

**FIRST RENEWAL OF  
GROUP MEDICAL HEALTH INSURANCE AGREEMENT**

THIS AGREEMENT made and entered into this 1st day of October, 2024 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 First Renewal of Group Medical Health Insurance Agreement (the "First 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 First 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 one (1) year term and provides that the parties may renegotiate and renew the Agreement for up to four (4) 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, 2024 and ending September 30, 2025, 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, 2024 and ending September 30, 2025.
2. Commencing October 1, 2024, premium rates shall be set at the following monthly rates established in the First Renewal (hereinafter referred to as the "premiums"):

<u>Category</u>	<u>Cost</u>
Employee	\$1,040.02
Employee & Family	\$1,818.54
Retiree Under Age 65	\$1,348.40
Retiree & Family Under Age 65	\$2,410.00
Retiree & Family Over Age 65	\$1,858.40
Disabled Retiree	\$621.16
Disabled Retiree & Family Under Age 65	\$1,373.40
Disabled Retiree & Family Over Age 65	\$1,027.92
Pre-65 Dependent Unit of Post-65 Retiree	\$1,348.40

The rates set forth above include all administrative charges for the services agreed to be made available to the Employer.

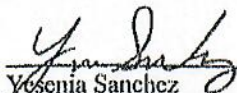
3. Commencing October 1, 2024, Cigna shall continue to provide coverage for all of the present active employees and Pre-65 retiree enrollees and their dependents who are eligible under the Government Plan.
4. The Plan Document prepared by Cigna will describe the benefits provided under the group benefit policy, including but not limited to the benefits required by federal and territorial law.
5. Except as expressly amended by this First Renewal, all terms and provisions of the original Agreement remain in full force and effect.
6. 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.
7. 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:



Cigna Health and Life Insurance Company

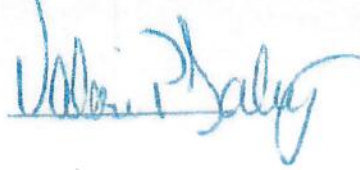
  
Yesenia Sanchez  
General Manager

Date: 8/7/24

Contractors Initials: Y.S.

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees



  
Beverly Joseph  
Chairperson

Date: 8/9/2024

Witness:

Virgin Islands Port Authority

\_\_\_\_\_

\_\_\_\_\_   
Carlton Dowe  
Executive Director

Date: \_\_\_\_\_

Witness:

University of the Virgin Islands

\_\_\_\_\_

\_\_\_\_\_   
Dr. Safiya George  
President

Date: \_\_\_\_\_

Witness:

Virgin Islands Housing Authority

\_\_\_\_\_

\_\_\_\_\_   
Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

Witness:

Frederiksted Health Care, Inc.

\_\_\_\_\_

\_\_\_\_\_   
Masserae Sprauve-Webster,  
Chief Executive Officer

Date: \_\_\_\_\_

Contractors Initials: Y.S.



Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

\_\_\_\_\_

Beverly A. Joseph  
Chairperson

Date: \_\_\_\_\_

Witness:

Virgin Islands Port Authority

*[Handwritten Signature]*

*[Handwritten Signature]*

Carlton Dowe  
Executive Director

Date: 8/13/24

Witness:

University of the Virgin Islands

\_\_\_\_\_

Dr. Safiya George  
President

Date: \_\_\_\_\_

Witness:

Virgin Islands Housing Authority

\_\_\_\_\_

Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

Witness:

Frederiksted Health Care, Inc.

\_\_\_\_\_

Massrae Sprauve-Webster,  
Chief Executive Officer

Date: \_\_\_\_\_

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

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Beverly A. Joseph  
Chairperson

Date: \_\_\_\_\_

Witness:

Virgin Islands Port Authority

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Carlton Dowe  
Executive Director

Date: \_\_\_\_\_

Witness:

University of the Virgin Islands



\_\_\_\_\_  
Dr. Safiya George  
President

Date: 8/13/24

Witness:

Virgin Islands Housing Authority

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Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

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Frederiksted Health Care, Inc.

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Masserae Sprauve-Webster,  
Chief Executive Officer

Date: \_\_\_\_\_

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

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Beverly A. Joseph  
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Carlton Dowe  
Executive Director

Date: \_\_\_\_\_

Witness:

University of the Virgin Islands

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\_\_\_\_\_  
Dr. Safiya George  
President

Date: \_\_\_\_\_

Witness:

Virgin Islands Housing Authority



  
Dwayne Alexander  
Executive Director

Date: 8/12/24

Witness:

Frederiksted Health Care, Inc.

\_\_\_\_\_

\_\_\_\_\_  
Massrae Sprauve-Webster,  
Chief Executive Officer

Date: \_\_\_\_\_

Contractors Initials: Y.S.

Witness:

Government of the Virgin Islands Health Insurance Board of Trustees

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\_\_\_\_\_  
Beverly A. Joseph  
Chairperson

Date: \_\_\_\_\_

Witness:

Virgin Islands Port Authority

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\_\_\_\_\_  
Carlton Dowe  
Executive Director

Date: \_\_\_\_\_

Witness:

University of the Virgin Islands

\_\_\_\_\_

\_\_\_\_\_  
Dr. Safiya George  
President

Date: \_\_\_\_\_

Witness:

Virgin Islands Housing Authority

\_\_\_\_\_

\_\_\_\_\_  
Dwayne Alexander  
Executive Director

Date: \_\_\_\_\_

Witness:

Frederiksted Health Care, Inc.



  
Masserae Sprauve-Webster,  
Chief Executive Officer

Date: 8/12/2024

Contractors Initials: Y.S.




Approved as to Legal Sufficiency  
Department of Justice

Sean P. Bailey, AAG  
Assistant Attorney General

Date: 8/22/2024

Approved:

  
Honorable Albert Bryan, Jr.  
Governor of the Virgin Islands

Date: 8/27/24

Approved:

\_\_\_\_\_  
Novelle E. Francis Jr.,  
President, 35th Legislature of the  
Virgin Islands

Date: \_\_\_\_\_



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

July 31, 2024

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 Medical and  
Dental Renewal effective October 1, 2024, 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, has recently secured our first renewal with CIGNA Healthcare after completing a Request for Proposals (RFP) for competitive bids as required by statute for insurance services last year which included Medical and Prescription Drug coverage for active employees and retirees, Employee Assistance Program, Dental, Vision, Life and Accidental Death & Dismemberment (AD&D) plans.

This letter will summarize the CIGNA medical (active employees and Non-Medicare retirees) and dental renewals. Both the Vision insurance and Life and Accidental Death & Dismemberment plans are in a pricing guarantee for the upcoming fiscal year.

Based upon the most recent medical claims experience report through June 2024, the medical claims expenditures are 99% of the medical plans' premiums, exclusive of other plan expenditures such as administrative costs. With losses such as our plan is experiencing, it would be anticipated of have an increase in excess of +25%. However, as stewards of the Government employees' health plan, the Board negotiated a premium cap of +8% for medical coverage and +3% for dental coverage for this upcoming fiscal year no matter how the claims were performing so as to not negatively impact the Government, and its employees and retirees.

According to the Cigna underwriting formula that they have historically used the initial renewal would have been an 18% increase; however, as mentioned prior we negotiated rate caps last year and Cigna is honoring the rate caps with an overall 8% increase for medical coverage and a 3% increase for the

dental coverage. Due to both plans not performing well, they are indicating that they cannot provide any further rate relief without changing our plans and/or reducing the services they provide. Based upon the proposed premiums, the overall medical increase to the Central Government will be approximately \$18.6 million for total of \$187.6 million.

Since there was a substantial increase in premiums, it was vital to the Board that there were no plan design changes (i.e. increasing copayments, deductibles, out-of-pocket maximums). CIGNA agreed to not change any of the benefits, nor did they decrease the level of services that are offered with the current plan.

In addition to the above financial implications, Cigna will continue to include and enhance the following in their contract with the Board:

- Support the USVI community by providing six (6) two-year nursing scholarships to the University of the Virgin Islands in the amount of \$6,250 per student per year and providing \$375,000 in grants to non-profit agencies;
- Provide a Wellness Fund of \$1,000,000;
- Continuation of the two (2) full time on-site Customer Service Representatives;
- Inclusion of MotivateMe, a turnkey wellness incentive program that gives employees and their spouses opportunities to earn rewards for taking charge of and improving their health while funding \$300,000 in incentives;
- Continuation of Omada's Pre-Diabetes Prevention Program;
- Continuation of the 2 Health Improvement Offices with two (2) health coaches and two (2) mobile vans;
- Placing \$1.7 in premiums at risk for performance guarantees; and
- The Cigna Foundation will be offering \$250,000 in grants over the next two years to non-profits in the Territory helping those living with obesity, high blood pressure, diabetes, and other chronic conditions with the goal of improving their overall health.

The Board believes it was able to obtain the overall lowest cost for both the Government, and its employees and retirees, while maintaining a viable benefit offering.

