

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

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7MN014-1

Policyholder: Wilmington Trust National Association

Group: Stryker Corporation

Rider Eligibility: Each Member who resides in Massachusetts

Account/Group Number: 03509A

Effective Date: January 1, 2024

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

GC-RDR7

01-21

The pages coded HC-MANCR1V1 and HC-MANCR2V14 attached to this certificate rider are added to your certificate.

Notice To Massachusetts Residents



This Preferred Provider Medical Benefits health plan, alone, **does not meet Minimum Creditable Coverage standards and will not satisfy** the individual mandate that you have health insurance. For additional information, please see the section “Massachusetts Requirement to Purchase Health Insurance,” immediately preceding the Schedule.

HC-MANCR1V1

Massachusetts Requirement To Purchase Health Insurance:

This Preferred Provider Medical Benefits health plan, alone, **does not meet Minimum Creditable Coverage standards** that are effective January 1, 2024, as part of the Massachusetts Health Care Reform Law because:

- A broad range of medical benefits, as defined by the Connector, are not covered.
- The health plan does not include an out-of-pocket maximum.

If you purchase this health plan only, you **will not satisfy** the statutory requirement that you have health insurance meeting these standards.

If this health plan is offered to you through your place of employment, contact your employer or other plan sponsor to determine if it offers other health plan options that meet Minimum Creditable Coverage standards. Your employer or other plan-sponsor also may offer supplemental plans you can add to this insured health plan in order to meet Minimum Creditable Coverage.

If this health plan is not offered to you through your place of employment and you want to learn about other health plan options available to individuals, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi, or the Connector by calling 1-877-MA-ENROLL or visiting its website at www.mahealthconnector.org.

THIS DISCLOSURE IS FOR MINIMUM CREDITABLE COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2024. BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.

If you have questions about this notice, you may contact the Division of Insurance by calling (617) 521-7794 or visiting its website at www.mass.gov/doi.