

**WRNS Studio**

EXTRATERRITORIAL LEGISLATION

**EFFECTIVE DATE: January 1, 2024**

ETALLD24A  
0620215

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

Printed in U.S.A.



# Table of Contents

IMPORTANT INFORMATION .....	4
CERTIFICATE RIDER – Florida Residents.....	5
CERTIFICATE RIDER – Georgia Residents .....	6
CERTIFICATE RIDER – Massachusetts Residents .....	6
CERTIFICATE RIDER – Montana Residents .....	8
CERTIFICATE RIDER – New Jersey Residents.....	9
CERTIFICATE RIDER – New York Residents.....	10
CERTIFICATE RIDER – Oregon Residents .....	11
CERTIFICATE RIDER – Washington Residents .....	11

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

**CERTIFICATE RIDER**

Policyholder: WRNS Studio

Rider Eligibility: Each Employee as noted within this Certificate rider

Policy No. or Nos.: 0620215

Effective Date: January 1, 2024

This rider forms a part of the Certificate issued to You by Cigna describing the benefits provided under the Policy(ies) specified above. This rider replaces any other issued to You previously.

**IMPORTANT INFORMATION**

**For Residents of States other than the State of California:**

State-specific riders contain provisions that may add to or change Your Certificate provisions.

The provisions identified in Your state-specific rider, attached, are ONLY applicable to Employees residing in that state. The state for which the rider is applicable is identified at the beginning of each state specific rider in the "Rider Eligibility" section.

Additionally, the provisions identified in each state-specific rider only apply to:

- (a) Benefit plans made available to You and/or Your Dependents by Your Employer;
- (b) Benefit plans for which You and/or Your Dependents are eligible;
- (c) Benefit plans which You have elected for You and/or Your Dependents;
- (d) Benefit plans which are currently effective for You and/or Your Dependents.

Please refer to the Table of Contents for the state-specific rider that is applicable for Your residence state.



*Jill Stadelman, Corporate Secretary*

HC-ETRDR2



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

### **CERTIFICATE RIDER – Florida Residents**

Rider Eligibility: Each Employee who is located in Florida

**The benefits of the policy providing your coverage are primarily governed by the law of a state other than Florida.**

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Florida group insurance plans covering insureds located in Florida. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETFLRDR

## **Eligibility - Effective Date**

### **Foster Children, Adoptive Children and Children in Custodial Care**

Benefits applicable to children of the insured employee also apply to adoptive children, foster children and children in custodial care. Coverage begins from birth or from the moment of placement in the home. Except in the case of foster children, coverage may not exclude any preexisting condition of the child.

In the case of a newborn adoptive child, coverage begins from the moment of birth if there is a written agreement to adopt the child, whether or not the agreement is enforceable.

Coverage does not extend to an adoptive child who is not ultimately placed in the home of the insured employee.

If notice of the birth or placement of an adopted child is given to the company within 30 days there is no premium charge for the initial 30 day period. If timely notice is not given, the insurer may charge additional premium from the time of birth or placement.

If notice is given within 60 days of the birth or placement of an adopted child, the insurer may not deny coverage for the child due to the failure of the insured to timely notify the insurer of the birth or placement of the child.

If any family member of the insured employee is covered as a dependent, then benefits applicable to children are covered with respect to a foster child or other child in court-ordered temporary custody or other custody of the insured employee.

### **Newborn Children**

Coverage for newborn children of an insured employee or the employee's covered family member begins from the moment of birth.

Coverage for a newborn child of a covered family member terminates when the child is 18 months old.

If notice of birth is given to the company within 30 days there is no premium charge for the initial 30 day period. If timely notice is not given, the insurer may charge additional premium from the time of birth.

If notice is given within 60 days of the birth of the child, the insurer may not deny coverage for a child due to the failure of the insured to timely notify the insurer of the birth of the child.

This policy covers newborn children for the necessary dental care or dental treatment of congenital defects or birth abnormalities of the teeth or gums.