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



Attachments

1. Group Health Insurance Budget Projection(s) - FY2023-2024
2. Employee & Employer Contribution Scenario(s)
3. Claims Experience



Government of The Virgin Islands of the United States  
 Central Government & GERS Group Health Projected Budget  
 Fiscal Year: October 1, 2024 - September 30, 2025



Plan	Coverage Type	Enrollment	2023-2024 Estimated FY 2023-2024		2024-2025 Projected FY 2024-2025		Employee Share	Employer Share	Employee Share
			Total Premium	Employer Share	Total Premium	Employer Share			
Medical	Employee	4,029	\$ 46,356,231	\$ 33,986,049	\$ 12,570,182	\$ 50,280,807	\$ 37,710,625	\$ 12,570,182	
	Family	4,442	\$ 89,762,143	\$ 65,526,364	\$ 24,235,779	\$ 96,943,263	\$ 72,707,485	\$ 24,235,779	
Dental	Employee	4,068	\$ 867,612	\$ 657,976	\$ 309,636	\$ 995,416	\$ 686,780	\$ 309,636	
	Family	4,378	\$ 2,656,321	\$ 1,806,298	\$ 850,023	\$ 2,735,654	\$ 1,885,531	\$ 850,023	
Life	Basic	7,866	\$ 95,336	\$ 95,336	\$ -	\$ 95,336	\$ 95,336	\$ -	
	Voluntary	5,910	\$ 2,331,140	\$ -	\$ 2,331,140	\$ 2,331,140	\$ -	\$ 2,331,140	
	Spouse	1,178	\$ 111,458	\$ -	\$ 111,458	\$ 111,458	\$ -	\$ 111,458	
	Child(ren)	2,621	\$ 21,073	\$ -	\$ 21,073	\$ 21,073	\$ -	\$ 21,073	
Vision	Employee	4,785	\$ 227,383	\$ -	\$ 227,383	\$ 227,383	\$ -	\$ 227,383	
	Family	3,920	\$ 491,098	\$ -	\$ 491,098	\$ 491,098	\$ -	\$ 491,098	
<b>TOTAL - Active Employees</b>			\$ 143,219,795	\$ 102,072,024	\$ 41,147,771	\$ 154,233,628	\$ 113,085,856	\$ 41,147,771	0.0%
						\$ 11,013,833	\$ 11,013,833	\$ -	10.8%
									7.7%
									10.8%
<b>RETIRES</b>									
Under 65 Medical	Retiree	878	\$ 13,154,407	\$ 9,602,717	\$ 3,551,690	\$ 14,206,742	\$ 10,655,053	\$ 3,551,690	
	Retiree Dependents	392	\$ 5,873,038	\$ 4,287,318	\$ 1,585,720	\$ 6,342,874	\$ 4,757,153	\$ 1,585,720	
Over 65 Medical	Family	458	\$ 12,264,214	\$ 8,952,876	\$ 3,311,338	\$ 13,245,360	\$ 9,934,022	\$ 3,311,338	
	Medicare Advantage	6,615	\$ 19,864,051	\$ 13,110,274	\$ 6,753,777	\$ 25,214,451	\$ 19,460,674	\$ 6,753,777	
Dental	Retiree	5,783	\$ 1,375,429	\$ 985,292	\$ 440,137	\$ 1,416,572	\$ 976,235	\$ 440,137	
	Family	2,195	\$ 1,331,953	\$ 905,728	\$ 426,225	\$ 1,371,732	\$ 945,507	\$ 426,225	
Life	Basic	8,282	\$ 332,936	\$ 332,936	\$ -	\$ 332,936	\$ 332,936	\$ -	
	Voluntary	5,519	\$ 8,099,896	\$ -	\$ 8,099,896	\$ 8,099,896	\$ -	\$ 8,099,896	
	Spouse	1,439	\$ 595,684	\$ -	\$ 595,684	\$ 595,684	\$ -	\$ 595,684	
	Child(ren)	474	\$ 3,811	\$ -	\$ 3,811	\$ 3,811	\$ -	\$ 3,811	
Vision	Retiree	996	\$ 47,330	\$ -	\$ 47,330	\$ 47,330	\$ -	\$ 47,330	
	Family	308	\$ 38,586	\$ -	\$ 38,586	\$ 38,586	\$ -	\$ 38,586	
<b>TOTAL - Retirees</b>			\$ 62,981,335	\$ 38,127,140	\$ 24,854,194	\$ 71,915,775	\$ 47,061,581	\$ 24,854,194	0.0%
						\$ 8,994,440	\$ 8,994,440	\$ -	14.2%
									23.4%
<b>TOTAL - Active Employees &amp; Retirees</b>			\$ 206,201,130	\$ 140,199,164	\$ 66,001,966	\$ 226,149,403	\$ 160,147,437	\$ 66,001,966	0.0%
						\$ 19,948,273	\$ 19,948,273	\$ -	9.7%
									14.2%

Notes:

- Projected Budget assumes Maximum Premium Rates Negotiated in GESC REP No. 2023-01.
- Over 65 Medical is 9-months of the fiscal year (effective January 1, 2025).
- Estimated FY Total Premium may vary based upon actual enrollments for the remainder of current Fiscal Year & proposed Fiscal Year.
- Costs account for Senate funded subsidies of member contributions for FY2019-2020; FY2020-2021; FY2021-2022; FY2022-2023; & FY2023-2024



Government of The Virgin Islands of the United States  
 Central Government & GERS Group Health Projected Budget  
 Fiscal Year: October 1, 2024 - September 30, 2025



ASSUMES EMPLOYEE/RETIREE PAY-ABLE INCREASE

Plan	Coverage Type	Enrollment	2023-2024 Estimated FY 2023-2024 Estimated FY		2023-2024 Estimated FY		2024-2025 Projected FY 2024-2025 Projected FY		2024-2025 Projected FY 2024-2025 Projected FY	
			Total Premium	Employer Share	Employee Share	Total Premium	Employer Share	Employee Share	Total Premium	Employer Share
Medical	Employee	4,029	\$ 46,556,231	\$ 33,986,049	\$ 12,570,182	\$ 50,280,807	\$ 37,207,837	\$ 13,072,990	\$ 13,072,990	\$ 25,205,210
	Family	4,442	\$ 89,762,143	\$ 65,526,364	\$ 24,235,779	\$ 96,945,269	\$ 71,738,054	\$ 25,205,210	\$ 25,205,210	\$ 322,021
	Employee	4,068	\$ 967,612	\$ 657,976	\$ 309,636	\$ 996,416	\$ 674,395	\$ 322,021	\$ 322,021	\$ 894,024
Denial	Family	4,378	\$ 2,656,321	\$ 1,806,298	\$ 850,023	\$ 2,755,654	\$ 1,851,630	\$ 894,024	\$ 894,024	\$ -
	Basic	7,866	\$ 95,336	\$ 95,336	\$ -	\$ 95,336	\$ 95,336	\$ -	\$ -	\$ -
	Voluntary	5,910	\$ 2,331,140	\$ -	\$ 2,331,140	\$ 2,331,140	\$ -	\$ -	\$ -	\$ 2,331,140
Life	Spouse	1,178	\$ 111,458	\$ -	\$ 111,458	\$ 111,458	\$ -	\$ -	\$ -	\$ 111,458
	Child(ren)	2,621	\$ 21,073	\$ -	\$ 21,073	\$ 21,073	\$ -	\$ -	\$ -	\$ 21,073
	Employee	4,785	\$ 227,383	\$ -	\$ 227,383	\$ 227,383	\$ -	\$ -	\$ -	\$ 227,383
	Family	3,920	\$ 491,098	\$ -	\$ 491,098	\$ 491,098	\$ -	\$ -	\$ -	\$ 491,098
<b>TOTAL - Active Employees</b>			<b>\$ 143,219,795</b>	<b>\$ 102,072,024</b>	<b>\$ 41,147,771</b>	<b>\$ 154,233,628</b>	<b>\$ 111,567,232</b>	<b>\$ 42,666,396</b>	<b>\$ 1,518,625</b>	<b>\$ 3,774,757</b>
			<b>% Amount Increase/(Decrease)</b>			<b>7.7%</b>		<b>9.3%</b>		<b>3.7%</b>
<b>TOTAL - Retirees</b>			<b>\$ 13,154,407</b>	<b>\$ 9,602,717</b>	<b>\$ 3,551,690</b>	<b>\$ 14,206,742</b>	<b>\$ 10,512,985</b>	<b>\$ 3,693,757</b>	<b>\$ 3,693,757</b>	<b>\$ 1,649,149</b>
	Retiree	878	\$ 13,154,407	\$ 9,602,717	\$ 3,551,690	\$ 14,206,742	\$ 10,512,985	\$ 3,693,757	\$ 3,693,757	\$ 1,649,149
	Retiree Dependents	392	\$ 5,873,038	\$ 4,287,318	\$ 1,585,720	\$ 6,342,874	\$ 4,693,725	\$ 1,649,149	\$ 1,649,149	\$ 3,443,791
	Family	458	\$ 12,264,214	\$ 8,952,876	\$ 3,311,338	\$ 13,245,360	\$ 9,801,569	\$ 3,443,791	\$ 3,443,791	\$ 7,023,929
Over 65 Medical	Medicare Advantage	6,615	\$ 19,864,051	\$ 13,110,274	\$ 6,753,777	\$ 26,214,451	\$ 18,190,523	\$ 7,023,929	\$ 7,023,929	\$ 457,749
	Retiree	5,733	\$ 1,375,429	\$ 995,291	\$ 440,137	\$ 1,416,372	\$ 958,630	\$ 457,749	\$ 457,749	\$ -
	Family	2,195	\$ 1,321,953	\$ 905,728	\$ 426,225	\$ 1,371,732	\$ 928,458	\$ 443,274	\$ 443,274	\$ -
Denial	Basic	8,282	\$ 332,936	\$ 332,936	\$ -	\$ 332,936	\$ 332,936	\$ -	\$ -	\$ 332,936
	Voluntary	6,519	\$ 8,099,896	\$ -	\$ 8,099,896	\$ 8,099,896	\$ -	\$ -	\$ -	\$ 8,099,896
Life	Spouse	1,439	\$ 595,684	\$ -	\$ 595,684	\$ 595,684	\$ -	\$ -	\$ -	\$ 595,684
	Child(ren)	474	\$ 3,811	\$ -	\$ 3,811	\$ 3,811	\$ -	\$ -	\$ -	\$ 3,811
	Retiree	966	\$ 47,330	\$ -	\$ 47,330	\$ 47,330	\$ -	\$ -	\$ -	\$ 47,330
	Family	308	\$ 38,586	\$ -	\$ 38,586	\$ 38,586	\$ -	\$ -	\$ -	\$ 38,586
<b>TOTAL - Retirees</b>			<b>\$ 62,981,335</b>	<b>\$ 38,127,140</b>	<b>\$ 24,854,194</b>	<b>\$ 71,915,775</b>	<b>\$ 46,418,825</b>	<b>\$ 25,466,950</b>	<b>\$ 642,755</b>	<b>\$ 2,674,755</b>
			<b>% Amount Increase/(Decrease)</b>			<b>14.2%</b>		<b>21.7%</b>		<b>2.6%</b>
<b>TOTAL - Active Employees &amp; Retirees</b>			<b>\$ 206,201,130</b>	<b>\$ 140,199,164</b>	<b>\$ 66,001,966</b>	<b>\$ 226,149,403</b>	<b>\$ 157,986,057</b>	<b>\$ 68,133,346</b>	<b>\$ 2,161,380</b>	<b>\$ 6,449,512</b>
			<b>% Amount Increase/(Decrease)</b>			<b>9.7%</b>		<b>12.7%</b>		<b>3.3%</b>

