

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

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

**CERTIFICATE RIDER**

No. CR7SI018-1  
CR7SI020-2

Policyholder: City of Boulder

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

Policy No. or Nos. 3338899-OAP1K, OA1KX

EFFECTIVE DATE: January 1, 2020

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

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

  
*Anna Kristul, Corporate Secretary*

HC-RDR3

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The sections entitled **Out-of-Pocket Maximum, Mental Health and Substance Use Disorder** in THE SCHEDULE —**Open Access Plus Medical Benefits**— in your certificate are changed to read as attached.

**Open Access Plus Medical Benefits**  
**The Schedule**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p><b>Out-of-Pocket Maximum</b></p> <p>Individual Family Maximum</p> <p>Family Maximum Calculation <b>Individual Calculation:</b> Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.</p>	<p>\$4,000 per person \$8,000 per family</p>	<p>\$10,000 per person \$20,000 per family</p>
<p><b>Mental Health</b></p> <p><b>Inpatient</b> Includes Acute Inpatient and Residential Treatment</p> <p>Calendar Year Maximum: Unlimited</p> <p><b>Outpatient</b></p> <p>Outpatient - Office Visits Includes individual, family and group psychotherapy; medication management, etc.</p> <p>Calendar Year Maximum: Unlimited</p> <p>Outpatient - All Other Services Includes Partial Hospitalization, Intensive Outpatient Services, etc.</p> <p>Calendar Year Maximum: Unlimited</p>	<p>80% after plan deductible</p> <p>\$25 per visit copay</p> <p>80% after plan deductible</p>	<p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>60% after plan deductible</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p><b>Substance Use Disorder</b></p> <p><b>Inpatient</b> Includes Acute Inpatient Detoxification, Acute Inpatient Rehabilitation and Residential Treatment</p> <p>Calendar Year Maximum: Unlimited</p> <p><b>Outpatient</b> Outpatient - Office Visits</p> <p>Outpatient - All Other Services Includes Partial Hospitalization, Intensive Outpatient Services, etc.</p> <p>Calendar Year Maximum: Unlimited</p>	<p>80% after plan deductible</p> <p>\$25 per visit copay</p> <p>80% after plan deductible</p>	<p>60% after plan deductible</p> <p>60% after plan deductible</p> <p>60% after plan deductible</p>