

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

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

CERTIFICATE RIDER

No. CR7SIASO47-1
CR7SIASO48-1

Policyholder: Rutherford County Employee Benefit Trust

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

Policy No. or Nos. 3321836-HRAF, HRAI, HRAFR, HRAIR

EFFECTIVE DATE: January 1, 2014

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 Krishtul, Corporate Secretary

HC-RDR1

04-10
V1



The section entitled **Calendar Year Deductible** in THE SCHEDULE — **Open Access Plus Medical Benefits** — in your certificate is changed to read as attached.

THE SCHEDULE — **Prescription Drug Benefits** — section in your certificate is changed to read as attached.

The definition in your certificate entitled "**Dependent**" is replaced by the definition attached to this certificate rider.

Open Access Plus Medical Benefits

The Schedule

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Calendar Year Deductible</p> <p>Individual</p> <p>Family Maximum</p> <p>Family Maximum Calculation</p> <p>Collective Deductible: All family members contribute towards the family deductible. An individual cannot have claims covered under the plan coinsurance until the total family deductible has been satisfied.</p>	<p>\$1,750 per person</p> <p>\$3,500 per family</p>	<p>\$3,000 per person</p> <p>\$6,000 per family</p>

Prescription Drug Benefits		
The Schedule		
For You and Your Dependents		
This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies. That portion includes any applicable Copayment, Deductible and/or Coinsurance.		
Coinsurance		
The term Coinsurance means the percentage of Charges for covered Prescription Drugs and Related Supplies that you or your Dependent are required to pay under this plan.		
Charges		
The term Charges means the amount charged by the Insurance Company to the plan when the Pharmacy is a Participating Pharmacy.		
BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Lifetime Maximum	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Calendar Year Deductible		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Out-of-Pocket Maximum		
Individual	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Family	Refer to the Medical Benefits Schedule	Refer to the Medical Benefits Schedule
Retail Prescription Drugs	The amount you pay for each 30-day supply	The amount you pay for each 30-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1		
Generic* drugs on the Prescription Drug List	30% after plan deductible	In-network coverage only

BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	40% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	50% after plan deductible	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		
Home Delivery Prescription Drugs	The amount you pay for each 90-day supply	The amount you pay for each 90-day supply
Medications required as part of preventive care services (detailed information is available at www.healthcare.gov) are covered at 100% with no copayment or deductible.		
Tier 1 Generic* drugs on the Prescription Drug List	25% after plan deductible	In-network coverage only
Tier 2 Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent	35% after plan deductible	In-network coverage only
Tier 3 Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List	45% after plan deductible	In-network coverage only
* Designated as per generally-accepted industry sources and adopted by the Insurance Company		

Definition

Dependent

Dependents are:

- your lawful spouse; and
- 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 a child born to you or a child legally adopted by you including that child from the first day of placement in your home regardless of whether the adoption has become final. It also includes a stepchild, a foster child, or a child for whom you are the legal guardian.

Dependent Spouse: A legally married spouse; Article XI, Section 18 of the Tennessee Constitution provides that a marriage from another state that does not constitute the marriage of one man and one woman is "void and unenforceable in this state.

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.

Anyone who is eligible as an Employee will not be considered as a Dependent.

No one may be considered as a Dependent of more than one Employee.