Adelphi University
ANNUAL COMPLIANCE RIDER
EFFECTIVE DATE: January 1, 2025
A CENTAGE
ACTXD25 3336505
This document printed in December, 2024 takes the place of any documents previously issued to you which described your benefits.
Printed in U.S.A.

Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

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

ANNUAL COMPLIANCE RIDER

No. ACTXD25

Policyholder: Adelphi University

Rider Eligibility: Each Employee

Policy No. or Nos. 3336505-DENT1, DENT2

EFFECTIVE DATE: January 1, 2025

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 annual compliance rider will be the date you become insured.

This Annual Compliance Rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above.

This Annual Compliance Rider replaces any other Annual Compliance Rider issued to you on a prior date.

The provisions set forth in this Annual Compliance Rider comply with legislative requirements of the State of Texas regarding group insurance plans covering insureds. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

READ THE FOLLOWING

NOTE: The provisions identified in this rider are specifically applicable ONLY for:

- Benefit plans which have been made available by your Employer to you and/or your Dependents;
- Benefit plans for which you and/or your Dependents are eligible;
- Benefit plans which you have elected for you and/or your Dependents;
- Benefit plans which are currently effective for you and/or your Dependents.

Geneva Cambell Brown, Corporate Secretary

HC-RDR1 04-10 V1 AC



Important Notices

The language shown under the **Have a complaint or need help?** section of your dental certificate has been revised to show the following:

Have a complaint or need help?

If you have a problem with a claim or your premium, call your insurance company or HMO first. If you can't work out the issue, the Texas Department of Insurance may be able to help.

Even if you file a complaint with the Texas Department of Insurance, you should also file a complaint or appeal through your insurance company or HMO. If you don't, you may lose your right to appeal.

Cigna Health and Life Insurance Company

To get information or file a complaint with your insurance company or HMO:

Call: National Appeal Unit at 1-855-363-5836 Toll-free: 1-800-244-6224

Email: DenisonAppealTeam@cigna.com

Mail: P.O. Box 188044 Chattanooga. TN 37422

The Texas Department of Insurance

To get help with an insurance question or file a complaint with the state:

Call with a question: 1-800-252-3439
File a complaint: www.tdi.texas.gov
Email: ConsumerProtection@tdi.texas.gov
Mail: Consumer Protection, MC: CO-CP, Texas
Department of Insurance, P.O. Box 12030, Austin, TX 78711-2030

¿Tiene una queja o necesita ayuda?

Si tiene un problema con una reclamación o con su prima de seguro, llame primero a su compañía de seguros o HMO. Si no puede resolver el problema, es posible que el Departamento de Seguros de Texas (Texas Department of Insurance, por su nombre en inglés) pueda ayudar.

Aun si usted presenta una queja ante el Departamento de Seguros de Texas, también debe presentar una queja a través del proceso de quejas o de apelaciones de su compañía de seguros o HMO. Si no lo hace, podría perder su derecho para apelar.

Cigna Health and Life Insurance Company

Para obtener información o para presentar una queja ante su compañía de seguros o

HMO:

Llame a: National Appeal Unit al 1-855-363-5836 Teléfono gratuito: 1-800-244-6224

Correo electrónico: DenisonAppealTeam@cigna.com

Dirección postal: P.O. Box 188044

Chattanooga. TN 37422

El Departamento de Seguros de Texas

Para obtener ayuda con una pregunta relacionada con los seguros o para presentar una queja ante el estado:

Llame con sus preguntas al: 1-800-252-3439 Presente una queja en: <u>www.tdi.texas.gov</u>

Correo electrónico: <u>ConsumerProtection@tdi.texas.gov</u> Dirección postal: Consumer Protection, MC: CO-CP, Texas Department of Insurance, P.O. Box 12030, Austin, TX

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