

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

**CIGNA HEALTH AND LIFE INSURANCE COMPANY**

a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER**

No. CR7BIASO24a-2

Policyholder: JPS Health Network

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

Policy No. or Nos. 3332385-PPOIN

EFFECTIVE DATE: January 1, 2024

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.



*Geneva Cambell Brown, Corporate Secretary*

HC-RDR1

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The section entitled Calendar Year Deductible, Out-of-Pocket Maximum, Mental Health and Substance Use Disorder in THE SCHEDULE — Open Access Plus In-Network Medical Benefits — in your certificate is changed to read as attached.

The following is being added to THE SCHEDULE — Open Access Plus In-Network Medical Benefits — in your certificate under the section entitled Advanced Cellular Therapy.

The page in your certificate coded HC-COV1126 is replaced by the page coded HC-COV1328 attached to this certificate rider.

The page coded HC-COV1327 attached to this certificate rider is added to your certificate.

## Open Access Plus In-Network Medical Benefits

### The Schedule

BENEFIT HIGHLIGHTS	JPS HEALTH NETWORK	IN-NETWORK
<p><b>Calendar Year Deductible</b></p> <p>Individual</p> <p>Family Maximum</p> <p>Family Maximum Calculation</p> <p><b>Individual Calculation:</b></p> <p>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.</p>	<p>\$2,000 per person</p> <p>\$4,000 per family</p>	<p>\$3,500 per person</p> <p>\$7,000 per family</p>
<p><b>Out-of-Pocket Maximum</b></p> <p>Individual</p> <p>Family Maximum</p> <p>Family Maximum Calculation</p> <p><b>Individual Calculation:</b></p> <p>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</p> <p>\$8,000 per family</p>	<p>\$7,000 per person</p> <p>\$14,000 per family</p>

## Open Access Plus In-Network Medical Benefits

### The Schedule

BENEFIT HIGHLIGHTS	JPS HEALTH NETWORK	IN-NETWORK
<p><b>Advanced Cellular Therapy</b> Includes prior authorized advanced cellular therapy products and related services when Medically Necessary.</p> <p>Advanced Cellular Therapy Product</p> <p>Inpatient Facility</p> <p>Outpatient Facility</p> <p>Inpatient Professional Services</p> <p>Outpatient Professional Services</p> <p>Advanced Cellular Therapy Travel Maximum: \$10,000 per episode of advanced cellular therapy (Available only for travel when prior authorized to receive advanced cellular therapy from a provider located more than 60 miles of your primary residence and is contracted with Cigna for the specific advanced cellular therapy product and related services.)</p>	<p>Covered Same as Medical Pharmaceuticals</p> <p>Plan deductible, then 90%</p> <p>Plan deductible, then 90%</p> <p>Plan deductible, then 90%</p> <p>Plan deductible, then 90%</p> <p>Plan deductible, then 90%</p> <p>Not Applicable</p>	<p>Covered Same as Medical Pharmaceuticals</p> <p>Plan deductible, then 70%</p> <p>Plan deductible, then 70%</p> <p>Plan deductible, then 70%</p> <p>Plan deductible, then 70%</p> <p>Plan deductible, then 70%</p> <p>100%</p>

## Open Access Plus In-Network Medical Benefits

### The Schedule

BENEFIT HIGHLIGHTS	JPS HEALTH NETWORK	IN-NETWORK
<p><b>Mental Health</b></p> <p><b>Inpatient</b></p> <p>Plan deductible, then 90%</p> <p>Includes Acute Inpatient and Residential Treatment</p> <p>Calendar Year Maximum: Unlimited</p> <p><b>Outpatient</b></p> <p>Outpatient - Office Visits</p> <p>\$40 per visit copay, then 100%</p> <p>Includes individual, family and group psychotherapy; medication management, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> <p>Outpatient - All Other Services</p> <p>Plan deductible, then 90%</p> <p>Includes Partial Hospitalization, Intensive Outpatient Services, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p>	<p>Plan deductible, then 70%</p> <p>\$40 per visit copay, then 100%</p> <p>Plan deductible, then 70%</p>	<p>Plan deductible, then 70%</p> <p>\$40 per visit copay, then 100%</p> <p>Plan deductible, then 70%</p>

## Open Access Plus In-Network Medical Benefits

### The Schedule

BENEFIT HIGHLIGHTS	JPS HEALTH NETWORK	IN-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>Includes individual, family and group psychotherapy; medication management, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p> <p>Outpatient - All Other Services</p> <p>Includes Partial Hospitalization, Intensive Outpatient Services, virtual care, etc.</p> <p>Calendar Year Maximum: Unlimited</p>	<p>Plan deductible, then 90%</p> <p>\$40 per visit copay, then 100%</p> <p>Plan deductible, then 90%</p>	<p>Plan deductible, then 70%</p> <p>\$40 per visit copay, then 100%</p> <p>Plan deductible, then 70%</p>

## Open Access Plus In-Network Medical Benefits

### Covered Expenses

#### Transplant Services and Related Specialty Care

Charges made for human organ and tissue transplant services which include solid organ and bone marrow/stem cell procedures at designated facilities throughout the United States or its territories. This coverage is subject to the following conditions and limitations.

