

Cigna Health and Life Insurance Company
900 Cottage Grove Road
Bloomfield, Connecticut 06002

AMENDMENT

Subscriber: LCS Community Employment LLC

Policy No.: CI112311

Amendment Effective Date: January 1, 2025

PLEASE READ

IMPORTANT: The attached amendment to your policy has been made at your request, and will be effective on the date shown within the amendment. Please review this amendment immediately and confirm that it accurately reflects your request and is consistent with your intentions. If amended certificates have been provided, please review these as well. If there are any errors or discrepancies, please notify your account manager or account service representative immediately. If you have not notified your account manager or account service representative of any errors or concerns, continued payment of premium more than 31 days after delivery of this amendment will be deemed acceptance of this amendment.

Cigna Health and Life Insurance Company
900 Cottage Grove Road
Bloomfield, Connecticut 06002

AMENDMENT

Subscriber: LCS Community Employment LLC

Policy No.: CI112311

Amendment Effective Date: January 1, 2025

This amendment will be in effect only for Covered Employees in Active Service on the Effective Date(s) shown below. If an Employee is not in Active Service on the date he would otherwise become eligible, he will become eligible on the date he returns to Active Service.

This Amendment is attached to and made part of the Policy specified above. It is subject to all of the policy provisions that do not conflict with its provisions.

Subscriber and We hereby agree that the Policy is amended as follows:

1. Effective January 1, 2025, the **HEALTH SCREENING TEST BENEFIT RIDER** found under **OPTIONAL BENEFITS** in the **SCHEDULE OF BENEFITS FOR CLASS 1 and 2** is deleted from the Policy.
2. Effective January 1, 2025, the **HEALTH SCREENING TEST BENEFIT RIDER** is deleted in its entirety from the Policy.
3. Effective January 1, 2025, the following provision is added to the Policy:

**WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE
BENEFIT RIDER**

4. Effective January 1, 2025, the attached form is made a part of the Policy:

**WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE
BENEFIT RIDER**

Except for the above, this Amendment does not change the Policy in any way.

Signed for the

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Geneva Campbell Brown
Corporate Secretary



Bryan Holgerson
President, U.S. Employer

Date: February 2, 2025

Amendment No. 05

GCI-00-4000.00

Cigna Health and Life Insurance Company
900 Cottage Grove Road
Bloomfield, Connecticut 06002

ADDITIONAL BENEFIT RIDER

Subscriber: LCS Community Employment LLC

Policy No.: CI112311

Rider Effective Date: January 1, 2025

This Rider is attached to and made part of this Policy. The Benefits described below are added on the Rider Effective Date shown above and apply to all Covered Persons who are insured, in Active Service on that date. The provisions of this Rider apply to Covered Persons who become insured under this Policy after the Rider Effective Date, as of their Effective Dates of insurance.

The following section is added to the *Schedule of Benefits* for class 1 and 2.

WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE BENEFIT RIDER

All Employee benefits under this Rider are payable at 100% of the Benefit Amount shown for the Eligible Employee.

All Spouse benefits are payable at 100% of the Benefit Amount shown for the Employee.

All Dependent Child(ren) benefits are payable at 100% of the Benefit Amount shown for the Employee.

Voluntary Benefit

Benefit Waiting Period

0 days

EMPLOYEE BENEFITS

Benefit Type

Benefit Amount

Wellness Treatment Benefit

Health Screening Test Benefit

Preventive Care Benefit

Benefit Amount

\$50 per day

Maximum Benefit

1 per year



Geneva Campbell Brown
Corporate Secretary

Signed for the
CIGNA HEALTH AND LIFE INSURANCE COMPANY



Bryan Holgerson
President, U.S. Employer

GCI-00-5000.00

Cigna Health and Life Insurance Company
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WELLNESS TREATMENT, HEALTH SCREENING TEST AND PREVENTIVE CARE
BENEFIT RIDER

This Rider is attached to and made a part of your group insurance Policy. It is subject to the terms, conditions, limitations and exclusions contained in the Policy as well as those set forth in this Rider.

