



Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

a CIGNA company (called CG)

CERTIFICATE RIDER

No. CR7BIASO18-1

Policyholder: University Corporation for Atmospheric Research

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

Policy No. or Nos. 3153744-PPO5

EFFECTIVE DATE: January 1, 2009

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. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG describing the benefits provided under the policy(ies) specified above.

Deborah Young, Corporate Secretary



The sections entitled **Maximum Reimbursable Charge, Contract Year Deductible and Out-of-Pocket Maximum and Acupuncture** in THE SCHEDULE —**Preferred Provider Medical Benefits**— in your certificate are changed to read as attached.

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



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Coinsurance Levels	100%	80% of the Maximum Reimbursable Charge
Maximum Reimbursable Charge Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or A percentile of charges made by providers of such service or supply in the geographic area where the service is received. These charges are compiled in a database we have selected. Note: The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles, copayments and coinsurance.	Not Applicable	80th Percentile



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Contract Year Deductible</p> <p>Individual</p> <p>Family Maximum</p> <p>Family Maximum Calculation</p> <p>Individual Calculation:</p> <p>Family members meet only their individual deductible and then their claims will be covered under the plan coinsurance; if the family deductible has been met prior to their individual deductible being met, their claims will be paid at the plan coinsurance.</p>	<p>\$3,000 per person</p> <p>\$5,950 per family</p>	<p>\$3,000 per person</p> <p>\$5,950 per family</p>



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Combined Medical/Pharmacy Contract Year Deductible</p> <p>Combined Medical/Pharmacy Deductible: includes retail and mail order drugs</p> <p>Mail Order Pharmacy Costs Contribute to the Combined Medical/Pharmacy Deductible</p>	<p>Yes</p> <p>Yes</p>	<p>Yes</p> <p>Yes</p>
<p>Out-of-Pocket Maximum</p> <p>Individual</p> <p>Family Maximum</p> <p>Family Maximum Calculation</p> <p>Individual Calculation: Family members meet only their individual Out-of-Pocket and then their claims will be covered at 100%; if the family Out-of-Pocket has been met prior to their individual Out-of-Pocket being met, their claims will be paid at 100%.</p>	<p>\$3,000 per person</p> <p>\$5,950 per family</p>	<p>\$3,500 per person</p> <p>\$6,450 per family</p>



BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Combined Medical/Pharmacy Out-of-Pocket Maximum</p> <p>Combined Medical Pharmacy Out-of-Pocket: Includes retail and mail order drugs</p> <p>Mail Order Pharmacy Costs Contribute to the Combined Medical/Pharmacy Out-of-Pocket Maximum</p>	<p>Yes</p> <p>Yes</p>	<p>Yes</p> <p>Yes</p>
<p>Acupuncture</p> <p>Contract Year Maximum: 60 visits</p>	<p>100% after plan deductible</p>	<p>80% after plan deductible</p>



Definitions

Maximum Reimbursable Charge - Medical

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply;
or
- a policyholder-selected percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by CG.

The percentile used to determine the Maximum Reimbursable Charge is listed in The Schedule.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by CG. Additional information about how CG determines the Maximum Reimbursable Charge is available upon request.