPORATION

This statement is a representation that the new registered agent has consented to the appointment as registered agent, or statement attached signed by registered agent giving consent to act as the new registered agent.

After the change or changes are made, the street address of this corporation's registered agent and the address of its registered office will be identical.

The resident agent filing this statement of change of the registered agent's business street address has notified the represented corporation in writing of the change, and the notification was manually signed or signed in facsimile.

IN WITNESS WHEREOF, the undersigned being the Assistant Secretary of said corporation executes this notice and verifies, subject to penalties of perjury, that the statements contained herein are true, this 7 day of April, 19 99

Signature	Printed Name
	Richard Schultz

(INDIANA - 847 - 3/3/88)

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

19960312 30

FILING #0004114403 PG 16 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02822
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

STATEMENT OF CONSENT TO ACT
AS REGISTERED AGENT

C T Corporation System hereby accepts the appointment to serve as registered agent in Indiana for Anthem Health Life Insurance Company
(Name of Corporation)

4-13, 1999

C T CORPORATION SYSTEM

By Marcia J. Sunahara

Marcia J. Sunahara, Asst. V.P.
(Print Name and Title)

(IND. - 855 - 6/21/88)

APPROVED
AND
FILED
IND. SECRETARY OF STATE

APPROVED
DEPARTMENT OF INSURANCE
JUN 30 1999
STATE OF INDIANA
INSURANCE COMMISSIONER

RECEIVED
CORPORATIONS DIV.
99 JUL 19 PM 3:55
SUE ANNE GILROY

RECEIVED
JUL 02 1999
ATTORNEY
OF INDIANA

RESTATED ARTICLES OF INCORPORATION
OF
ALTA HEALTH & LIFE INSURANCE COMPANY

PREAMBLE

The Corporation was originally incorporated on May 2, 1963 under the laws of the State of Florida as Orange State Life Insurance Company. On June 15, 1982, the Corporation's name was changed to Home Life Financial Assurance Corporation. On August 1, 1994, the Corporation transferred its corporate domicile from the State of Florida to the State of Ohio. On March 21, 1996, the Corporation's name was changed to Anthem Health & Life Insurance Company and its corporate domicile was transferred from the State of Ohio to the State of Indiana.

These Restated Articles of Incorporation supersede the existing Articles of Incorporation and Redomestication of Anthem Health & Life Insurance Company.

ARTICLE A

NAME OF THE CORPORATION

The name of the Corporation is ALTA HEALTH & LIFE INSURANCE COMPANY.

ARTICLE B

PRINCIPAL OFFICE

The address of the Corporation's principal office in the State of Indiana is 10401 North Meridian Street, Suite 350, Indianapolis, Indiana 46290.

ARTICLE C

PURPOSES

The Corporation is organized under the Indiana Insurance Law, Chapter 162 of the Acts of 1935, as amended, and the purposes for which it is organized are:

> To insure the lives of persons and to make every insurance appertaining thereto or connected therewith including insurance against permanent mental or physical disability resulting from accident or disease, or against accidental death combined with a policy for life insurance and to grant, purchase or dispose of annuities.

FILING #0004114403 PG 18 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02824
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

To insure against bodily injury or death by accident and against disablement resulting from sickness and every insurance appertaining thereto.

All to the extent permitted and authorized by the Department of Insurance.

ARTICLE D

TERM OF EXISTENCE

The term for which the Corporation shall continue is perpetual.

ARTICLE E

SHARES

The total number of shares which the Corporation has authority to issue is 2,000,000 shares of common stock with a par value of $2.00 each, for total authorized capital of $4,000,000.

ARTICLE F

PAID-IN CAPITAL

The amount of paid-in capital is $2,520,000.

ARTICLE G

PLAN OF BUSINESS

The business of the Corporation shall be conducted on the legal reserve stock plan.

