

Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7BIASO14-2
CR7BIASO15-1
CR7BIASO16-2

Policyholder: Shelby County Government

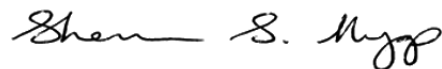
Rider Eligibility: Each Employee as reported to the insurance company by your Employer

Policy No. or Nos. 3209876-HRA1/HRA2/HRA3, OAP, OAPIN

EFFECTIVE DATE: July 1, 2012

You will become insured on the date you become eligible if you are in Active Service on that date or if you are not in Active Service on that date due to your health status. If you are not insured for the benefits described in your certificate on that date, the effective date of this certificate rider will be the date you become insured.

This certificate rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above.



Shermona Mapp, Corporate Secretary

HC-RDR1

04-10
V1

The page in your certificate coded EF 2 ELI11V44 M is replaced by the page coded EF 2 ELI11V44 M attached to this certificate rider.

Dependent Insurance

For your Dependents to be insured, you will have to pay part of the cost of Dependent Insurance.

Effective Date of Dependent Insurance

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction form, but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included.

Your Dependent will not be denied enrollment for Medical Insurance due to health status.

Your Dependents will be insured only if you are insured.

You will not be eligible to enroll your Dependents if you do not enroll them within 30 days of the date you become eligible, unless you qualify under the section of this certificate entitled "Special Enrollment Rights Under the Health Insurance Portability & Accountability Act (HIPAA)."

Eligible Dependents

To be eligible for Dependent coverage under the plan, your Dependents must be eligible.

Your Dependents are:

- Your lawful spouse;
- any child of yours who is:
 - less than 26 years old.
 - 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Proof of the child's condition and dependence must be submitted to CIGNA within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, CIGNA may require proof of the continuation of such condition and dependence.

The term Child means your natural child or legally adopted child.

The term Child also includes:

- your stepchildren if they are actually dependent upon you for support and maintenance and live with you in a permanent parent-child relationship (such as guardianship and custody).
- a legally adopted child, including that child from the first day of placement in your home regardless of whether the

adoption has become final, provided that the child has not attained age 18 as of the date of such adoption or placement for adoption and a petition for final decree of adoption has been duly filed and is pending before the court. Adoption must be confirmed by a copy of the final decree from the court.

- your dependent children who do not reside with you due to a legal separation or divorce decree which requires you to provide coverage.
- a child for whom you have been ordered permanent custody and guardianship by a court of law (a copy of the court order is required to establish eligibility).
- any other child related to you by blood or marriage and dependent upon you by court mandate for support or coverage.

Benefits for a Dependent child will continue until the last day before your Dependent's birthday, in the year in which the limiting age is reached.

No person may be covered as a dependent of more than one employee.

An employee may not be covered as an employee and as a dependent.

With respect to a husband and wife, each of their children shall, if otherwise eligible, be considered an eligible dependent of one parent.

Coverage for Adopted Children

Any child under the age of 18 who is adopted by you, including a child who is placed with you for adoption, will be eligible for dependent insurance upon the date of placement with you. A child will be considered placed for adoption when you become legally obligated to support that child, totally or partially, prior to that child's adoption.

If a child placed for adoption is not adopted, all health coverage ceases when the placement ends, and will not be continued.

The provisions in the "Coverage for Newborns" section of this Summary of Benefits that describe requirements for enrollment and effective date of insurance will also apply to an adopted child or a child placed with you for adoption.

Any "Pre-existing Condition Limitation" in this certificate will be waived for an adopted child or a child placed for adoption.

Coverage for Newborns

A Newborn child is eligible for coverage from the moment of birth for covered expenses due directly to:

- Injury;
- Premature birth; or
- A condition which exists at birth.



Newborn children added to coverage within 30 days of birth are covered from birth. A retro-premium is required to cover the month of birth. A certified copy of the birth certificate is required to add a newborn child (the mother's copy will only be accepted within 30 days of birth). Newborn charges, including nursery charges, are not covered if the Newborn is not added to your coverage within 30 days after birth.

Failure to add a Dependent child while eligible during the 30 day enrollment period will delay coverage for the Dependent. The Dependent may be added later, but coverage will not be effective until the first of the month following a full month's family premium deduction if proof of relationship documents have been furnished.

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