Notes:  
 A. Projected Budget assumes Minimum Premium Rates Negotiated in GESC RFP No. 2023-01.  
 B. Over 65 Medical is 9-months of the fiscal year (effective January 1, 2025).  
 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 State funded subsidies of member contributions for FY2019-2020, FY2020-2021, FY2021-2022, FY2022-2023, & FY2023-2024



A RISK STRATEGIES COMPANY



Government Employees Services Commission  
Health Insurance Board  
Employee & Employer Contribution Scenarios  
Updated July 31, 2024 to include UHC Renewal v2





## GUSVI Employee/Employer Contribution Government Absorbs the Increase

Medical Only	Current \$ Semi-Monthly Payroll Deduction	Current % of Contribution towards Premium	\$ Semi-Monthly Payroll Deduction	Increase per Pay (per Year)
Active Single	\$131.69	27%	\$131.69	\$0
Active Family	\$232.83	27%	\$232.83	\$0
Retiree Under 65	\$169.78	27%	\$169.78	\$0
Retiree U65 Family	\$305.90	27%	\$305.90	\$0
Retiree Over 65	\$42.54	34%	\$42.54	\$0

Employees & Retirees Under 65 will see a **0% increase** and Government would bear the difference of approximately \$13.6 million or +10.7%.

Retirees Over 65 will see a **0% increase** and the Government would increase approximately \$6.35 million or +48% due to plan increase.

**OVERALL INCREASE TO CENTRAL GOVERNMENT = \$19.9 million or 14.2%**





## GUSVI Employee/Employer Contribution Employee & Retiree Pay a 4% Increase

Medical Only	Current \$ Semi-Monthly Payroll Deduction	Current % of Contribution towards Premium	\$ Semi-Monthly Payroll Deduction at 4% Increase	Increase per Pay (per Year)
Active Single	\$131.69	27%	\$136.95	\$5.27 (\$126)
Active Family	\$232.83	27%	\$242.14	\$9.32 (\$224)
Retiree Under 65	\$169.78	27%	\$176.57	\$6.79 (\$163)
Retiree U65 Family	\$305.90	27%	\$318.13	\$12.23 (\$294)
Retiree Over 65	\$42.54	34%	\$44.24	\$1.70 (\$41)

Employees & Retirees Under 65 will see a **4% increase** and Government would bear the difference of approximately \$11.7 million or +9.2%.

Retirees Over 65 will see a **4% increase** and the Government would increase approximately \$6 million or +46% due to plan increase.

**OVERALL INCREASE TO CENTRAL GOVERNMENT = \$17.8 million or 12.7%**



Government of the United States Virgin Islands  
 Medical Renewal Evaluation (Total Monthly Rates)  
 Effective Date: October 1, 2024



CURRENT (2023-2024)

RENEWAL (2024-2025)

Medical	Lifetime Maximum Calendar Year Deductible (CYD)	Cigna		Geera	
		Unlimited OAP	Out of Network	Unlimited OAP	Out of Network
Single	\$500	\$1,000	\$1,000	\$1,000	\$1,000
Family	\$1,000	\$2,000	\$2,000	\$2,000	\$2,000
Out of Pocket Maximum (OOP)	\$5,000	\$10,000	\$5,000	\$10,000	\$10,000
Family	\$10,000	\$20,000	\$10,000	\$20,000	\$20,000
Coinsurance	20%	40%	20%	40%	40%
Office Visits					
Primary Care Office Visit	\$20	40% after CYD	\$20	40% after CYD	40% after CYD
Specialist Visit	\$30	40% after CYD	\$30	40% after CYD	40% after CYD
Preventive Visit	No Charge	Not Covered	No Charge	Not Covered	Not Covered
Independent Clinical Lab	20% after CYD	40% after CYD	20% after CYD	40% after CYD	40% after CYD
X-Rays at Independent Facility	20% after CYD	40% after CYD	20% after CYD	40% after CYD	40% after CYD
Advanced Imaging	20% after CYD	40% after CYD	20% after CYD	40% after CYD	40% after CYD
Urgent Care Center	20% after CYD	20% after CYD	20% after CYD	20% after CYD	20% after CYD
Hospital Services					
Inpatient	\$100 PAD + 20% after CYD	\$100 PAD + 40% after CYD	\$100 PAD + 20% after CYD	\$100 PAD + 40% after CYD	\$100 PAD + 40% after CYD
Outpatient	20% after CYD	40% after CYD	20% after CYD	40% after CYD	40% after CYD
Emergency Room Visit	\$50 Copay + 20% after CYD	\$50 Copay + 20% after CYD	\$50 Copay + 20% after CYD	\$50 Copay + 20% after CYD	\$50 Copay + 20% after CYD
Physician Services	20% after CYD	40% after CYD	20% after CYD	40% after CYD	40% after CYD
Mental Health/Substance Abuse	\$100 PAD + 20% after CYD	\$100 PAD + 40% after CYD	\$100 PAD + 20% after CYD	\$100 PAD + 40% after CYD	\$100 PAD + 40% after CYD
Inpatient	No Charge	40% after CYD	No Charge	40% after CYD	40% after CYD
Outpatient	No Charge	40% after CYD	No Charge	40% after CYD	40% after CYD
Prescription Drugs					
Generic (Tier 1)	\$10 Retail / \$20 MO	50% (\$40 minimum on Tier 3) No MO	\$10 Retail / \$20 MO	50% (\$40 minimum on Tier 3) No MO	50% (\$40 minimum on Tier 3) No MO
Preferred Brand (Tier 2)	\$20 Retail / \$40 MO	50% (\$40 minimum on Tier 3) No MO	\$20 Retail / \$40 MO	50% (\$40 minimum on Tier 3) No MO	50% (\$40 minimum on Tier 3) No MO
Non-Preferred Brand (Tier 3)	50% (\$40 min/\$100 max - Retail) / 50% (\$80 min/\$200 max - MO)	50% (\$40 minimum on Tier 3) No MO	50% (\$40 min/\$100 max - Retail) / 50% (\$80 min/\$200 max - MO)	50% (\$40 minimum on Tier 3) No MO	50% (\$40 minimum on Tier 3) No MO
Actives					
Employee Only	4,056	\$962.96	\$1,040.02	\$1,040.02	\$1,040.02
Employee + Family	4,291	\$1,683.84	\$1,818.55	\$1,818.55	\$1,818.55
Retirees Under 65					
Retiree Only Under 65	878	\$1,248.52	\$1,348.40	\$1,348.40	\$1,348.40
Retiree Under 65 + Dep Under 65	458	\$2,231.48	\$2,410.00	\$2,410.00	\$2,410.00
Retiree Under 65 + Dep Over 65	64	\$1,720.74	\$1,858.40	\$1,858.40	\$1,858.40
Retirees Over 65					
Retiree Only Over 65	8	\$875.16	\$921.17	\$921.17	\$921.17
Retiree Over 65 + Dep Under 65	8	\$1,271.68	\$1,373.41	\$1,373.41	\$1,373.41
Retiree Over 65 + Dep Over 65	3	\$951.78	\$1,027.92	\$1,027.92	\$1,027.92
Pre-65 Dep of Post-65 Retirees					
Pre-65 Dep of Post-65 Retiree	392	\$1,248.52	\$1,348.40	\$1,348.40	\$1,348.40
Total Monthly Premium	10,158	\$13,868.600	\$14,975.945	\$14,975.945	\$14,975.945
Total Annual Premium		\$166,399.200	\$179,711.842	\$179,711.842	\$179,711.842
% Increase		N/A	N/A	N/A	N/A
% Increase		N/A	8.0%	8.0%	8.0%

Rate cap of 8% max for 2024-09/2025



## BENEFIT SUMMARY

**Cigna Health and Life Insurance Co.**  
 For - The Government of the US Virgin Islands  
 Open Access Plus Plan  
 OAP Plan  
 Effective - 10/01/2024



**Selection of a Primary Care Provider** - your plan may require or allow the designation of a primary care provider. You have the right to designate any primary care provider who participates in the network and who is available to accept you or your family members. If your plan requires designation of a primary care provider, Cigna may designate one for you until you make this designation. For information on how to select a primary care provider, and for a list of the participating primary care providers, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card. For children, you may designate a pediatrician as the primary care provider.

**Direct Access to Obstetricians and Gynecologists** - You do not need prior authorization from the plan or from any other person (including a primary care provider) in order to obtain access to obstetrical or gynecological care from a health care professional in our network who specializes in obstetrics or gynecology. The health care professional, however, may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit [www.mycigna.com](http://www.mycigna.com) or contact customer service at the phone number listed on the back of your ID card.

**Behavioral Health for NM residents** - No Charge for in-network state mandated mental health, behavioral or substance use disorder diagnoses.

**A notice for Missouri residents required by RSMo 376.1499.6:** This plan has purchased an optional rider to cover elective abortions. The enrollee has the right to exclude, and not pay for, coverage for elective abortions if such coverage is contrary to the enrollee's moral, ethical or religious beliefs.

**A notice for Oklahoma residents per 63 Okl. St. § 1-741.3:** This plan has purchased an optional rider to cover elective abortions. The enrollee has the right to exclude from their plan, and not pay for, coverage for elective abortions.

**A notice for Texas residents per Tex. Ins. Code §1218.001 et al.:** This plan has purchased an optional rider to cover elective abortions. The enrollee has the right to exclude from their plan, and not pay for, coverage for elective abortions.

