

| | Home Office: Bloomfield, Connecticut Mailing Address: Hartford, Connecticut 06152 |
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| | maning nuress. Haryora, Connectical 00132 |
| CIGNA HEALTH AND LIFE INSURANCE COMP | PANY |
| a Cigna company (hereinafter called Cigna) | |
| | |
| CERTIFICATE RIDER | |
| | No. C7RSIASO12-1 C7RSIASO14-1 |
| | C/RSIAS014-1 |
| Policyholder: Adelphi University | |
| Rider Eligibility: Each Employee as reported to the insurance co | ompany by your Employer |
| Policy No. or Nos. 3336505-HIGH, STD | |
| EFFECTIVE DATE: January 1, 2025 | |
| You will become insured on the date you become eligible if you ar not in Active Service on that date due to your health status. If you your certificate on that date, the effective date of this certificate rid | are not insured for the benefits described in |
| This certificate rider forms a part of the certificate issued to you by the policy(ies) specified above. | v Cigna describing the benefits provided under |
| M | UDIJOW |
| Alicia | M. Morrow, ESQ, Corporate Secretary |
| HC-RDR1 | 04-10 V1 |



The section entitled **Mammograms** in THE SCHEDULE — **Open Access Plus Medical Benefits**— in your certificate is changed to read as attached.



| Open Access Plus Medical Benefits The Schedule | | |
|---------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|
| BENEFIT HIGHLIGHTS | IN-NETWORK | OUT-OF-NETWORK |
| Mammograms Preventive Care Related Services (i.e. "routine" services) Diagnostic Related Services (i.e. "non-routine" services) | 100% including Breast Ultrasounds and Breast MRI 100% including Breast Ultrasounds and Breast MRI | Plan deductible, then 70% of the Maximum Reimbursable Charge Plan deductible, then 70% of the Maximum Reimbursable Charge |