ARTICLE H

DIRECTORS AND OFFICERS

The following are the names and addresses of the directors of the Corporation who have been elected to serve until the next annual meeting of shareholders, or until their successors are elected and qualified:

Director's Name	Address
Mitchell T.G. Graye	8515 E. Orchard Road Englewood, Colorado 80111
William T. McCallum	8515 E. Orchard Road Englewood, Colorado 80111

Certification Number: 2010011365565

FILING #0004114403 PG 19 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02825
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Director's Name	Address
Steve H. Miller	8505 E. Orchard Road Englewood, Colorado 80111
James D. Motz	8505 E. Orchard Road Englewood, Colorado 80111
Michael R. Quigley	10401 N. Meridian Street, Suite 350 Indianapolis, Indiana 46290
Martin Rosenbaum	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	1 Centennial Avenue Piscataway, New Jersey 08854

The following are the names, positions and addresses of the principal officers of the Corporation who have been elected to serve until the next annual meeting of directors, or until their successors are elected and qualified:

Officer's Name	Position Held	Address
William T. McCallum	Chairman of the Board	8515 E. Orchard Road Englewood, Colorado 80111
James D. Motz	Vice Chairman and Chief Executive Officer	8505 E. Orchard Road Englewood, Colorado 80111
James A. White	President	1 Centennial Avenue Piscataway, New Jersey 08854
Mitchell T.G. Graye	Executive Vice President and Chief Financial Officer	8515 E. Orchard Road Englewood, Colorado 80111
John T. Hughes	Senior Vice President and Chief Investment Officer	8515 E. Orchard Road, Englewood, Colorado 80111
D.Craig Lennox	Senior Vice President, General Counsel and Secretary	8515 E. Orchard Road, Englewood, Colorado 80111
Glen R. Derback	Vice President and Treasurer	8515 E. Orchard Road, Englewood, Colorado 80111
James L. McCallen	Vice President and Actuary	8515 E. Orchard Road, Englewood, Colorado 80111

FILING #0004114403 PG 20 OF 30 VOL B-013
FILED 03/05/2010 12:30 PM PAGE 0282
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLE I

PROVISIONS FOR REGULATION OF BUSINESS AND CONDUCT OF AFFAIRS OF CORPORATION

Section I.1. The Corporation shall have the right to engage in all lines of activity allied with or incidental to the purposes for which it is formed, not forbidden by the laws of the State of Indiana, and shall have the capacity to act, the authority and all of the general rights, privileges and powers referred to in Section 80 of Chapter 162 of the Acts of 1935, as amended.

Section I.2. The number of Directors of the Corporation shall not be less than five nor more than twenty-one, the exact number of Directors to be determined, from time to time, in such manner as the By-Laws may prescribe.

ARTICLE J

MANNER OF ADOPTION AND VOTE

Section J.1. Action by Directors. On June 15, 1999, a resolution was adopted by the Board of Directors of the Corporation proposing to the sole shareholder of the Corporation that the provisions and terms of its Articles of Incorporation and Redomestication be amended so as to read as set forth in these Restated Articles of Incorporation.

Section J.2. Action by Sole Shareholder. On June 15, 1999, a resolution was adopted by the sole shareholder of the Corporation, adopting these Restated Articles of Incorporation.

Section J.3. Compliance with Legal Requirements. The manner of the adoption of the Restated Articles of Incorporation, and the vote by which it was adopted, constitute full legal compliance with the provisions of the Indiana Insurance Law, the Articles of Incorporation and Redomestication and the By-Laws of the Corporation.

Certification Number: 2010011365565

FILING #0004114403 PG 21 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02827
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

ARTICLE K

The Corporation reserves the right to amend, alter, change or repeal any provision contained in these Restated Articles of Incorporation in the manner now or hereinafter prescribed herein and by the laws of the State of Indiana, and all rights conferred upon stockholders herein are granted subject to this reservation.

J.D. Motz
Vice Chairman and
Chief Executive Officer

D.C Lennox
Senior Vice President,
General Counsel and Secretary

Subscribed and sworn before me this 25th day of June, 1999

Notary Public

My commission expires April 9, 2000.

Certification Number: 2010011365565

STATE OF INDIANA

OFFICE OF THE ATTORNEY GENERAL

INDIANA GOVERNMENT CENTER SOUTH, FIFTH FLOOR
402 WEST WASHINGTON STREET • INDIANAPOLIS, IN 46204-2770

JEFFREY A. MODISETT
ATTORNEY GENERAL

TELEPHONE (317) 232-6201

19960312 30

July 10, 1999

CERTIFICATION

I have examined the Restated Articles of Incorporation of Alta Health & Life Insurance Company which is changing its name from Anthem Health & Life Insurance Company, and I certify that they conform to the provisions of the Indiana Insurance Law and are not inconsistent with the State and Federal Constitutions.