Plan Highlights	In-Network	Out-of-Network
Lifetime Maximum	Unlimited	Unlimited
Plan Year Accumulation	Your Plan's Deductibles, Out-of-Pockets and benefit level limits accumulate on a calendar year basis unless otherwise stated. In addition, all plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.	
Plan Coinsurance	Plan pays 80%	Plan pays 80%
Maximum Reimbursable Charge	Not Applicable	150%

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**Plan Highlights**

**In-Network**

**Out-of-Network**

**Plan Deductible**

Individual: \$600  
Family: \$1,000

Individual: \$1,000  
Family: \$2,000

- Only the amount you pay for in-network covered expenses counts towards your in-network deductible. Only the amount you pay for out-of-network covered expenses counts towards your out-of-network deductible.
- Benefit copays/deductibles always apply before plan deductible and coinsurance.
- Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.

Note: Services where plan deductible applies are noted with a caret (^)

**Plan Out-of-Pocket Maximum**

Individual: \$6,000  
Family: \$10,000

Individual: \$10,000  
Family: \$20,000

- Only the amount you pay for in-network covered expenses counts toward your in-network out-of-pocket maximum. Only the amount you pay for out-of-network covered expenses counts toward your out-of-network out-of-pocket maximum.
- Plan deductible contributes towards your out-of-pocket maximum.
- All benefit copays/deductibles contribute towards your out-of-pocket maximum.
- Covered expenses that count towards your out-of-pocket maximum include customer paid coinsurance and charges for Mental Health and Substance Use Disorder. Out-of-network non-compliance penalties or charges in excess of Maximum Reimbursable Charge do not contribute towards the out-of-pocket maximum.
- After each eligible family member meets his or her individual out-of-pocket maximum, the plan will pay 100% of their covered expenses. Or, after the family out-of-pocket maximum has been met, the plan will pay 100% of each eligible family member's covered expenses.
- This plan includes a combined Medical/Pharmacy out-of-pocket maximum.

**Benefits**

**In-Network**

**Out-of-Network**

Note: Services where plan deductible applies are noted with a caret (^), Benefit copays/deductibles always apply before plan deductible.

**Physician Services - Office Visits**

Primary Care Physician (PCP) Services/Office Visit	\$20 copay, and plan pays 100%	Plan pays 60%
Specialty Care Physician Services/Office Visit	\$30 copay, and plan pays 100%	Plan pays 60%

NOTE: Obstetrician and Gynecologist (OB/GYN) visits are subject to either the PCP or Specialist cost share depending on how the provider contracts with Cigna (i.e. as PCP or as Specialist).

**Surgery Performed in Physician's Office**

Covered same as Physician Services - Office Visit

Covered same as Physician Services - Office Visit

**Allergy Treatment/Injections and Allergy Serum**

Allergy serum dispensed by the physician in the office

Covered same as Physician Services - Office Visit

Covered same as Physician Services - Office Visit

Note: Office copay does not apply if only the allergy serum is provided.

**Preventive Care**

**Preventive Care**

Plan pays 100%

Not Covered

- Includes coverage of additional services, such as urinalysis, EKG, and other laboratory tests supplementing the standard Preventive Care benefit when billed as part of office visit.
- Annual Limit: Unlimited

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**Benefit**

**In-Network**

**Out-of-Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

	In-Network	Out-of-Network
<b>Immunizations</b>	Plan pays 100%	Not Covered
<b>PAP</b>	Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service
<ul style="list-style-type: none"> <li>Coverage includes the associated Preventive Outpatient Professional Services.</li> <li>Diagnostic-related services are covered at the same level of benefits as other x-ray and lab services, based on Place of Service.</li> <li>Associated wellness exam is covered in-network only.</li> </ul>		
<b>Mammogram and PSA Tests</b>	Plan pays 100%	Covered same as other x-ray and lab services, based on Place of Service
<ul style="list-style-type: none"> <li>Preventive and Diagnostic including Professional Services.</li> </ul>		
<b>Inpatient</b>		
<b>Inpatient Hospital Facility Services</b>	\$100 per admission copay, and plan pays 80% ^	\$100 per admission deductible, and plan pays 60% ^
Note: Includes all Lab and Radiology services, including Advanced Radiological Imaging as well as Medical Specialty Drugs		
<b>Inpatient Hospital Physician's Visit/Consultation</b>	Plan pays 80% ^	Plan pays 60% ^
<b>Inpatient Professional Services</b>	Plan pays 80% ^	Plan pays 80% ^
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		
<b>Outpatient</b>		
<b>Outpatient Facility Services</b>		
<b>Outpatient Professional Services</b>	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none"> <li>For services performed by Surgeons, Radiologists, Pathologists and Anesthesiologists</li> </ul>		
<b>Emergency Services</b>		
<b>Emergency Room</b>		
<ul style="list-style-type: none"> <li>Includes Professional, X-ray and/or Lab services performed at the Emergency Room and billed by the facility as part of the ER visit.</li> <li>Per visit copay is waived if admitted.</li> </ul>	\$50 copay, and plan pays 80% ^	\$50 copay, and plan pays 80% ^
<b>Urgent Care Facility</b>		
<ul style="list-style-type: none"> <li>Includes Professional, X-ray and/or Lab services performed at the Urgent Care Facility and billed by the facility as part of the urgent care visit.</li> </ul>	Plan pays 80% ^	Plan pays 80% ^
<b>Ambulance</b>		
Ambulance services used as non-emergency transportation (e.g., transportation from hospital back home) generally are not covered.	Plan pays 80% ^	Plan pays 80% ^
<b>Inpatient Services at Other Health Care Facilities</b>		
<ul style="list-style-type: none"> <li>Skilled Nursing Facility, Rehabilitation Hospital, Sub-Acute Facilities</li> <li>Annual Limit: 120 days</li> </ul>	Plan pays 80% ^	Plan pays 60% ^

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Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

**Laboratory Services**

Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Independent Lab	Plan pays 80% ^	Plan pays 60% ^
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^

**Radiology Services**

Physician's Services/Office Visit	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
<b>Advanced Radiological Imaging (ARI)</b>	Includes MRI, MRA, CAT Scan, PET Scan, etc.	Plan pays 60% ^
Outpatient Facility	Plan pays 80% ^	Plan pays 60% ^
Physician's Services/Office Visit	Plan pays 80% ^	Covered same as Physician Services - Office Visit

**Outpatient Therapy Services**

Outpatient Therapy and Chiropractic Services	Covered same as Physician Services - Office Visit	Covered same as Physician Services - Office Visit
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Annual Limits:

- All Therapies Combined - Includes Chiropractic Care, Cardiac Rehabilitation, Cognitive Therapy, Occupational Therapy, Physical Therapy, Pulmonary Rehabilitation, and Speech Therapy - 60 days
- Limits are not applicable to mental health conditions for Physical, Speech and Occupational Therapies.

Note: Therapy days, provided as part of an approved Home Health Care plan, accumulate to the applicable outpatient therapy services maximum.

**Hospice**

Inpatient Facilities	Plan pays 80% ^	Plan pays 60% ^
Outpatient Services	Plan pays 80% ^	Plan pays 60% ^

Note: Includes Bereavement counseling provided as part of a hospice program.

**Bereavement Counseling (for services not provided as part of a hospice program)**

Services Provided by a Mental Health Professional	Covered under Mental Health benefit	Covered under Mental Health benefit
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**Benefit** **In-Network** **Out-of-Network**  
 Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.  
**Medical Specialty Drugs**

Outpatient Facility	Plan pays 80% ^	Plan pays 80% ^
	Plan pays 100%	Plan pays 60% ^
	Plan pays 80% ^	Plan pays 60% ^

**Physician's Office**

**Home**

Note: This benefit only applies to the cost of the Infusion Therapy drugs administered. This benefit does not cover the related Facility, Office Visit or Professional charges.

**Maternity**

Initial Visit to Confirm Pregnancy

All Subsequent Prenatal Visits, Postnatal Visits and Physician's Delivery Charges (Global Maternity Fee)

Office Visits in Addition to Global Maternity Fee (Performed by OB/GYN or Specialist)

Delivery - Facility (Inpatient Hospital, Birthing Center)

**Abortion**

Abortion Services

Note: Elective and non-elective procedures

**Family Planning**

Women's Services

Includes contraceptive devices as ordered or prescribed by a physician and surgical sterilization services, such as tubal ligation (excludes reversals)

Men's Services

Includes surgical sterilization services, such as vasectomy (excludes reversals)

**Infertility**

Infertility Treatment

Infertility covered services: lab and radiology test, counseling, surgical treatment and excludes artificial insemination, in-vitro fertilization, GIFT, ZIFT, etc.