HCDFB-ELG94

06-21  
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## **Dental Benefits Extension – For Total Disability Upon Policy Discontinuation**

An expense incurred in connection with a Covered Dental Service that is completed after Your benefits cease, for any reason other than the person's failure to pay premiums, will be deemed to be incurred while You are insured if:

- the course of treatment was recommended in writing by the physician and began while the person was insured for dental benefits; and
- the Covered Dental Service is other than a routine examination, prophylaxis, x-ray, or sealants or orthodontic services;
- for Orthodontic Services, the treatment commenced while the person was insured and the expenses are incurred within 60 days after his insurance ceases.
- and the Covered Dental Service is performed within 90 days after his insurance ceases.



The terms of this Dental Benefits Extension will not apply to a person who becomes insured under another group policy for similar dental benefits.

HCDFB-BEX13

06-21  
ET

## Definitions

### Dependent

The term child means a child born to You or a child legally adopted by You, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. A child also includes a foster child or a child placed in your custody by a court order from the date of placement in the home. Coverage is not required if the adopted or foster child is ultimately not placed in your home. It also includes:

- a stepchild;
- a child born to an uninsured Dependent child of yours until such child is 18 months old, a child for whom You are the legal guardian, or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

HCDFB-DFS465

06-21  
ET

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

### CERTIFICATE RIDER – Georgia Residents

Rider Eligibility: Each Employee who is located in Georgia

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Georgia group insurance plans covering insureds located in Georgia. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETGARDR

## Important Notices

### CIGNA DENTAL PPO

#### IMPORTANT:

If You opt to receive dental services or procedures that are not covered benefits under this plan, a participating dental provider may charge You his or her usual and customary rate for such services or procedures. Prior to providing You with dental services or procedures that are not covered benefits, the dental provider should provide You with a treatment plan that includes each anticipated service or procedure to be provided and the estimated cost of each such service or procedure. To fully understand Your coverage, You may wish to review Your evidence of coverage document.

HCDFB-IMP84

06-21  
ET1

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

### CERTIFICATE RIDER – Massachusetts Residents

Rider Eligibility: Each Employee who is located in Massachusetts

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Massachusetts group insurance plans covering insureds located in Massachusetts. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETMARDR

## Eligibility - Effective Date

### Exception for Newborns

Any Dependent child, including the newborn infant of a Dependent, an adopted child or foster child born while You are insured will become insured on the date of the child's birth if You elect Dependent Insurance no later than 31 days after birth. If You do not elect to insure Your newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

HCDFB-ELG89

06-21  
ET

## Termination of Insurance

### Termination of Your Insurance

Your insurance will cease on the earliest date below:

- the date You cease to be in an Eligible Class or cease to qualify for the insurance.
- the last day for which You have made any required contribution for the insurance.
- the date the Policy is canceled or lapses due to a nonpayment of premium.
- You commit an act of misrepresentation or fraud.
- You commit an act of physical or verbal abuse unrelated to Your physical or mental condition, and such act poses a threat to a provider or to other insureds.
- the last day of the calendar month in which Your Active Service ends except as described below.
- Your death.

Additionally, Your insurance will cease on the later of:

- the last day of the period for which a required premium contribution for the Group Policy was paid to Us by Your Employer (if the next required premium is not paid); provided that We mail a notification of termination of the Group Policy to Your last known mailing address following Your Employer's nonpayment of premium; or

- three days after we mail a notification of termination of the Group Policy to Your last known mailing address following Your Employer's nonpayment of Premium.

Any continuation of insurance must be based on a plan which precludes individual selection.

### Termination of Insurance - Dependents

Your insurance for all of Your Dependents will cease on the earliest date below:

- You commit an act of misrepresentation or fraud; or
- You commit an act of physical or verbal abuse unrelated to Your physical or mental condition, and such act poses a threat to a provider or to other insureds; or
- the date Dependent insurance is canceled; or
- the date that Dependent no longer qualifies as a Dependent; or
- Your death.

HCDFB-TRM81

06-21  
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## Termination of Insurance - Continuation

### Special 31-Day Continuation

Upon payment of premium by Your Employer, Your insurance will continue for 31 days after You:

- cease to be an Eligible Class or cease to qualify as an Employee.
- terminate employment for any reason.

In no case will the insurance continue after You become insured under any other group policy for similar benefits or after the last day for which You have made any required contribution for the insurance.