Respectfully submitted,

JEFFREY A. MODISETT
Attorney General of Indiana
Atty No. 0014704-49

Gordon E. White, Jr.
Deputy Attorney General
Atty No. 0001041-49

15981

19960312 30

Alta Health & Life Insurance Company
PO Box 730
Denver CO 80201 0730
800 521 5074
www.alta.com

February 8, 2001

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box 5501
Indianapolis, IN 46255

APPROVED
AS
BY
IND. SEC

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

Connie Page

Connie Page
Legal Assistant

Indiana Secretary of State
Packet: 1996031230
Filing Date: 02/13/2001
Effective Date: 02/13/2001

1996031230

Alta Health & Life Insurance Company
PO Box 230
Denver, CO 80201-0230
800-521-5124
www.altalic.com

February 8, 2001

Sue Anne Gilroy
Indiana Secretary of State
P.O. Box 5501
Indianapolis, IN 46255

APPROVED
AND
FILED
IND. SECRETARY OF STATE

RE: Alta Health & Life Insurance Company

Dear Mrs. Gilroy:

This letter is sent to inform you of a change in the presidency of Alta Health & Life Insurance Company. Effective January 1, 2001 James White retired from his position as President. J. D. Motz, the current Chairman and Chief Executive Officer was appointed to fill the presidency. His biographical affidavit is currently on file with your office because of his previous positions as Director and Officer of the corporation.

Also, please note that our corporate office has had a change in the city name, due to postal reorganization. The address is: 8505 East Orchard Road, Greenwood Village, CO 80111.

Thank you for adding this information to our business entity file.

Sincerely,

Connie Page

Connie Page
Legal Assistant

INDIANA SECRETARY OF STATE

SYSTEM GENERATED
ADMINISTRATIVE DISSOLUTION/REVOCATION

Pursuant to the provisions set forth in Indiana Code Title 23
the entity has been Administratively Dissolved or
the Certificate of Authority revoked.

A certified copy of this document authenticates the date of
the Administrative Dissolution/Revocation

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

FILING #000411403 PG 26 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02832
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

State of Indiana
Office of the Secretary of State

CERTIFICATE OF REINSTATEMENT

of

ALTA HEALTH & LIFE INSURANCE COMPANY

I, SUE ANNE GILROY, Secretary of State of Indiana, hereby certify that Application of Reinstatement of the above For-Profit Domestic Corporation have been presented to me at my office, accompanied by the fees prescribed by law and that the documentation presented conforms to law as prescribed by the provisions of the Indiana Business Corporation Law

NOW, THEREFORE, with this document I certify that said transaction will become effective Tuesday, May 21, 2002.

In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, May 21, 2002.

Sue Anne Gilroy

SUE ANNE GILROY,
SECRETARY OF STATE

1996031230 / 20020524 59762

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

19960312 30

SUE ANNE GILROY
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

FILING #000411440 3 PG 27 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02833
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

APPLICATION FOR REINSTATEMENT

State Form 4160 (R8 / 3-97) / 111
Approved by the State Board of Accounts 1995

Indiana Code 23-1-46-3 *(for profit corporation)*
Indiana Code 23-17-23-3 *(not-for-profit corporation)*

Application must include:

1. Certificate of Clearance issued by the Indiana Department of Revenue
2. Corporate Reports and Fees: please call our information line to learn what reports are delinquent (317) 232-6576
   a. Up to and including 1995, Annual Reports filed every year.
      Annual Report fee $10.00
   b. Beginning with 1996, Biennial Reports filed every two years
      Biennial Report fee $30.00
      Corporations incorporated in an even year, file every even year.
      Corporations incorporated in an odd year, file every odd year.
   c. Nonprofit corporations file Annual Reports every year.
      Nonprofit Corporate Report fee $10.00
3. Reinstatement filing fee: $30.00

APPROVED
BUSINESS SERVICES
INDIANA SECRETARY OF STATE

THIS APPLICATION CANNOT BE ACCEPTED WITHOUT A NOTICE OF CLEARANCE FOR REINSTATEMENT FROM THE INDIANA DEPARTMENT OF REVENUE.

SECTION I - CORPORATE INFORMATION

Name of corporation	Date of incorporation *(mo., day, yr.)*
Alta Health & Life Insurance Company	5/2/1963
Effective date of administrative dissolution	
2/8/2002	

SECTION II - AFFIDAVIT OF CORPORATE OFFICER OF DIRECTOR

The undersigned, being at least one of the principal officers or a director of the above-named corporation deposes and says:

A. that the grounds for dissolution did not exist or have been eliminated, and,

B. that the Corporation's name satisfies the requirements of Indiana Code 23-1-23-1, or Indiana Code 23-17-5-1.

IN WITNESS WHEREOF, the undersigned being the Assistant Secretary (Title) of said corporation executes this application and verifies, subject to penalties of perjury, that the statements contained herein are true, this 1st day of May, 19 2002

Signature	Printed name
R. Schultz	Richard G. Schultz, Assistant Secretary

The Indiana Secretary of State filing office certifies that this copy is on file in this office.