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**Benefit**

**In Network**

**Out of Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

**Other Health Care Facilities/Services**

Service	In Network	Out of Network
<b>Home Health Care</b>	Plan pays 80% ^	Plan pays 60% ^
<ul style="list-style-type: none"> <li>Annual Limit: 40 days (The limit is not applicable to mental health and substance use disorder conditions.)</li> <li>16 hour maximum per day</li> </ul>		
<b>Private Duty Nurse</b>	Plan pays 80% ^	Plan pays 50% ^
<ul style="list-style-type: none"> <li>Outpatient and Inpatient</li> <li>Annual Limit: Unlimited</li> </ul>		
<b>Organ Transplants</b>		
<b>Inpatient Hospital Facility Services</b>		
<b>LifesOURCE Facility</b>	\$100 per admission copay, and plan pays 100%	Not Applicable
<b>Non-LifesOURCE Facility</b>	Covered same as plan's Inpatient Hospital benefit	Covered same as plan's Inpatient Hospital benefit
<b>Inpatient Professional Services</b>		
<b>LifesOURCE Facility</b>	Plan pays 100%	Not Applicable
<b>Non-LifesOURCE Facility</b>	Covered same as plan's Inpatient Professional benefit	Covered same as plan's Inpatient Professional benefit
<b>Durable Medical Equipment</b>		
<ul style="list-style-type: none"> <li>Travel Maximum - Sigma LifesOURCE Transplant Network Facility Only: \$10,000 maximum per Transplant per Lifetime</li> <li>Annual Limit: Unlimited</li> </ul>	Plan pays 80% ^	Plan pays 60% ^
<b>Breast Feeding Equipment and Supplies</b>		
<ul style="list-style-type: none"> <li>Limited to the rental of one breast pump per birth as ordered or prescribed by a physician</li> <li>Includes related supplies</li> </ul>	Plan pays 100%	Plan pays 60% ^
<b>External Prosthetic Appliances (EPA)</b>		
<ul style="list-style-type: none"> <li>Annual Limit: Unlimited</li> </ul>	Plan pays 80% ^	Plan pays 60% ^
<b>Temporomandibular Joint Disorder (TMJ)</b>		
<ul style="list-style-type: none"> <li>Unlimited lifetime maximum</li> </ul>	Coverage varies based on Place of Service	Coverage varies based on Place of Service
<b>Note:</b> Provided on a limited, case-by-case basis. Excludes appliances and orthodontic treatment.		
<b>Bariatric Surgery</b>		
<ul style="list-style-type: none"> <li>Unlimited lifetime limit</li> </ul>	Coverage varies based on Place of Service	Not Covered
<ul style="list-style-type: none"> <li>Treatment of Clinically severe obesity, as defined by the body mass index (BMI) is covered. The following are excluded:                             <ul style="list-style-type: none"> <li>medical and surgical services to alter appearances or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity</li> <li>weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision</li> </ul> </li> </ul>		
<b>Routine Foot Care</b>	Not Covered	Not Covered
<b>Note:</b> Services associated with foot care for diabetes and peripheral vascular disease are covered when approved as medically necessary.		

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**Benefits**

**In Network**

**Out of Network**

Note: Services where plan deductible applies are noted with a caret (^). Benefit copays/deductibles always apply before plan deductible.

- Hearing Aids**
- Annual Limit: Unlimited
  - Maximum of 2 devices (one per ear) per 36 months
  - Includes testing and fitting of hearing aid devices at Physician Office Visit cost share
  - Coverage through age 20

**Mental Health and Substance Use Disorder**

	In Network	Out of Network
<b>Inpatient Mental Health</b>		
<b>Outpatient Mental Health – Physician’s Office</b>	\$100 per admission copay, and plan pays 80% ^	\$100 per admission deductible, and plan pays 60% ^
<b>Outpatient Mental Health – All Other Services</b>	Plan pays 100%	Plan pays 60% ^
<b>Inpatient Substance Use Disorder</b>		
<b>Outpatient Substance Use Disorder – Physician’s Office</b>	\$100 per admission copay, and plan pays 80% ^	Plan pays 60% ^
<b>Outpatient Substance Use Disorder – All Other Services</b>	Plan pays 100%	\$100 per admission deductible, and plan pays 60% ^
<b>Annual Limits:</b>	Plan pays 100%	Plan pays 60% ^
• Unlimited maximum	Plan pays 100%	Plan pays 60% ^

**Notes:**

- Inpatient includes Acute Inpatient and Residential Treatment.
- Outpatient - Physician’s Office - may include Individual, family and group therapy, psychotherapy, medication management, etc.
- Outpatient - All Other Services - may include Partial Hospitalization, Intensive Outpatient Services and Applied Behavior Analysis (ABA Therapy), etc.
- Services are paid at 100% after you reach your out-of-pocket maximum.

**Mental Health/Substance Use Disorder Utilization Review, Case Management and Programs**

- Inpatient and Outpatient Management**
- Inpatient utilization review and case management
  - Outpatient utilization review and case management
  - Partial Hospitalization
  - Intensive outpatient programs
  - Narcotic Therapy Management
  - inMynd<sup>SM</sup> program - a comprehensive, holistic solution to help recognize and find resources to treat behavioral health conditions.

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**Cost Share and Supply**

**Cigna Pharmacy Cost Share**

- Retail – up to 30-day supply
- Home Delivery – up to 90-day supply

Retail (per 30-day supply):	Home Delivery (per 90-day supply):
Generic: You pay \$10	Generic: You pay \$20
Preferred Brand: You pay \$20	Preferred Brand: You pay \$40
Non-Preferred Brand: You pay 50% subject to a minimum of \$40 and a maximum of \$100	Non-Preferred Brand: You pay 50% subject to a minimum of \$80 and a maximum of \$200

Retail:	Home Delivery:
Generic: You pay 50%	Not Covered
Preferred Brand: You pay 50%	
Non-Preferred Brand: You pay 50% subject to a minimum of \$40	

- Retail drugs may be obtained In-Network at a wide range of pharmacies across the nation.
  - Specialty medications are used to treat an underlying disease which is considered to be rare and chronic including, but not limited to, multiple sclerosis, hepatitis C or rheumatoid arthritis. Specialty Drugs may include high cost medications as well as medications that may require special handling and close supervision when being administered.
  - If a generic is available, patient pays the brand cost share plus the cost difference between the brand and generic drugs up to the cost of the brand drug.
  - Your pharmacy benefits share an out-of-pocket maximum with the medical/behavioral benefits.
- For Delaware and Vermont residents:**

For prescription drug plans that include a mail order drug plan (home delivery), the copayment for a 90-day supply at retail or mail order pharmacies will be equal to three times the copayment for a 30-day supply. The copayment for a 90-day supply when obtained from either a retail or mail order drug pharmacy will be equal. The mail order drug plan coinsurance level for a 90-day supply will be the same as the retail coinsurance level. Each prescription order or refill will be limited to up to a consecutive 90-day supply at a mail order or retail participating pharmacy, unless limited by the drug manufacturer's packaging or other applicable law.

**Drugs Covered**

**Prescription Drug List:**

Your Cigna Standard Prescription Drug List includes a full range of drugs including all those required under applicable health care laws. To check which drugs are included in your plan, please log on to myCigna.com.

- Some highlights:
- Coverage includes Self Administered Injectables and optional injectable drugs – but excludes infertility drugs.
  - Contraceptive devices and drugs are covered with federally required products covered at 100%.
  - Insulin, glucose test strips, lances, insulin needles & syringes, insulin pens and cartridges are covered.
  - Prescription weight loss drugs are covered.

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## Pharmacy Program Information

### Pharmacy Clinical Management

Your plan features drug management programs and edits to ensure safe prescribing, and access to medications proven to be the most reliable and cost effective for the medical condition, including:

- Prior authorization requirements
- Quantity over time edits and dose optimization edits
- Age edits, and refill-too-soon edits
- Plan exclusion edits
- Your plan includes Specialty Drug Management features, such as prior authorization and quantity limits, to ensure the safe prescribing and access to specialty medications.
- For customers with complex conditions taking a specialty medication, we will offer Accredited Therapeutic Resource Centers (TRCs) to provide specialty medication and condition counseling. For customers taking a specialty medication not dispensed by Accredited, Cigna experts will offer this important specialty medication and condition counseling.

### Additional Information

#### Case Management

Coordinated by Cigna HealthCare. This is a service designated to provide assistance to a patient who is at risk of developing medical complexities or for whom a health incident has precipitated a need for rehabilitation or additional health care support. The program strives to attain a balance between quality and cost effective care while maximizing the patient's quality of life.

#### Cigna Diabetes Prevention Program in collaboration with Omada

Cigna Diabetes Prevention Program in collaboration with Omada is a program to help you avoid the onset of diabetes, as well as health risks that might lead to heart disease or a stroke. The program is covered by your health plan at the preventive level, just like for your wellness visit. Program participants have access to a professional virtual health coach, an online support group, interactive lessons, and a smart-technology scale. The program will help you make small changes in your eating, activity, sleep, and stress to achieve healthy weight loss through a series of 16 weekly lessons and tools to help you maintain weight loss over time. You will also be offered the opportunity to join a gym for a low monthly fee and no enrollment fee.

#### Healthy Pregnancies/Healthy Babies

- Care Management outreach
- Maternity Case Management
- Neo-natal Case Management

\$250 (1st trimester) / \$125 (2nd trimester) - Option 2

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**Maximum Reimbursable Charge**

The allowable covered expense for non-network services is based on the lesser of the health care professional's normal charge for a similar service or a percentage of a fee schedule (150%) developed by Cigna that is based on a methodology similar to one used by Medicare to determine the allowable fee for the same or similar service in a geographic area. In some cases, the Medicare based fee schedule will not be used and the maximum reimbursable charge for covered services is based on the lesser of the health care professional's normal charge for a similar service or a percentage (80th) of charges made by health care professionals of such service or supply in the geographic area where it is received. If sufficient charge data is unavailable in the database for that geographic area to determine the Maximum Reimbursable Charge, then data in the database for similar services may be used. Out-of-network services are subject to a Calendar Year deductible and maximum reimbursable charge limitations.

**Out-of-Network Emergency Services Charges**

1. Emergency Services are covered at the In-Network cost-sharing level as required by applicable state or federal law if services are received from a non-participating (Out-of-Network) provider.
2. The allowable amount used to determine the Plan's benefit payment for covered Emergency Services rendered in an Out-of-Network Hospital, or by an Out-of-Network provider in an In-Network Hospital, is the amount agreed to by the Out-of-Network provider and Cigna, or as required by applicable state or federal law.

The member is responsible for applicable In-Network cost-sharing amounts (any deductible, copay or coinsurance). The member is not responsible for any charges that may be made in excess of the allowable amount. If the Out-of-Network provider bills you for an amount higher than the amount you owe as indicated on the Explanation of Benefits (EOB), contact Cigna Customer Service at the phone number on your ID card.

**Medicare Coordination**

In accordance with the Social Security Act of 1965, this plan will pay as the Secondary plan to Medicare Part A and B as follows:

- (a) a former Employee such as a retiree, a former Disabled Employee, a former Employee's Dependent, or an Employee's Domestic Partner who is also eligible for Medicare and whose insurance is continued for any reason as provided in this plan (including COBRA continuation);
- (b) an Employee, a former Employee, an Employee's Dependent, or former Employee's Dependent, who is eligible for Medicare due to End Stage Renal Disease after that person has been eligible for Medicare for 30 months.

