

JPS Health Network

ANNUAL COMPLIANCE RIDER

EFFECTIVE DATE: January 1, 2024

ACTXD24

3332385

This document printed in December, 2023 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

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

ANNUAL COMPLIANCE RIDER

No. ACTXD24

Policyholder: JPS Health Network

Rider Eligibility: Each Employee

Policy No. or Nos. 3332385-DENT5

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 annual compliance rider will be the date you become insured.

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

This Annual Compliance Rider replaces any other Annual Compliance Rider issued to you on a prior date.

The provisions set forth in this Annual Compliance Rider comply with legislative requirements of the State of Texas regarding group insurance plans covering insureds. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

READ THE FOLLOWING

NOTE: The provisions identified in this rider are specifically applicable ONLY for:

- Benefit plans which have been made available by your Employer to you and/or your Dependents;
- Benefit plans for which you and/or your Dependents are eligible;
- Benefit plans which you have elected for you and/or your Dependents;
- Benefit plans which are currently effective for you and/or your Dependents.



Geneva Cambell Brown, Corporate Secretary

Important Notices

The language shown under the **Have a complaint or need help?** section of your dental certificate has been revised to show the following:

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Cigna Health and Life Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: National Appeal Unit at 1-855-363-5836

Toll-free: 1-800-244-6224

Email: DenisonAppealTeam@cigna.com

Mail: P.O. Box 188044

Chattanooga. TN 37422

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439

File a complaint: www.tdi.texas.gov

Email: ConsumerProtection@tdi.texas.gov

Mail: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de

seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Cigna Health and Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o

HMO:

Llame a: National Appeal Unit al 1-855-363-5836

Teléfono gratuito: 1-800-244-6224

Correo electrónico: DenisonAppealTeam@cigna.com

Dirección postal: P.O. Box 188044

Chattanooga. TN 37422

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439

Presente una queja en: www.tdi.texas.gov

Correo electrónico: ConsumerProtection@tdi.texas.gov

Dirección postal: MC 111-1A, P.O. Box 149091, Austin, TX 78714-9091

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Covered Dental Expense

The language regarding "Texas Statutory Provision" has been added to the **Covered Dental Expense** section of your dental certificate:

Texas Statutory Provision

General Anesthesia and I.V. Sedation Services for Certain Persons

Covered Dental Expenses include: Coverage for Medically or Dentally Necessary General Anesthesia and I.V. Sedation Services when performed in a dental office in conjunction with any covered dental procedure, if the individual is unable to undergo dental treatment in a normal office setting or under local anesthesia, and to the extent that the claim is also submitted for payment to any applicable medical carrier for Coordination of Benefits.

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Payment of Benefits

The following replaces any existing language found in the **Payment of Benefits** section of your dental certificate:

To Whom Payable

Dental Benefits are assignable to the provider. When you assign benefits to a provider, you have assigned the entire amount of the benefits due on that claim. If the provider is overpaid because of accepting a patient's payment on the charge, it is the provider's responsibility to reimburse the patient. Because of Cigna's contracts with providers, all claims from contracted providers should be assigned.

Cigna may, in certain limited circumstances, make payment to you for the cost of any Covered Expenses from a Non-Participating Provider even if benefits have been assigned. You may assign the right of payment or reimbursement to the Dentist who provides the dental care services. We may pay benefits to you directly in certain rare circumstances. Such circumstances may include if the provider is deceased, if the provider is located in a foreign country or if you have already paid the provider. When benefits are paid to you or your Dependent, you or your Dependent is responsible for reimbursing the provider.

If any person to whom benefits are payable is a minor or, in the opinion of Cigna is not able to give a valid receipt for any payment due him, such payment will be made to his legal guardian. If no request for payment has been made by his legal guardian, Cigna may, at its option, make payment to the person or institution appearing to have assumed his custody and support.

When one of our participants passes away, Cigna may receive notice that an executor of the estate has been established. The executor has the same rights as our insured and benefit payments for unassigned claims should be made payable to the executor.

Payment as described above will release Cigna from all liability to the extent of any payment made.

Recovery of Overpayment

When an overpayment has been made by Cigna, Cigna will have the right at any time to: recover that overpayment from the person to whom or on whose behalf it was made; or offset the amount of that overpayment from a future claim payment to the Dentist who provided the service.

The Following Will Apply To Residents Of Texas

When You Have A Complaint Or An Adverse Determination Appeal

The following language found under "When You have an Adverse Determination Appeal" in the **When You Have A Complaint Or An Adverse Determination Appeal** section of your dental certificate is revised as follows:

When You have an Adverse Determination Appeal

An Adverse Determination is a decision made by Cigna that the health care service(s) furnished or proposed to be furnished to you is (are) not Medically Necessary or clinically appropriate. An Adverse Determination also includes a denial by Cigna of a request to cover a specific prescription drug prescribed by your Dentist. If you are not satisfied with the Adverse Determination, you may appeal the Adverse Determination orally or in writing. You should state the reason why you feel your appeal should be approved and include any information supporting your appeal. We will acknowledge the appeal in writing within five working days after we receive the Adverse Determination Appeal request.

Your appeal of an Adverse Determination will be reviewed and the decision made by a health care professional not involved in the initial decision. We will respond in writing with a decision within 30 calendar days after receiving the Adverse Determination Appeal request.

You may request that the appeal resolution be expedited if the time frames under the above process would seriously jeopardize your life or health or would jeopardize your ability to regain the dental functionality that existed prior to the onset of your current condition.

A dental professional, in consultation with the treating Dentist, will decide if an expedited review is necessary. When a review is expedited, the dental plan will respond orally with a decision within 72 hours, but will not exceed one working day from the date all information necessary to complete the appeal is received followed up in writing.

In addition, your treating Dentist may request in writing a specialty review within 10 working days of our written decision. The specialty review will be conducted by a Dentist in the same or similar specialty as the care under consideration. The specialty review will be completed and a response sent within 15 working days of the request. Specialty review is voluntary. If the specialty reviewer upholds the initial adverse determination and you remain dissatisfied, you are still eligible to request a review by an Independent Review Organization.

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