Rider Effective Date: January 01, 2025

**THIS RIDER DOES NOT CONTAIN COMPREHENSIVE ADULT
WELLNESS BENEFITS AS DEFINED BY WYOMING LAW.**

BENEFITS

The following provisions explain the benefits available under this Rider. Please see the *Schedule of Benefits* for the applicability of these benefits on a class level.

We will pay the per day benefit shown in the *Schedule of Benefits*, if a Covered Person undergoes or receives Wellness Treatment, Health Screening Test, and/or Preventive Care examination, immunization, or testing as set forth below, under direction of a Physician while coverage under this Rider is in force. Benefits are subject to any applicable Benefit Waiting Period and Elimination Period.

BENEFIT WAITING PERIOD

The Benefit Waiting Period shown in the *Schedule of Benefits* applies to this Rider.

WELLNESS TREATMENT

- Well Child Care – Office Treatment, Labs and Immunizations;
- Osteoporosis screenings;
- Routine gynecological exams;
- Routine prostate exams;
- General health exams;
- Colorectal cancer screening;
- Lead poisoning screening;
- Cancer screenings;
- Adult immunizations;
- Annual routine preventative dental exam;
- Annual routine ophthalmological exam including refraction

HEALTH SCREENING TEST

- Mammography;
- Pap Smear for women over Age 18;
- Flexible Sigmoidoscopy;
- Hemocult Stool Specimen;
- Colonoscopy;
- Prostate Specific Antigen (for prostate cancer);
- Stress test on a bicycle or treadmill;
- Fasting blood glucose test;
- Blood test for triglycerides;

- Serum cholesterol test to determine levels of HDL and LDL;
- Bone marrow testing;
- Breast ultrasound;
- CA 15-3 (blood test for breast cancer);
- CA125 (blood test for ovarian cancer);
- CEA (blood test for colon cancer);
- Chest X-ray;
- Serum Protein Electrophoresis (blood test for myeloma); and
- Thermography
- Infectious Disease Immunization (any FDA approved Vaccine to protect against a pandemic level infectious disease, as declared or defined by the Centers for Disease Control)
- Pandemic Infectious Disease Screening Test (any FDA approved screening tests to ensure an individual has antibodies for or is disease free from a pandemic level infectious disease, as declared or defined by the Centers for Disease Control)

PREVENTIVE CARE EVENTS

Patient Protection and Affordable Care Act (PPACA) required preventive health services as recommended by the following expert medical and scientific bodies:

- the U.S. Preventive Services Task Force (USPSTF);
- the Advisory Committee on Immunization Practices (ACIP);
- the Health Resources and Services Administration's (HRSA's) Bright Futures Project; and
- HRSA and the Institute of Medicine (IOM) committee on women's clinical preventive services.

Detailed information is available at:

<https://www.healthcare.gov/coverage/preventive-care-benefits/>

Exclusion(s)

The *Common Exclusions* section of the Policy does not apply to this Rider.

RENEWABILITY/TERMINATION OF COVERAGE

This Rider is renewable. However, this Rider shall automatically terminate on the earliest of the following dates:

1. the date the Covered Person's coverage ends for any reason under the Policy to which this Rider is attached;
2. the last day of the period for which premium is paid for this Rider, subject to the Policy's Grace Period provision; or
3. the end of the period for which premium is paid for coverage under the Policy, to which this Rider is attached, subject to the Policy's Grace Period provision.

EXTENSION OF BENEFITS AND WAIVER OF PREMIUM PROVISION

Coverage under this Rider is subject to the Extension of Benefits and Waiver of Premium provisions of the Policy.

PORTABILITY PROVISION

Coverage under this Rider is portable. Coverage may only be ported if the Covered Person elects to port coverage under the Policy.

REINSTATEMENT

If the Employee applies for reinstatement of insurance under the Policy, the Employee may apply to reinstate this Rider at that time.

CIGNA HEALTH AND LIFE INSURANCE COMPANYA handwritten signature in black ink, appearing to read "Geneva Campbell Brown".

Geneva Campbell Brown
Corporate Secretary

WPB-GCI-02-7000-1.WY

A handwritten signature in black ink, appearing to read "Bryan Holgerson".

Bryan Holgerson
President, U.S. Employer