### Dental Insurance for Former Spouse

If Your Spouse's dental insurance would otherwise cease because of divorce or annulment of marriage, the insurance for that Spouse will be continued unless the court decree dissolving the marriage excludes such continuation. In any event, the insurance will not be continued beyond the earliest of the following dates:

- the date You fail to make any required contribution;
- the date You are no longer insured under the group policy;
- the date Dependent insurance cancels;
- the date Your former Spouse remarries;
- the date You remarry, unless You make arrangements with the Employer to continue the insurance in accordance with the paragraph below entitled "Effect of Remarriage of Employee";

- the date the court judgment no longer requires continued coverage.

### **Effect of Remarriage of Employee**

If You remarry, an additional contribution will be required for Your former Spouse. You must notify Your Employer of Your remarriage within 30 days of the date of Your remarriage and pay the additional contribution.

HCDFB-TRM84

06-21  
ET

## **Definitions**

### **Dependent**

The term Dependent means:

- Your former Spouse; unless the divorce decree provides otherwise; and

The term child means a child born to You or a child legally adopted by You. Coverage for an adopted child will begin on the date of the filing of a petition to adopt such child, provided the child has been residing in Your home as a foster child, and for whom You have been receiving foster care payments; or when a child has been placed in Your home by a licensed placement agency for purposes of adoption. It also includes a stepchild, a child born to one of Your Dependent children, as long as Your grandchild is living with You and Your Dependent child is insured, or Your grandchild is primarily supported by You, a child for whom You are the legal guardian, or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order). It also includes a stepchild, a child born to one of Your Dependent children, as long as Your grandchild is living with You and Your Dependent child is insured, or Your grandchild is primarily supported by You, a child for whom You are the legal guardian, or a child supported pursuant to a court order imposed on You (including a Qualified Medical Child Support Order).

HCDFB-DFS385

06-21  
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## **CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)**

### **CERTIFICATE RIDER – Montana Residents**

Rider Eligibility: Each Employee who is located in Montana

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Montana group insurance plans covering insureds located in Montana. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETMTRDR

### **Important Notice**

**Patients Right to Know** – You have the right to know the actual charge or estimate of charges for a specific health care service or course of treatment when an actual charge or estimate of charges exceeds \$500.

The Treatment Cost Estimator located on [myCigna.com](http://myCigna.com) may be utilized for inquiries about estimated charges from the dental care provider. The Treatment Cost Estimator is a consumer tool and Members can print their own estimates. Separate from the Treatment Cost Estimator, Members can request pre-treatment estimates (in writing) from Customer Services for any dental procedure.

HCDFB-IMP76

06-21  
ET

## **Eligibility - Effective Date**

### **Eligibility for Coverage for Adopted Children**

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. A child will be considered placed for adoption when You become legally obligated to support that



child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all dental coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

#### **Exception for Newborns**

Any Dependent child born to any Covered Person while You are insured will become insured on the date of the child's birth if You elect Dependent Insurance no later than 31 days after birth. If You do not elect to insure the newborn child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

HCDFB-ELG100

06-21  
V1-ET

#### **Missing Tooth Limitation**

The amount payable for the replacement of teeth that are missing when a person first becomes insured is 50% of the amount payable for the replacement of teeth that are extracted after a person has dental coverage.

This payment limitation no longer applies after 12 months of continuous coverage.

This limit will not apply to any person who is a member of the Initial Group.

HCDFB-MTL25

06-21  
ET

#### **Covered Dental Services**

Teledentistry services are covered only when administered in conjunction with procedures and services which are covered under this plan. Covered Dental Services delivered through teledentistry are covered to the same extent We cover services rendered through in-person contact including the same cost-share, frequency limitations or any applicable benefit maximums or lack thereof.

HC-DEN330

06-21  
V1-ET

### **Definitions**

#### **Dependent**

The term Dependent means:

- 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 intellectual or physical disabilities. Proof of the child's condition and dependence may be required to be submitted to Us within 31 days after the date the child ceases to qualify above.

The term child means a child born to You or a child legally adopted by You.