FILING #0004114403 PG 28 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02834
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/21/2002
Effective Date: 05/21/2002

RECEIVED
APR 26 2002
LAW DEPT

Indiana Department of Revenue
CERTIFICATE OF CLEARANCE
FOR REINSTATEMENT

AD-190 (Rev. 1/01)
SF#

Name of Corporation

Alta Health & Life Insurance Company
8515 East Orchard Road
Greenwood Village, CO 80111

Federal ID#
591031071
TID #
0102240450
Date Issued (Valid for 60 days)
04/12/2002

TO: Sue Anne Gilroy
Secretary of State
Corporations Division

The corporation named above has filed with the Department of State Revenue an affidavit, Form AD-19, disclosing that the corporation is applying for a Certificate of Reinstatement from the Secretary of State, and requesting a Certificate of Clearance from this Department stating all taxes and fees owed by the corporation have been paid.

An examination of the corporation's existing accounts for listed taxes and fees required to be administered or collected by the Department has determined that all taxes, fees, interest, and penalties due have been paid or satisfied. Execution of this document does not preclude the Department from future examination and adjustment of the corporation's Indiana tax accounts for any period.

This Certificate of Clearance shall be null and void sixty (60) days after its date of issue.

Kenneth L. Miller, Commissioner
Indiana Department of Revenue

Diane Freeman, Administrator
Compliance Division

BY:

Instructions to the corporation:

This notice is the signed original. You are to include this certification along with the other documents constituting your **Application for Reinstatement** (SF#4160). Do Not Mail this certificate separately to the Secretary of State unless you are so directed.

Certification Number: 2010011365565

The Indiana Secretary of State filing office certifies that this copy is on file in this office

FILING #000411403 PG 29 OF 30 VOL B-01317
FILED 03/05/2010 12:30 PM PAGE 02835
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS

State Form 50656 (R/I-03)

RECEIVED
CORPORATIONS DIV.
09 MAY 22 PM 1:18

TODD ROKITA
SECRETARY OF STATE
CORPORATIONS DIVISION
302 W. Washington St., Rm. E018
Indianapolis, IN 46204
Telephone: (317) 232-6576

INSTRUCTIONS: *Use 8 1/2" x 11" white paper for attachments.*
Present original and one copy to address in upper right corner of this form.
Please TYPE or PRINT.
Please visit our office on the web at www.sos.in.gov

Indiana Code 23-1-1-1 et seq.

NO FILING FEE

Name of corporation or other entity	Date of incorporation / organization / reclamation
Alta Health & Life Insurance Co.	3/21/1996
Current principal office address (number and street, city, state, ZIP code)	
8515 E. Orchard Road, Greenwood Village, CO 80111	
New principal office address (number and street, city, state, ZIP code)	
11595 N. Meridian Street, Suite 600, Carmel, IN 46032	

IN WITNESS WHEREOF, the undersigned executes this notice and verifies, subject to the penalties of perjury, that the statements contained herein are true, this 19th day of May, 20 09

Signature	Title
Jennifer Spark	Assistant Secretary

Indiana Secretary of State
Packet: 1996031230
Filing Date: 05/22/2009
Effective Date: 05/22/2009

APPROVED AND FILED
IND. SECRETARY OF STATE

COPY

Certification Number: 2010011365565

CIGNA CORPORATION
1601 Chestnut Street
Philadelphia, PA 19192

March 5, 2010

FILING #0004114403 PG 30 OF 30 VOL B-01379
FILED 03/05/2010 12:30 PM PAGE 02836
SECRETARY OF THE STATE
CONNECTICUT SECRETARY OF THE STATE

Connecticut Secretary of State
30 Trinity Street
Hartford, CT 06106

Re: CIGNA Health and Life Insurance Company

Dear Sir/Madam:

I currently have the above-referenced name reserved for use in Connecticut. I hereby transfer the reservation to CT Corporation System.

Thank you for your assistance.

Very truly yours,

Jennifer A. Shank