Transplant services include the recipient's medical, surgical and Hospital services; inpatient immunosuppressive medications; and costs for organ or bone marrow/stem cell procurement. Transplant services are covered only if they are required to perform any of the following human to human organ or tissue transplants: allogeneic bone marrow/stem cell, autologous bone marrow/stem cell, cornea, heart, heart/lung, kidney, kidney/pancreas, liver, lung, pancreas or intestine which includes small bowel-liver or multi-visceral. Implantation procedures are also covered for artificial heart, percutaneous ventricular assist device (PVAD), extracorporeal membrane oxygenation (ECMO) ventricular assist device (VAD) and intra-aortic balloon pump (IABP) are also covered.

- All transplant services and related specialty care services, other than cornea transplants, are covered when received at Cigna LifeSOURCE Transplant Network<sup>®</sup> facilities.
- Transplant services and related specialty care services received at Participating Provider facilities specifically contracted with Cigna for those transplant services and related specialty care services, other than Cigna LifeSOURCE Transplant Network<sup>®</sup> facilities, are payable at the In-Network level.
- Transplant services and related specialty care services received at any other facility, including non-Participating Provider facilities and Participating Provider facilities not specifically contracted with Cigna for transplant services and related specialty care services, are not covered.
- Cornea transplants received at a facility that is specifically contracted with Cigna for this type of transplant are payable at the In-Network level.

Coverage for organ procurement costs are limited to costs directly related to the procurement of an organ, from a cadaver or a live donor. Organ procurement costs shall consist of hospitalization and surgery necessary for removal of an organ and transportation of a live donor (refer to Transplant and Related Specialty Care Travel Services). Compatibility testing undertaken prior to procurement is covered if Medically Necessary. Costs related to the search for, and identification of

a bone marrow or stem cell donor for an allogeneic transplant are also covered.

#### Transplant and Related Specialty Care Travel Services

Charges made for non-taxable travel expenses incurred by you in connection with a preapproved organ/tissue transplant are covered subject to the following conditions and limitations:

- Transplant and related specialty care travel benefits are not available for cornea transplants.
- Benefits for transportation and lodging are available to the recipient of a preapproved organ/tissue transplant and/or related specialty care from a designated Cigna LifeSOURCE Transplant Network<sup>®</sup> facility.
- The term recipient is defined to include a person receiving authorized transplant related services during any of the following: evaluation, candidacy, transplant event, or post-transplant care.
- Travel expenses for the person receiving the transplant will include charges for: transportation to and from the designated Cigna LifeSOURCE Transplant Network<sup>®</sup> facility (including charges for a rental car used during a period of care at the designated Cigna LifeSOURCE Transplant Network<sup>®</sup> facility); and lodging while at, or traveling to and from, the designated Cigna LifeSOURCE Transplant Network<sup>®</sup> facility.
- In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver who is at least 18 years of age.
- The following are specifically excluded travel expenses: any expenses that if reimbursed would be taxable income, travel costs incurred due to travel within 60 miles of your home; food and meals; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

These benefits for Transplant Services and Related Specialty Care, and for Transplant and Related Specialty Care Travel Services are only available when the covered person is the recipient of an organ/tissue transplant. Travel expenses for the designated live donor for a covered recipient are covered subject to the same conditions and limitations noted above. Charges for the expenses of a donor companion are not covered. No transplant and related specialty care services or travel benefits are available when the covered person is the donor for an organ/tissue transplant, the transplant recipient's plan would cover all donor costs.

HC-COV1328

04-23

### **Advanced Cellular Therapy**

Charges for advanced cellular therapy products and services directly related to their administration are covered when Medically Necessary. Coverage includes the cost of the advanced cellular therapy product; medical, surgical, and facility services directly related to administration of the advanced cellular therapy product, and professional services.

Cigna determines which U.S. Food and Drug Administration (FDA) approved products are in the category of advanced cellular therapy, based on the nature of the treatment and how it is manufactured, distributed and administered. An example of advanced cellular therapy is chimeric antigen receptor (CAR) T-cell therapy that redirects a person's T cells to recognize and kill a specific type of cancer cell.

Advanced cellular therapy products and their administration are covered at the In-Network benefit level when prior authorized to be received at a provider contracted with Cigna for the specific advanced cellular therapy product and related services. Advanced cellular therapy products and their administration received from a provider that is not contracted with Cigna for the specific advanced cellular therapy product and related services are not covered.

### **Advanced Cellular Therapy Travel Services**

Charges made for non-taxable travel expenses incurred by you in connection with a prior authorized advanced cellular therapy product are covered, subject to the following conditions and limitations.

Benefits for transportation and lodging are available to you only when:

- you are the recipient of a prior authorized advanced cellular therapy product;
- the term recipient is defined to include a person receiving prior authorized advanced cellular therapy related services during any of the following: evaluation, candidacy, event, or post care;

- the advanced cellular therapy products and services directly related to their administration are received at a provider contracted with Cigna for the specific advanced cellular therapy product and related services; and
- the provider is not available within a 60 mile radius of your primary home residence.

Travel expenses for the person receiving the advanced cellular therapy include charges for: transportation to and from the advanced cellular therapy site (including charges for a rental car used during a period of care at the facility); and lodging while at, or traveling to and from, the site.

In addition to your coverage for the charges associated with the items above, such charges will also be considered covered travel expenses for one companion to accompany you. The term companion includes your spouse, a member of your family, your legal guardian, or any person not related to you, but actively involved as your caregiver who is at least 18 years of age.

The following are specifically excluded travel expenses: any expenses that if reimbursed would be taxable income, travel costs incurred due to travel within a 60 mile radius of your primary home residence; food and meals; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

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