



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

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7BIASO16A-3

Policyholder: Holiday Inn Club Vacations Incorporated

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

Policy No. or Nos. 3337320-CDHPF/CDHPI

EFFECTIVE DATE: January 1, 2025

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.

A handwritten signature in black ink, appearing to read "Geneva Cambell Brown".

Geneva Cambell Brown, Corporate Secretary

HC-RDR1

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The section entitled **Virtual Care/ Dedicated Virtual Providers/ Virtual Physician Services** in THE SCHEDULE — Open Access Plus Medical Benefits — in your certificate is changed to read as attached.

The following are being added to THE SCHEDULE — **Open Access Plus Medical Benefits** — in your certificate under the section entitled **Condition-Specific Care** and **Condition-Specific Care Travel Maximum**.

The page coded **HC-COV1333** attached to this certificate rider is added to your certificate.

Open Access Plus Medical Benefits

The Schedule

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Virtual Care Dedicated Virtual Providers Dedicated virtual care services may be provided by MDLIVE, a Cigna affiliate. Services available through contracted virtual providers as medically appropriate. Notes: • Primary Care cost share applies to routine care. Virtual wellness screenings are payable under preventive care. • MDLIVE Behavioral Services, please refer to the Mental Health and Substance Use Disorder section (below). • Lab services supporting a virtual visit must be obtained through dedicated labs. MDLIVE Urgent Care Services MDLIVE Primary Care Services MDLIVE Specialty Care Services Virtual Physician Services Services available through Physicians as medically appropriate. Note: Physicians may deliver services virtually that are payable under other benefits (e.g., Preventive Care, Outpatient Therapy Services). Primary Care Physician Virtual Office Visit Specialty Care Physician Virtual Office Visit	Plan deductible, then 100% Plan deductible, then 80% Plan deductible, then 80% Plan deductible, then 80% Plan deductible, then 80%	In-Network coverage only In-Network coverage only In-Network coverage only Plan deductible, then 60% of the Maximum Reimbursable Charge Plan deductible, then 60% of the Maximum Reimbursable Charge

Open Access Plus Medical Benefits		
The Schedule		
BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Condition-Specific Care Includes select Medically Necessary preauthorized services, supplies, and/or surgical procedures, subject to program participation requirements. Charges for covered expenses not preauthorized as included in the program are payable subject to applicable copayments, coinsurance, and deductible if any. If you choose to not actively enroll in the program, do not complete the program participation requirements, or utilize a provider who is not designated for the program, charges for covered expenses are payable subject to applicable copayments, coinsurance, and deductible if any.	Plan deductible, then 100%	In-Network coverage only
Condition-Specific Care Travel Maximum \$600 per procedure Approved travel amount is variable, up to the travel maximum per procedure, based on factors such as a patient's treatment plan, location and duration of facility stay; and subject to program participation requirements.	Plan deductible, then 100%	Not Applicable

Open Access Plus Medical Benefits

Covered Expenses

Condition-Specific Care

The Condition-Specific Care benefit supports programs that are designed to help guide your care and may reduce your out-of-pocket costs related to select Medically Necessary preauthorized services, supplies, and/or surgical procedures.

Contact Cigna at the phone number on your ID card for information about the programs available under the Condition-Specific Care benefit. For the program you are interested in, a list of services, supplies, and/or surgical procedures included under the program will be provided to you.

In order to be eligible for Condition-Specific Care benefits, you must enroll in an available program prior to receiving services, supplies, and/or surgical procedure(s) covered under the program; fulfill your responsibilities under the program; receive your care from a designated provider for the program; and this plan must be your primary medical plan for coordination of benefits purposes. To enroll in the program, contact Cigna at the phone number on your ID card.

If all requirements are met, and subject to plan terms and conditions, the preauthorized services, supplies, and/or surgical procedure(s) will be payable under the plan as shown in the Condition-Specific Care benefit in The Schedule.

Charges for covered expenses not included in the preauthorized services, supplies, and/or surgical procedure(s) are payable subject to applicable Copayments, Coinsurance, and Deductible if any.

If you choose to not actively enroll in the program, do not complete the program participation requirements, or utilize a provider who is not designated for the program, charges for covered expenses are payable subject to applicable Copayments, Coinsurance, and Deductible if any.

Condition-Specific Care Travel Services

Charges made for non-taxable travel expenses for transportation and lodging, incurred by you in connection with a preapproved procedure or service under the program are covered subject to the following conditions and limitations:

- You are the recipient of a preapproved procedure or service under the program.
- The service and/or procedure is received from a designated provider for the program.
- You need to travel more than a 60-mile radius from your primary residence.

The term recipient is defined to include a person receiving authorized procedures or services under the program. The

travel benefit is designed to offset the recipient's travel expenses, including charges for: transportation to and from the procedure or service site; and lodging while at, or traveling to and from the procedure or service site.

In addition, the travel benefit is designed to offset travel expenses for charges associated with the items above 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 home, depending on the procedure being performed; food and meals; laundry bills; telephone bills; alcohol or tobacco products; and charges for transportation that exceed coach class rates.

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