



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

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (hereinafter called Cigna)

CERTIFICATE RIDER

No. CR7MN001-2
CR7MN002-2
CR7MN003-2

Policyholder: University of New England

Rider Eligibility: Each Employee who resides in Massachusetts

Policy No. or Nos. 3345889-HSAF1/HSAI1, OAP1, OAP2

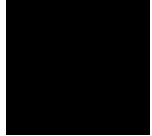
EFFECTIVE DATE: January 1, 2025



The pages in your certificate entitled "**Notice To Massachusetts Residents**" and "**Massachusetts Requirement To Purchase Health Insurance**" are replaced by the pages entitled



Notice To Massachusetts Residents



This Open Access Plus Medical Benefits health plan **meets Minimum Creditable Coverage standards** and **will 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.

