

*Home Office: Bloomfield, Connecticut
Mailing Address: Hartford, Connecticut 06152*

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

CERTIFICATE RIDER

No. CR7BIASO6-1
CR7BIASO7-1

Policyholder: Harris County Hospital District

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

Policy No. or Nos. 3335293-OAPD, OAPDM

EFFECTIVE DATE: March 1, 2015

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.


Anna Krishtul, Corporate Secretary

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The sections entitled **Maximum Reimbursable Charge, Calendar Year Deductible, Out-of-Pocket Maximum, and Emergency and Urgent Care Services** in THE SCHEDULE — **Open Access Plus Medical Benefits** — in your certificate are changed to read as attached.

The definitions in your certificate entitled "**Dependent and Maximum Reimbursable Charge - Medical**" are replaced by the definitions attached to this certificate rider.

Open Access Plus Medical Benefits

The Schedule

<p>Maximum Reimbursable Charge</p> <p>Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or</p> <p>A percentage of a schedule that we have developed that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for similar services within the geographic market. In some cases, a Medicare based schedule will not be used and the Maximum Reimbursable Charge for covered services is determined based on the lesser of:</p> <ul style="list-style-type: none"> • the provider's normal charge for a similar service or supply; or • the 80th 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 the Insurance Company. <p>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.</p> <p>Note: Some providers forgive or waive the cost share obligation (e.g. your copayment, deductible and/or coinsurance) that this plan requires you to pay. Waiver of your required cost share obligation can jeopardize your coverage under this plan. For more details, see the Exclusions Section.</p>	<p>Not Applicable</p>	<p>300%</p>
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Open Access Plus Medical Benefits

The Schedule

Calendar Year Deductible		
Individual	\$300 per person	\$1,000 per person
Family Maximum	\$900 per family	\$3,000 per family
Family Maximum Calculation Individual Calculation: 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.		
Out-of-Pocket Maximum		
Individual	\$1,850 per person	\$6,000 per person
Family Maximum	\$3,700 per family	\$18,000 per family
Family Maximum Calculation 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%.		

Open Access Plus Medical Benefits

The Schedule

The Schedule		
Emergency and Urgent Care Services		
Physician's Office Visit	No charge after the \$25 PCP or applicable \$35 CCN or \$55 Non-CCN Specialist per office visit copay	No charge after the \$25 PCP or applicable \$35 CCN or \$55 Non-CCN Specialist per office visit copay
Hospital Emergency Room	90% after plan deductible	90% after plan deductible
Outpatient Professional Services (radiology, pathology and ER Physician)	90% after plan deductible	90% after plan deductible
Urgent Care Facility or Outpatient Facility	No charge after \$55 per visit copay*	No charge after \$55 per visit copay*
	*waived if admitted	*waived if admitted
X-ray and/or Lab performed at the Emergency Room (billed by the facility as part of the ER)	90% after plan deductible	90% after plan deductible
X-ray and/or Lab performed at the Urgent Care Facility (billed by the facility as part of the UC visit)	No charge	No charge
Independent x-ray and/or Lab Facility in conjunction with an ER visit	90% after plan deductible	90% after plan deductible
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.) for ER	90% after plan deductible	90% after plan deductible
Advanced Radiological Imaging (i.e. MRIs, MRAs, CAT Scans, PET Scans etc.) for UC	No charge	No charge
Ambulance	90% after plan deductible	90% after plan deductible

Definitions

Dependent

Dependents are:

- your lawful spouse; and
- any child of yours who is:
 - less than 26 years old.
 - 26 or more years old, unmarried, and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability which arose while the child was covered as a Dependent under this Plan, or while covered as a dependent under a prior plan with no break in coverage.

Proof of the child's condition and dependence must be submitted to Cigna within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, Cigna may require proof of the continuation of such condition and dependence.

The term child means a child born to you; a child legally adopted by you; the child for whom you are the legal guardian; the child who is the subject of a lawsuit for adoption by you; the child who is supported pursuant to a court order imposed on you (including a qualified medical child support order) or your grandchild who is your Dependent for federal income tax purposes at the time of application. It also includes a stepchild.

Benefits for a Dependent child will continue until the last day of the calendar month in which the limiting age is reached.

Anyone who is eligible as an Employee will not be considered as a Dependent spouse. A child under age 26 may be covered as either an Employee or as a Dependent child. You cannot be covered as an Employee while also covered as a Dependent of an Employee.

No one may be considered as a Dependent of more than one Employee.

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- a policyholder-selected percentage of a schedule developed by Cigna that is based upon a methodology similar to a methodology utilized by Medicare to determine the allowable fee for the same or similar service within the geographic market.

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

In some cases, a Medicare based schedule will not be used and 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
- the 80th 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 Cigna.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by Cigna. Additional information about how Cigna determines the Maximum Reimbursable Charge or for help determining the Maximum Reimbursable Charge for a specified service is available upon request by calling the toll-free number shown on your ID card.

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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