



Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

a CIGNA company (called CG)

CERTIFICATE RIDER

No. CR7BIASO18-1

Policyholder: City of Coral Springs

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

Policy No. or Nos. 3209036-HRAS, HRAF, HRAO

EFFECTIVE DATE: January 1, 2008

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.

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

GM6000 R 7

CEP



The second paragraph of the section entitled **Eligibility for Employee Insurance** in your certificate is changed as follows:
If you were previously insured and your insurance ceased, you must satisfy the waiting period to become insured again.

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

The second paragraph of the **Dependent** definition in your certificate is changed as follows:

A child includes a legally adopted child or a foster child. It also includes a Grandchild up to 18 months old or a stepchild who lives with you and a child for whom you are the legal guardian.

The section entitled **Definitions** in your certificate is changed to include the following:

Grandchild

The term grandchild means a child born to an insured Dependent child.

The definition in your certificate entitled **Maximum Reimbursible Charge** is replaced by the definition attached to this certificate rider.



OPEN ACCESS PLUS MEDICAL BENEFITS

The Schedule

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Lifetime Maximum	Unlimited	
Coinsurance Levels	80%	60% of the Maximum Reimbursable Charge
<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 percentile of charges made by providers of such service or supply in the geographic area where the service is received. These charges are compiled in a database we have selected.</p> <p>Note:</p> <p>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>	Not Applicable	80th Percentile



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
- a policyholder-selected 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 CG.

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

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by CG. Additional information about how CG determines the Maximum Reimbursable Charge is available upon request.