When a person is eligible for Medicare A and B as described above, this plan will pay as the Secondary Plan to Medicare Part A and B **regardless if the person is actually enrolled in Medicare Part A and/or Part B and regardless if the person seeks care at a Medicare Provider or not for Medicare covered services.**

**Multiple Surgical Reduction**

Multiple surgeries performed during one operating session result in payment reduction of 50% to the surgery of lesser charge. The most expensive procedure is paid as any other surgery.

**One Guide**

Available by phone or through myCigna mobile application. One Guide helps you navigate the health care system and make the most of your health benefits and programs.

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### Additional Information

<p><b>Pre-Certification - Continued Stay Review - Preferred Care Management Inpatient</b> - required for all inpatient admissions</p> <p><b>In-Network:</b> Coordinated by your physician</p> <p><b>Out-of-Network:</b> Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.</p> <ul style="list-style-type: none"> <li>50% penalty applied to hospital inpatient charges for failure to contact Cigna Healthcare to pre-certify admission.</li> <li>Benefits are denied for any additional days not certified by Cigna Healthcare.</li> </ul>	
<p><b>Pre-Certification - Preferred Care Management Outpatient Prior Authorization</b> - required for selected outpatient procedures and diagnostic testing</p> <p><b>In-Network:</b> Coordinated by your physician</p> <p><b>Out-of-Network:</b> Customer is responsible for contacting Cigna Healthcare. Subject to penalty/reduction or denial for non-compliance.</p> <ul style="list-style-type: none"> <li>50% penalty applied to outpatient procedures/diagnostic testing charges for failure to contact Cigna Healthcare and to pre-certify admission.</li> <li>Benefits are denied for any outpatient procedures/diagnostic testing reviewed by Cigna Healthcare and not certified.</li> </ul>	
<p><b>Pre-Existing Condition Limitation (PCL) does not apply.</b></p>	
<p><b>Your Health First - 300</b></p> <p>Individuals with one or more of the chronic conditions, identified on the right, may be eligible to receive the following type of support:</p> <ul style="list-style-type: none"> <li>Condition Management</li> <li>Medication adherence</li> <li>Risk factor management</li> <li>Lifestyle issues</li> <li>Health &amp; Wellness issues</li> <li>Pre/post-admission</li> <li>Treatment decision support</li> <li>Gaps in care</li> </ul>	<p>Holistic health support for the following chronic health conditions:</p> <ul style="list-style-type: none"> <li>Heart Disease</li> <li>Coronary Artery Disease</li> <li>Angina</li> <li>Congestive Heart Failure</li> <li>Acute Myocardial Infarction</li> <li>Peripheral Arterial Disease</li> <li>Asthma</li> <li>Chronic Obstructive Pulmonary Disease (Emphysema and Chronic Bronchitis)</li> <li>Diabetes Type 1</li> <li>Diabetes Type 2</li> <li>Metabolic Syndrome/Weight Complications</li> <li>Osteoarthritis</li> <li>Low Back Pain</li> <li>Anxiety</li> <li>Bipolar Disorder</li> <li>Depression</li> </ul>

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## Definitions

**Coinsurance** - After you've reached your deductible, you and your plan share some of your medical costs. The portion of covered expenses you are responsible for is called Coinsurance.

**Copay** - A flat fee you pay for certain covered services such as doctor's visits or prescriptions.

**Deductible** - A flat dollar amount you must pay out of your own pocket before your plan begins to pay for covered services.

**Out-of-Pocket Maximum** - Specific limits for the total amount you will pay out of your own pocket before your plan coinsurance percentage no longer applies. Once you meet these maximums, your plan then pays 100 percent of the "Maximum Reimbursable Charges" or negotiated fees for covered services.

**Place of Service** - Your plan pays based on where you receive services. For example, for hospital stays, your coverage is paid at the inpatient level.

**Prescription Drug List** - The list of prescription brand and generic drugs covered by your pharmacy plan.

**Professional Services** - Services performed by Surgeons, Assistant Surgeons, Hospital Based Physicians, Radiologists, Pathologists and Anesthesiologists.

**Transition of Care** - Provides in-network health coverage to new customers when the customer's doctor is not part of the Cigna network and there are approved clinical reasons why the customer should continue to see the same doctor.

## Exclusions

### What's Not Covered (not all-inclusive):

Your plan provides for most medically necessary services. The complete list of exclusions is provided in your Certificate or Summary Plan Description. To the extent there may be differences, the terms of the Certificate or Summary Plan Description control. Examples of things your plan does not cover, unless required by law or covered under the pharmacy benefit, include (but aren't limited to):

- Care for health conditions that are required by state or local law to be treated in a public facility.
- Care required by state or federal law to be supplied by a public school system or school district.
- Care for military service disabilities treatable through governmental services if you are legally entitled to such treatment and facilities are reasonably available.
- Treatment of an injury or sickness which is due to war, declared, or undeclared.
- Charges which you are not obligated to pay or for which you are not billed or for which you would not have been billed except that they were covered under this plan. For example, if Cigna determines that a provider or Pharmacy is or has waived, reduced, or forgiven any portion of its charges and/or any portion of Copayment, Deductible, and/or Coinsurance amount(s) you are required to pay for a Covered Expense (as shown on The Schedule) without Cigna's express consent, then Cigna in its sole discretion shall have the right to deny the payment of benefits in connection with the Covered Expense, or reduce the benefits in proportion to the amount of the Copayment, Deductible, and/or Coinsurance amounts waived, forgiven or reduced, regardless of whether the provider or Pharmacy represents that you remain responsible for any amounts that your plan does not cover. In the exercise of that discretion, Cigna shall have the right to require you to provide proof sufficient to Cigna that you have made your required cost share payment(s) prior to the payment of any benefits by Cigna. This exclusion includes, but is not limited to, charges of a non-Participating Provider who has agreed to charge you or charged you at an in-network benefits level or some other benefits level not otherwise applicable to the services received.
- Charges arising out of or relating to any violation of a healthcare-related state or federal law or which themselves are a violation of a healthcare-related state or federal law.
- Assistance in the activities of daily living, including but not limited to eating, bathing, dressing or other Custodial Services or self-care activities, homemaker services and services primarily for rest, domiciliary or convalescent care.
- For or in connection with experimental, investigational or unproven services.
- Experimental, investigational and unproven services are medical, surgical, diagnostic, psychiatric, substance use disorder or other health care technologies, supplies, treatments, procedures, drug or Biologic therapies or devices that are determined by the utilization review Physician to be:
  - Not approved by the U.S. Food and Drug Administration (FDA) or other appropriate regulatory agency to be lawfully marketed.
  - Not demonstrated, through existing peer-reviewed, evidence-based, scientific literature to be safe and effective for treating or diagnosing the condition or Sickness for which its use is proposed.

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## Exclusions

- o The subject of review or approval by an Institutional Review Board for the proposed use except as provided in the "Clinical Trials" sections of this plan; or
- o The subject of an ongoing phase I, II or III clinical trial, except for routine patient care costs related to qualified clinical trials as provided in the "Clinical Trials" sections of this plan.
- o In determining whether drug or Biologic therapies are experimental, investigational and unproven, the utilization review Physician may review, without limitation, U.S. Food and Drug Administration-approved labeling, the standard medical reference compendia and peer-reviewed, evidence-based scientific literature.
- Cosmetic surgery and therapies. Cosmetic surgery or therapy is defined as surgery or therapy performed to improve or alter appearance or self-esteem.
- The following services are excluded from coverage regardless of clinical indications: acupuncture; dance therapy; movement therapy; applied kinesiology; rolling; prolotherapy; and extracorporeal shock wave lithotripsy (ESWL) for musculoskeletal and orthopedic conditions.
- Dental treatment of the teeth, gums or structures directly supporting the teeth, including dental X-rays, examinations, repairs, orthodontics, periodontics, casts, splints and services for dental malocclusion, for any condition. Charges made for services or supplies provided for or in connection with an accidental injury to teeth are covered provided a continuous course of dental treatment is started within six months of an accident.
- Medical and surgical services, initial and repeat, intended for the treatment or control of obesity, except for treatment of clinically severe (morbid) obesity as shown in Covered Expenses, including: medical and surgical services to alter appearance or physical changes that are the result of any surgery performed for the management of obesity or clinically severe (morbid) obesity; and weight loss programs or treatments, whether prescribed or recommended by a physician or under medical supervision.
- Unless otherwise covered in this plan, for reports, evaluations, physical examinations, or hospitalization not required for health reasons including, but not limited to, employment, insurance or government licenses, and court-ordered, forensic or custodial evaluations.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Court-ordered treatment or hospitalization, unless such treatment is prescribed by a Physician and listed as covered in this plan.
- Any medications, drugs, services or supplies for the treatment of male or female sexual dysfunction such as, but not limited to, treatment of erectile dysfunction (including penile implants), anorgasmia, and premature ejaculation.
- Medical and Hospital care and costs for the infant child of a Dependent, unless this infant child is otherwise eligible under this plan.
- Non-medical counseling and/or ancillary services including, but not limited to, Custodial Services, educational services, vocational counseling, training and rehabilitation services, behavioral training, biofeedback, neurofeedback, hypnosis, sleep therapy, return to work services, work hardening programs, and driver safety courses.
- Therapy or treatment intended primarily to improve or maintain general physical condition or for the purpose of enhancing job, school, athletic or recreational performance, including but not limited to routine, long term, or maintenance care which is provided after the resolution of the acute medical problem and when significant therapeutic improvement is not expected.
- Consumable medical supplies other than ostomy supplies and urinary catheters. Excluded supplies include, but are not limited to bandages and other disposable medical supplies, skin preparations and test strips, except as specified in the "Home Health Services" or "Breast Reconstruction and Breast Prosthesis" sections of this plan.
- Private Hospital rooms and/or private duty nursing except as provided under the Home Health Services provision.
- Personal or comfort items such as personal care kits provided on admission to a Hospital, television, telephone, newborn infant photographs, complimentary meals, birth announcements, and other articles which are not for the specific treatment of an Injury or Sickness.
- Artificial aids including, but not limited to, corrective orthopedic shoes, arch supports, elastic stockings, garter belts, corsets, dentures and wigs.
- For eligible dependent children (under age 18 or until age 21 if still in high school), hearing aids must be covered up to \$2,200 per hearing aid per ear every 36 months.
- Hearing aids, except as shown in the Schedule, including but not limited to semi-implantable hearing devices, audiant bone conductors and Bone Anchored