HCDFB-DFS520

06-21  
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#### **Usual Fee**

The fee that an individual Dentist most frequently charges for a given dental service. The term means fees calculated by Us based on available data resources of competitive fees in that geographic area. Usual Fees are both reasonable and customary or are otherwise justifiable considering special circumstances. Usual Fees are fees within the accepted range of customary fees charged by Dentists of similar training in a specific limited and geographic area.

HCDFB-DFS212

01-18  
ET

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

#### **CERTIFICATE RIDER – New Jersey Residents**

Rider Eligibility: Each Employee who is located in New Jersey

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.



The provisions set forth in this rider comply with the legal requirements of New Jersey group insurance plans covering insureds located in New Jersey. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNJRDR

A diagnosis, treatment and service with respect to a dental condition or disease, is not Medically/Dentally Necessary if made, prescribed or delivered solely for convenience of the patient or provider.

HC-DFS132

04-10

V1-ET

## Important Notice

Your health plan provides that you will not be held financially liable for payments to health care providers for any sums, other than required copayments, coinsurance or deductibles, owed for covered expenses, if Cigna fails to pay for the covered expenses for any reason.

Subsequent changes in your coverage shall be evidenced in a separate benefit rider issued to you or your dependent(s).

HC-IMP46

04/10

V1-ET

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

### CERTIFICATE RIDER – New York Residents

Rider Eligibility: Each Employee who is located in New York

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of New York group insurance plans covering insureds located in New York. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNYRDR

## Definitions

### Dependent

Dependents include:

- your lawful spouse, including civil union partners.

The term child includes any child acquired through a civil union.

The rights of married persons under federal law may not be available to parties to a civil union.

HC-DFS311

04-10

V1-ET

### Medically Necessary and/or Dentally Necessary

Services provided by a Dentist or Physician as determined by Cigna are Medically/Dentally Necessary if they are:

- required for the diagnosis and/or treatment of the particular dental condition or disease; and
- consistent with the symptom or diagnosis and treatment of the dental condition or disease; and
- commonly and usually noted throughout the medical/dental field as proper to treat the diagnosed dental condition or disease; and
- the most fitting level or service which can safely be given to you or your Dependent.

## SECTION I. Definitions

Defined terms will appear capitalized throughout this Certificate.

**Spouse:** The person to whom the Subscriber is legally married, including a same sex Spouse. Spouse also includes a domestic partner.



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

### **CERTIFICATE RIDER – Oregon Residents**

Rider Eligibility: Each Employee who is located in Oregon

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Oregon group insurance plans covering insureds located in Oregon. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ORD-04-10

HC-ETORRDR

## **Eligibility - Effective Date**

### **Dependent Insurance**

#### **Eligibility for Coverage for Adopted Children**

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the date of placement with You. A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all dental coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

HCDFB-ELG99

06-21

ET1

## **Definitions**

### **Dependent**

The term child means a child born to You or a child legally adopted by You including that child from the date of

placement. Coverage for such child will include the necessary care and treatment of conditions existing prior to the date of placement including medically diagnosed congenital defects or birth abnormalities, regardless of any pre-existing condition limitation in the policy.

HCDFB-DFS514

06-21

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

### **CERTIFICATE RIDER – Washington Residents**

Rider Eligibility: Each Employee who is located in Washington

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status.

This rider forms a part of the certificate issued to you by Cigna.

The provisions set forth in this rider comply with the legal requirements of Washington group insurance plans covering insureds located in Washington. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETWARDR

## **Notice**

Coordination of Benefits Included – See Table of Contents for Location of Coordination of Benefits Section. Your Benefits may be affected by other Insurance.

HC-CER72

01-18

V3-ET

## **Important Notices**

### **Notice regarding Coordination of Benefits**

If you are covered by more than one health benefit plan, and you do not know which is your primary plan, you or your

provider should contact any one of the health plans to verify which plan is primary. The health plan you contact is responsible for working with the other plan to determine which is primary and will let you know within thirty calendar days.

**CAUTION:** All health plans have timely claim filing requirements. If you or your provider fail to submit your claim to a secondary health plan within that plan's claim filing time limit, the plan can deny the claim. If you experience delays in the processing of your claim by the primary health plan, you or your provider will need to submit your claim to the secondary health plan within its claim filing time limit to prevent a denial of the claim.

