

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

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

CERTIFICATE RIDER

No. CR7BI002-1

Policyholder: WRNS Studio

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

Policy Number(s). 0620215-DPPO2

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-RDR182

06-21



The page in Your Certificate coded HC-DEN333 is replaced by the page coded HC-DEN333 attached to this Certificate rider.

The sections entitled Class IV Lifetime Maximum in THE SCHEDULE — Cigna Dental Preferred Provider Insurance — in your certificate are changed to read as attached.

Cigna Dental Preferred Provider Insurance

The Schedule

BENEFIT MAXIMUMS AND DEDUCTIBLES	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Class IV Lifetime Maximum	\$5,000	\$5,000

BENEFIT HIGHLIGHTS	PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Class IV	The Percentage of Covered Expenses the Plan Pays	The Percentage of Covered Expenses the Plan Pays
Orthodontia	50%	50%

Covered Dental Services

Class IV Services - Orthodontics

The total amount payable for all expenses incurred for orthodontics during a Covered Person's lifetime will not be more than the orthodontia maximum shown in The Schedule. Benefits are payable under this plan only for active Orthodontic Treatment and for the orthodontic services listed below on the date the Orthodontic Treatment is started.

No benefits are payable for retention in the absence of full active Orthodontic Treatment.

Charges will be considered, subject to other plan conditions, as follows:

- 25% of the total case fee will be considered as being incurred on the date the initial active appliance is placed; and
- the remainder of the total case fee will be divided by the number of months for the total treatment plan and the resulting portion will be considered to be incurred on a monthly basis until the plan maximum is paid, treatment is completed or eligibility ends. Payments will be made quarterly.

Covered Orthodontic Treatment includes:

- Pre-Orthodontic Treatment examination to monitor growth and development;
- Orthodontic work-up including:
 - intraoral complete series of radiographic images or panoramic radiographic images taken in conjunction with an Orthodontic Treatment plan (if needed);
 - cephalometric radiographic image (if needed);
 - radiographs (if needed);
 - diagnostic casts (i.e., study models) for orthodontic evaluation (if needed);
 - treatment plan (if needed);
- Fixed or removable orthodontic appliances for limited tooth movement and/or limited tooth guidance;
- Comprehensive Orthodontic Treatment adult and child;
- Periodic Orthodontic Treatment visit;
- Placement of device to facilitate eruption of impacted tooth;
- Transseptal fiberotomy/supra crestal fiberotomy, by report;
- Harmful habits treatment.