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## Exclusions

- Hearing Aids (EAHAs). A hearing aid is any device that amplifies sound.
- Aids or devices that assist with non-verbal communications, including but not limited to communication boards, prerecorded speech devices, laptop computers, desktop computers, Personal Digital Assistants (PDAs), Braille typewriters, visual alert systems for the deaf and memory books.
- Eyeglass lenses and frames and contact lenses (except for the first pair of contact lenses for treatment of keratoconus or post cataract surgery).
- Routine refractions; eye exercises and surgical treatment for the correction of a refractive error, including radial keratotomy.
- Treatment by acupuncture.
- All non-injectable prescription drugs unless Physician administration or oversight is required. Injectable prescription drugs to the extent they do not require Physician supervision and are typically considered self-administered drugs, non-prescription drugs, and investigational and experimental drugs, except as provided in this plan.
- Routine foot care, including the paring and removing of corns and calluses or trimming of nails. However, services associated with foot care for diabetes and peripheral vascular disease are covered when Medically Necessary.
- Membership costs or fees associated with health clubs, weight loss programs and smoking cessation programs.
- Genetic screening or pre-implantations genetic screening. General population-based genetic screening is a testing method performed in the absence of any symptoms or any significant, proven risk factors for genetically linked inheritable disease.
- Dental implants for any condition.
- Fees associated with the collection or donation of blood or blood products, except for autologous donation in anticipation of scheduled services where in the utilization review Physician's opinion the likelihood of excess blood loss is such that transfusion is an expected adjunct to surgery.
- Blood administration for the purpose of general improvement in physical condition.
- Cost of biologicals that are immunizations or medications for the purpose of travel, or to protect against occupational hazards and risks.
- Cosmetics, dietary supplements and health and beauty aids.
- All nutritional supplements and formulae except for phenylketonuria (PKU) infant formula needed for the treatment of inborn errors of metabolism.
- Medical treatment for a person age 65 or older, who is covered under this plan as a retiree, or their Dependent, when payment is denied by the Medicare plan because treatment was received from a non-Participating Provider.
- Medical treatment when payment is denied by a Primary Plan because treatment was received from a non-Participating Provider.
- For or in connection with an Injury or Sickness arising out of, or in the course of, any employment for wage or profit.
- Massage therapy.

### These are only the highlights

This summary outlines the highlights of your plan. For a complete list of both covered and not covered services, including benefits required by your state, see your employer's insurance certificate, service agreement or summary plan description -- the official plan documents. If there are any differences between this summary and the plan documents, the information in the plan documents takes precedence.

*All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation. The Cigna name, logo, and other Cigna marks are owned by Cigna Intellectual Property, Inc.*

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## DISCRIMINATION IS AGAINST THE LAW

### Medical coverage

Cigna complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Cigna does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Cigna:

- Provides free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Provides free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact customer service at the toll-free number shown on your ID card, and ask a Customer Service Associate for assistance.

If you believe that Cigna has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file

a grievance by sending an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com) or by writing to the following address:

Cigna  
Nondiscrimination Complaint Coordinator  
PO Box 188016  
Chattanooga, TN 37422

If you need assistance filing a written grievance, please call the number on the back of your ID card or send an email to [ACAGrievance@Cigna.com](mailto:ACAGrievance@Cigna.com). You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services  
200 Independence Avenue, SW  
Room 509F, HHH Building  
Washington, DC 20201  
1.800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.



All Cigna products and services are provided exclusively by or through operating subsidiaries of Cigna Corporation, including Cigna Health and Life Insurance Company, Connecticut General Life Insurance Company, Evernorth Care Solutions, Inc., Evernorth Behavioral Health, Inc., Cigna Health Management, Inc., and HMO or service company subsidiaries of Cigna Health Corporation and Cigna Dental Health, Inc. The Cigna name, logos, and other Cigna marks are owned by Cigna Intellectual Property, Inc. ATTENTION: If you speak languages other than English, language assistance services, free of charge are available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise, call 1.800.244.6224 (TTY: Dial 711). ATENCIÓN: Si usted habla un idioma que no sea inglés, tiene a su disposición servicios gratuitos de asistencia lingüística. Si es un cliente actual de Cigna, llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).



### Proficiency of Language Assistance Services

**English - ATTENTION:** Language assistance services are free of charge and available to you. For current Cigna customers, call the number on the back of your ID card. Otherwise call 1.800.244.6224 (TTY: Engr 711).

**Spanish - ATENCION:** Hay servicios de asistencia de idiomas sin cargo a su disposición. Si es un cliente actual de Cigna llame al número que figura en el reverso de su tarjeta de identificación. Si no lo es, llame al 1.800.244.6224 (los usuarios de TTY deben llamar al 711).

**Chinese - 注意:** 语言协助服务是免费的，并且为您提供。对于当前的Cigna客户，请拨打您ID卡背面的号码。否则，请拨打1.800.244.6224 (TTY: 711)。

**Vietnamese - CHÚ Ý:** Dịch vụ trợ giúp ngôn ngữ miễn phí dành cho khách hàng hiện tại của Cigna và hàng đợi số 0 mà sau đó là số điện thoại trợ giúp khác với số 1.800.244.6224 (TTY: Que, 711)。

**Korean - 주의:** 한국어 사용자들은 경우 언어 지원 서비스를 무료로 이용할 수 있습니다. 현재 Cigna 가입자님들께서는 ID 카드 뒷면에 있는 전화번호로 연락해주시고 기타 다른 경우에는 1.800.244.6224 (TTY: 다이얼 711)번으로 전화해주시고.

**Tagalog - PAUNAWA:** Makakalkula ka ng mga serbisyo sa tingali sa may pangalaga. Para sa mga kasalukuyang customer ng Cigna, tamagang ang numero sa likuran ng iyong ID card. Kung ayaw tamagang sa 1.800.244.6224 (TTY: In-dial ang 711)。

**Russian - ВНИМАНИЕ:** вам могут предоставить бесплатные услуги перевода. Если вы уже участник в плане Cigna, позвоните по номеру, указанному на обратной стороне вашей идентификационной карточки участника плана. Если вы не являетесь участником одного из наших планов, позвоните по номеру 1.800.244.6224 (TTY: 711)。

**Arabic - انتباه:** خدمات الترجمة متوفرة لك مجاناً. إذا كنت عميلًا حاليًا في خطة Cigna، اتصل بالرقم الموجود على ظهر بطاقة هويتك. وإلا، اتصل بالرقم 1.800.244.6224 (TTY: 711)。

**French Creole - ATANSYON:** Gar sans eg nan lang ki disponib gratis pou ou. Pou kijan Cigna yo rele nimewo ki dey e ket ID ou. Sinon rele nimewo 1.800.244.6224 (TTY: Rele 711)。

**French - ATTENTION:** Des services d'aide linguistique vous sont proposés gratuitement. Si vous êtes un client actuel de Cigna, veuillez appeler le numéro indiqué au verso de votre carte d'identité. Sinon, veuillez appeler le numéro 1.800.244.6224 (ATS: composez le numéro 711)。

**Portuguese - ATENÇÃO:** Tem ao seu dispor serviços de assistência linguística totalmente gratuitos. Para clientes Cigna atuais, ligue para o número que se encontra no verso do seu cartão de identificação. Caso contrário, ligue para 1.800.244.6224 (Dispositivos TTY: marque 711)。

**Polish - UWAGA:** W celu skorzystania z assistance językowej, obecni klienci linii Cigna mogą dzwonić pod numer podany na odwrocie karty identyfikacyjnej. Wszyskie inne osoby prosimy o skorzystanie z numeru 1.800.244.6224 (TTY: wybierz 711)。

**Japanese - 注意:** 日本語を話さる場合は、無料の言語支援サービスをご利用いただけます。現在のCignaのお客様は、IDカード裏面の電話番号を呼んで、お電話にてご連絡ください。その他の場合は、1.800.244.6224 (TTY: 711) まで、お電話にてご連絡ください。

**Italian - ATTENZIONE:** Sono disponibili servizi di assistenza linguistica gratuiti. Per i clienti Cigna attuali, chiamare il numero sul retro della tessera di identificazione. In caso contrario, chiamare il numero 1.800.244.6224 (Utenti TTY: chiamare il numero 711)。

**German - ACHTUNG:** Die Leistungen der Sprachunterstützung stehen Ihnen kostenlos zur Verfügung. Wenn Sie gegenwärtiger Cigna-Kunde sind, rufen Sie bitte die Nummer auf der Rückseite Ihrer Identifizierungskarte an. Andernfalls rufen Sie 1.800.244.6224 an (TTY: Wählen Sie 711)。

**Persian (Farsi) - توجه:** خدمات ترجمه متوجه شماست. اگر شما مشتری فعلی Cigna هستید، لطفاً به شماره پشت کارت شناسایی خود تماس بگیرید. در غیر این صورت، به شماره 1.800.244.6224 (TTY: 711) تماس بگیرید.



**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

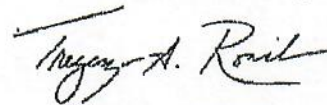
having filed all the documents required by law and having otherwise complied with the applicable insurance laws of the U.S. Virgin Islands is hereby authorized to transact the type(s) of insurance listed below:

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, 2024 to December 31, 2024. 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



HEALTHSPRING LIFE & HEALTH INSURANCE COMPANY, INC.  
CIGNA HEALTH AND LIFE INSURANCE COMPANY  
EVERNORTH DIRECT HEALTH, LLC

SECRETARY'S CERTIFICATE

The undersigned, a duly elected Assistant Secretary of HealthSpring Life & Health Insurance Company, Inc. ("HSL&H"), Cigna Health and Life Insurance Company ("CHLIC") and Evernorth Direct Health, LLC ("EDH"), does hereby represent and certify that the following resolutions were adopted by the Board of Directors of HSL&H on March 27, 2023, CHLIC on March, 23, 2023 and by the Sole Manager of EDH on February 20, 2023 and that such resolutions remains in full force and effect as of the date hereof, not having been amended, modified or rescinded since the date of its adoption:

**RFP Signature Authorization**

RESOLVED, that any officer of the Company or person holding the title of Regional Growth Leader, Market Growth Leader, or President of Government & Education for the Company or any of its subsidiaries or affiliates is hereby authorized to enter into and sign requests for proposal responses and any related documents on behalf of the Company.

