



Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

a CIGNA company (called CG)

CERTIFICATE RIDER

No. CR7MNASO18-3

Policyholder: University Corporation for Atmospheric Research

Rider Eligibility: Each Employee who resides in Massachusetts

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



CIGNA HealthCare

The pages coded **NOT189** and **NOT192** attached to this certificate rider are added to your certificate.



Notice To Massachusetts Residents



This Preferred Provider Medical Benefits health plan, alone, **does not meet Minimum Creditable Coverage standards and will not satisfy** the individual mandate that you have health insurance. For additional information, please see the section “Massachusetts Requirement to Purchase Health Insurance,” immediately preceding the Schedule.

NOT189



Massachusetts Requirement To Purchase Health Insurance:

This Preferred Provider Medical Benefits health plan, alone, **does not meet Minimum Creditable Coverage standards** that are effective January 1, 2009, as part of the Massachusetts Health Care Reform Law because:

- The in-network deductible is more than \$2,000 for an individual and/or \$4,000 for a family.
- The deductible for prescription drug coverage is more than \$250 for an individual and/or \$500 for a family.

If you purchase this health plan only, you **will not satisfy** the statutory requirement that you have health insurance meeting these standards.

If this health plan is offered to you through your place of employment, contact your employer or other plan sponsor to determine if it offers other health plan options that meet Minimum Creditable Coverage standards. Your employer or other plan-sponsor also may offer supplemental plans you can add to this insured health plan in order to meet Minimum Creditable Coverage.

If this health plan is not offered to you through your place of employment and you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi, or the Connector by calling 1-877-MA-ENROLL or visiting its website at www.mahealthconnector.org.

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2009. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.

NOT192