To avoid delays in claims processing, if you are covered by more than one plan you should promptly report to your providers and plans any changes in your coverage.

### **Health Care Benefit Manager**

A health care benefit manager ("HCBM") is any person or entity that provides services to or acts on behalf of a health carrier or employee benefits program. HCBMs directly or indirectly impact the determination or use of benefits for or patient access to health care services, drugs and supplies.

HCBMs include, but are not limited to, specialized benefit types such as pharmacy, radiology, laboratory and mental health. The services of an HCBM also include: Prior authorization or preauthorization of benefits or care, certification of benefits or care, medical necessity determinations, utilization review, benefit determinations, claims processing and repricing for services and procedures, outcome management, provider credentialing and re-credentialing, payment or authorization of payment to providers and facilities for services or procedures, dispute resolution, grievances or appeals relating to determinations or utilization of benefits, provider network management and disease management.

A current list of HCBMs for your plan is available at [www.cigna.com/product-disclosures](http://www.cigna.com/product-disclosures).

HC-IMP308

01-22  
V1-ET

## **Eligibility - Effective Date**

### **Dependent Insurance**

#### **Dental Insurance – Newborn, Adoptive Children, Court Ordered Coverage Newborns**

Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If payment of an additional premium is required to provide coverage for a

child, to continue coverage beyond 31 days, you must elect Dependent Insurance for your newborn child within the 60 day enrollment period which begins on the first day of birth. If Dependent Insurance is not elected within the 60 day enrollment period, you may be required to wait until the next plan enrollment period to enroll the child for coverage under the plan. Coverage shall include, but not be limited to, coverage for congenital anomalies of such infant children from the moment of birth.

Adoptive children are covered from the date the obligation for total or partial support begins. Waiting periods do not apply to these categories of Dependents.

A Dependent child for whom you are required by a court or administrative order to provide coverage may be enrolled at any time and is not subject to any restrictions. Application for enrollment must be accepted if presented by the Employee, the child's other parent or the state agency responsible for enforcement. An eligible child cannot be terminated from coverage until the insurer receives satisfactory written evidence that the court order is no longer in effect or the child is enrolled in another plan with comparable coverage that takes effect not later than the effective date of disenrollment.

Coverage may not be denied on the grounds that: the child was born out of wedlock; the child is not claimed as a Dependent on the Employee's federal tax return; or the child does not reside with the Employee or in the plan's service area. The insurer must provide to the custodial parent all information necessary for the child to become enrolled. Claims must be accepted from the custodial parent, the provider or the state agency without approval of the noncustodial and payment must be made to the person submitting the claim.

HC-ELG340

01-22  
ET

### **Washington Statutory Provision**

#### **General Anesthesia for Certain Persons**

Covered Dental Expenses include: Coverage for Medically or Dentally Necessary General Anesthesia Services when performed in a dental office in conjunction with any covered dental procedure, if such services are required because the covered person is:

- under age seven; or
- physically or developmentally disabled.

Benefits will be payable on the same basis as the procedure performed.

HC-DEN21

04-10  
V5 ET

## General Limitations

### Dental Benefits

- charges for or in connection with experimental procedures or treatment methods. In determining whether services are experimental, Cigna in consultation with a dental consultant, will consider if such services: are approved by the American Dental Association or the appropriate dental specialty society; are in general use in the medical/dental field in the state of Washington; are under continued scientific testing and research; have shown a demonstrable benefit for a particular dental condition or disease; and are proven to be safe and effective.

HC-DEX19

04-10  
V5-ET

## Definitions

### Dependent

Dependents include:

- your Domestic Partner; and
- any child of yours who is
  - less than 26 years old.
  - 26 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability.

Proof of the child's condition and dependence may be required to be submitted to Cigna within 31 days after the date the child ceases to qualify above. Cigna may require proof not more frequently than annually after the two year period following the child's attainment of the limiting age.

The term child means a child born to you or a child legally adopted by you from the date you file a petition for adoption. If your Domestic Partner has a child, that child will also be included as a Dependent.

HC-DFS1399

01-20  
ET

### Domestic Partner

A Domestic Partner is defined as a person who has a valid domestic partner registration in Washington.

HC-DFS1371

01-19  
V2-ET