

Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7SIASO23-2

Policyholder: The School Board of Brevard County, Florida

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

Policy No. or Nos. 3308496-ACOAP

EFFECTIVE DATE: January 1, 2023

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-RDR1 04-10

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The section entitled Virtual Care\ Dedicated Virtual Providers, Virtual Care\ Virtual Physician Services, Mental Health and Substance Use Disorder in THE SCHEDULE — Open Access Plus Medical Benefits — in your certificate is changed to read as attached.

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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 | 100% | In-Network coverage only |
| MDLIVE Primary Care Services | \$30 per visit copay, then 100% | In-Network coverage only |
| MDLIVE Specialty Care Services | \$50 per visit copay, then 100% | In-Network coverage only |

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| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
|---|---|---|
| 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 | Plan deductible, then 80% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Specialty Care Physician Virtual Office Visit | Plan deductible, then 80% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Mental Health | | |
| Inpatient Includes Acute Inpatient and Residential Treatment | \$600 per admission copay, then plan deductible, then 80% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Calendar Year Maximum: Unlimited | | |
| Outpatient | | |
| Outpatient - Office Visits Includes individual, family and group psychotherapy; medication management, virtual care, etc. | \$30 per visit copay, then 100% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Calendar Year Maximum: Unlimited | | |
| Dedicated Virtual Providers MDLIVE Behavioral Services | \$30 per visit copay, then 100% | In-Network coverage only |
| Outpatient - All Other Services Includes Partial Hospitalization, Intensive Outpatient Services, virtual care, etc. | 100% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Calendar Year Maximum: Unlimited | | |

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| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
|---|---|--|
| Substance Use Disorder | \$600 per admission coper than plan | Dlan daductible than 600/ of the |
| Inpatient Includes Acute Inpatient Detoxification, Acute Inpatient Rehabilitation and Residential Treatment | \$600 per admission copay, then plan deductible, then 80% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Calendar Year Maximum: Unlimited | | |
| Outpatient | | |
| Outpatient - Office Visits | \$30 per visit copay, then 100% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Includes individual, family and group psychotherapy; medication management, virtual care, etc. | | Transman remoursable Charge |
| Calendar Year Maximum: Unlimited | | |
| Dedicated Virtual Providers MDLIVE Behavioral Services | \$30 per visit copay, then 100% | In-Network coverage only |
| Outpatient - All Other Services | 100% | Plan deductible, then 60% of the Maximum Reimbursable Charge |
| Includes Partial Hospitalization, Intensive Outpatient Services, virtual care, etc. | | |
| Calendar Year Maximum: Unlimited | | |

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