It is hereby further certified that Yesenia Sanchez is a Vice President of CHLIC having been elected by the Board of Directors on June 28, 2021.

It is hereby further certified that Yesenia Sanchez holds the business title of Market Growth Leader for HSL&H and EDH or any subsidiaries or affiliates related thereto and is authorized to enter into and sign documentation as an Authorized Signatory as set forth in the aforementioned resolution.

IN WITNESS WHEREOF, I hereunto set my hand on this 29th day of March, 2023.

*Susan M. Metrow*  
\_\_\_\_\_  
Susan M. 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: Alfa 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 "Alfa 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)	

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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

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

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

Print or type name of signatory

Corporate Secretary  
Capacity of signatory

Shermona Mapp  
Signature



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 3<sup>rd</sup> day of March, 2010

A handwritten signature in black ink, appearing to read "Thomas A. J. [unclear]".

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

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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

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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

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1996031230

**APPROVED**  
DEPARTMENT OF INSURANCE

MAR 19 1996

STATE OF INDIANA  
INSURANCE COMMISSIONER

ARTICLES OF INCORPORATION AND REDOMESTICATION

OF

ANTHEM HEALTH & LIFE INSURANCE COMPANY

**APPROVED  
AND  
FILED**  
IND. SECRETARY OF STATE

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SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

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:

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Indiana Secretary of State  
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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

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CONNECTICUT SECRETARY OF THE STATE

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

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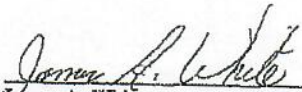
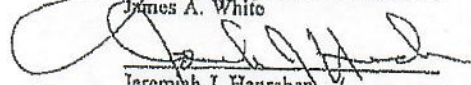
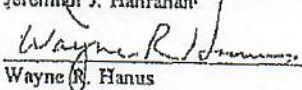
provisions of the Indiana Insurance Law, the Articles of Incorporation and the By-Laws of the Corporation.

ARTICLE K

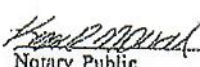
Meetings of stockholders may be held within or without the State of Indiana, as the by-laws may provide. The books of the Corporation may be kept outside the state of Indiana at such place or places as may be designated from time to time by the Board of Directors or in the by-laws of the Corporation.

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 B. Hanus

Subscribed and sworn to before me this 19<sup>th</sup> day of February, 1996.

  
Notary Public  
Notary Public of New Jersey  
My Commission Expires May 17, 2000  
No. 2177886

(sabyew)2h

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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) 233-6201

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

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1996031230



**NOTICE OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ALL CORPORATIONS**  
State Form 26270 (R / 1-88)

Provided by: EVAN BAYH

Indiana Secretary of State  
Room 150, State House  
Indianapolis, IN 46204  
(317) 232-6576

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

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President original and 2 copies

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

Current Registered Agent (Type or Print Name) <b>Sandra Miller</b>
New Registered Agent (Type or Print Name) <b>C T Corporation System</b>

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 contain-  
ed herein are true, this 7 day of April, 19 99

Signature <i>[Signature]</i>	Printed Name <b>Richard Schultz</b>
---------------------------------	--

(INDIANA - 847 - 3/3/88)

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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. FORM 855 - 6/21/88)



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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

RESTATED ARTICLES OF INCORPORATION  
OF  
ALTA HEALTH & LIFE INSURANCE COMPANY

RECEIVED

PREAMBLE

JUL 02 1999  
ATTORNEY

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.

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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:

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



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CONNECTICUT SECRETARY OF THE STATE

<u>Director's Name</u>	<u>Address</u>
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:

<u>Officer's Name</u>	<u>Position Held</u>	<u>Address</u>
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. Grays	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

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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.

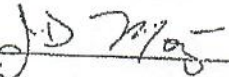


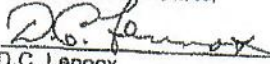
The Indiana Secretary of State filing office certifies that this copy is on file in this office.

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

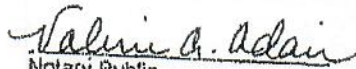
ARTICLE K

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. Mott  
Vice Chairman and  
Chief Executive Officer

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

Subscribed and sworn before me this 25<sup>th</sup> day of June, 1999.

  
\_\_\_\_\_  
Valerie A. Adair  
Notary Public

My commission expires April 9, 2000.

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



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

1996031230

TELEPHONE (317) 232-6201

July 10, 1999

CERTIFICATION

I have examined the Restated Articles of Incorporation of Alta Health & Life Insurance Company which is changing its name from Anthom 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.

RECEIVED  
CORPORATION DIV  
99 JUL 19 PM 3:50  
SUE ANNE GILROY

FILED #0004114403 PG 22 OF 30 VOL B-01379  
FILED 03/05/2010 12:30 PM PAGE 02828  
CONNECTICUT SECRETARY OF THE STATE  
SECRETARY OF THE STATE

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





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



1996031230

Alta Health & Life Insurance Company  
P.O. Box 720  
Bristol, CT 06020-0720  
860-571-5174  
www.alta.com

FILED #0004114403 PG 23 OF 30 VOL B-01379  
FILED 03/05/2010 12:30 PM PAGE 02829  
CONNECTICUT SECRETARY OF THE STATE  
SECRETARY OF THE STATE

February 8, 2001

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

APPROVED  
ACU  
P.M.  
IND. SEC. 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. Matz, 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

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: 02/13/2001  
Effective Date: 02/13/2001

1996031230

Alta Health & Life Insurance Company  
PO Box 239  
Denver, CO 80201-0239  
626-921-5124  
www.alta.com

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FILED 03/05/2010 12:30 PM PAGE 02830  
CONNECTICUT SECRETARY OF THE STATE  
SECRETARY OF THE STATE

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.

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

Sincerely,

*Connie Page*

Connie Page  
Legal Assistant



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

FILING #0004114403 PG 25 OF 30 VOL B-01379  
FILED 03/05/2010 12:30 PM PAGE 02831  
CONNECTICUT SECRETARY OF THE STATE

## 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 / 2002052459762

FILED #0004114A03 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



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

1996031230



**APPLICATION FOR REINSTATEMENT**  
State Form 4160 (10/13/97) / 111  
Approved by the State Board of Accounts 1995

SUE ANNE GILROY  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. 1018  
Indianapolis, IN 46204  
Telephone: (317) 232-0576

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 Report and Fees: please see our information line to learn what reports are delinquent (317) 232-6576
  - a. Filings 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. Restatement Fee: \$30.00

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 Alta Health & Life Insurance Company	Date of Incorporation (mo., day, yr.) 5/2/1963
Effective date of administrative dissolution 2/8/2002	

SECTION II - AFFIDAVIT OF CORPORATE OFFICER OR DIRECTOR		
<p>The undersigned, being at least one of the principal officers or a director of the above-named corporation deposes and says:</p> <p>A. that the grounds for dissolution did not exist or have been eliminated, and;</p> <p>B. that the Corporation's name satisfies the requirements of Indiana Code 23-1-23-1, or Indiana Code 23-17-5-1.</p>		
<p>IN WITNESS WHEREOF, the undersigned being the <u>Assistant Secretary</u> of said corporation executes this application and verifies, subject to penalties of perjury, that the statements contained herein are true, this <u>1st</u> day of <u>May</u>, 19 <u>2002</u>.</p>		
<table border="0"> <tr> <td>Signature <u>R. Schultz</u></td> <td>Printed name Richard G. Schultz, Assistant Secretary</td> </tr> </table>	Signature <u>R. Schultz</u>	Printed name Richard G. Schultz, Assistant Secretary
Signature <u>R. Schultz</u>	Printed name Richard G. Schultz, Assistant Secretary	

FILING #0004114403 PG 27 OF 30 VOL B-01379  
FILED 05/05/2010 12:30 PM PAGE 02833  
CONNECTICUT SECRETARY OF THE STATE

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 #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



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

Indiana Department of Revenue  
CERTIFICATE OF CLEARANCE  
FOR REINSTATEMENT

RECEIVED

APR 26 2002

LAW DEPT

Name of Corporation

Alla 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: Sus 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



**NOTICE OF CHANGE OF PRINCIPAL OFFICE ADDRESS**  
State Form 50056 (R11-03)

RECEIVED  
CORPORATIONS DIV.

09 MAY 22 PM 1:13

TODD ROKITA  
SECRETARY OF STATE  
CORPORATIONS DIVISION  
302 W. Washington St., Rm. E010  
Indianapolis, IN 46204  
Telephone: (317) 232-6576

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

NO FILING FEE

**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](http://www.sos.in.gov)

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

IN WITNESS WHEREOF, the undersigned executes this notice and verifies, subject to the penalties of perjury, that the statements contained herein are true, this 19<sup>th</sup> day of May, 2009.

Signature <i>Jennifer Grant</i>	Title <i>Assistant Secretary</i>
------------------------------------	-------------------------------------

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

APPROVED  
AND  
FILED  
*Todd Rokita*  
IND. SECRETARY OF STATE

FILED #0004114403 PG 29 OF 30 VOL E-01319  
FILED 03/05/2010 12:30 PM PAGE 02835  
SECRETARY OF THE STATE  
CONNECTICUT SECRETARY OF THE STATE

COPY

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

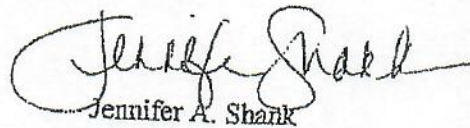
Re: CIGNA Health and Life Insurance Company

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