

Vanderbilt University

EXTRATERRITORIAL LEGISLATION

EFFECTIVE DATE: January 1, 2004

ETTN001
3308928

This document printed in November, 2003 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.



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

Connecticut General Life Insurance Company

a CIGNA company (called CG)

Certificate Rider

Policyholder: Vanderbilt University
Rider Eligibility: Each Employee
Policy No. or Nos. 3308928
Effective Date: 01/01/2004

This certificate rider forms a part of the certificate issued to you by CG describing the benefits provided under the policy(ies) specified above.

This certificate rider takes the place of any other issued to you on a prior date.

**Important Information for Residents of States
Other Than the State of Tennessee**

For residents of states other than the State of Tennessee, there is a state-specific certificate rider that contains provisions which add to or which change your certificate provisions.

Note: The provisions identified in your state-specific rider, incorporated herein, are applicable only to Employees located in that state. The specific state for which the rider is applicable is identified at the beginning of each individual rider as part of the "Rider Eligibility" heading.

Read the following

Note: The provisions identified in each state-specific rider incorporated herein are specifically applicable only for:

- (a) Benefit plans which have been made available by your Employer to you and/or your Dependents;
- (b) Benefit plans for which you and/or your Dependents are eligible;
- (c) Benefit plans which you have elected for you and/or your Dependents;
- (d) Benefit plans which are currently effective for you and/or your Dependents.

Please refer to the Table of Contents for the individual state-specific rider that is applicable for your residence state.

Susan L. Cooper
Corporate Secretary



Connecticut General Life Insurance Company a CIGNA Company (called CG)

Certificate Rider - Arizona Residents

Rider Eligibility: Each Employee who is located in Arizona

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with legislative requirements of the state of Arizona regarding group insurance plans covering insureds located in Arizona. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

The following is added to your certificate:

This Certificate Of Insurance May Not Provide All Benefits And Protections Provided By Law In Arizona. Please Read This Certificate Carefully.

The following is added to the section of your certificate entitled "Termination of Insurance":

Reinstatement of Insurance

If your Insurance ceases because you are called to active duty from status as a reservist on or after August 22, 1990, the insurance for you and your Dependents, including those born during your time of active duty, will be reinstated after your deactivation, provided you apply for reinstatement within 90 days of discharge or within one year of continuous hospitalization from the date of discharge.

Such reinstatement will be without the application of: (a) a new waiting period, or (b) a new Pre-existing Condition Limitation to a condition that you or your Dependent may have developed while coverage was interrupted. However, no payment will be made for a condition that was the direct result of active military duty.

GM6000 R7

CEPV113 M

Arizona Important Notice

This notice is to advise you that you can obtain a replacement Appeals Process Information Packet by calling the Customer Service Department at the telephone number listed on your identification card for "Claim Questions/Eligibility Verification" or for "Member Services", or by calling 1-800-244-6224.

The Information Packet includes a description and explanation of the appeal process for CG.

Provider Lien Notice

Arizona law entitles health care providers to assert a lien for their customary charges for the care and treatment of an injured person upon any and all claims of liability or indemnity, except health insurance. If you are injured and have a claim against a non-health liability insurer (such as automobile or homeowner insurance) or any other payor source for injuries sustained, your health care provider may assert a lien against available proceeds from any such insurer or payor in an amount equal to the difference between the sum, if any, payable to the health care provider under this Plan and the health care provider's full billed charges.

GM6000 R7

CEPV1101

Connecticut General Life Insurance Company a CIGNA Company (called CG)

Certificate Rider - Massachusetts Residents

Rider Eligibility: Each Employee who is located in Massachusetts

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with legislative requirements of the Commonwealth of Massachusetts regarding group insurance plans covering insureds located in Massachusetts. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 R 7

CEPV776 M

- for expenses incurred by you or any one of your Dependents to the extent that benefits are paid or payable for those expenses under the mandatory part of any auto insurance policy written to comply with:
 - a "no-fault" insurance law; or
 - an uninsured motorist insurance law.

CG will take into account any adjustment option chosen under such mandatory part by you or any one of your Dependents.

GM6000R7

CEPV779

The following is added to the section in your certificate entitled "Termination of Insurance - Continuation":



Special 31-Day Continuation

Upon payment of premium by your Employer, your insurance (except Life Insurance) will continue for 31 days after you:

- cease to be in a Class of Eligible Employees or cease to qualify as an Employee.
- terminate employment for any reason.

In no case will the insurance continue after you become insured under any other group policy for similar benefits or after the last day for which you have made any required contribution for the insurance.

GM6000R7

CEPV780

Dental Insurance for Former Spouse

If your spouse's Dental Insurance would otherwise cease because of divorce or annulment of marriage, the insurance for that spouse will be continued unless the court decree dissolving the marriage excludes such continuation. In any event the insurance will not be continued beyond the earliest of the following dates:

- the date you fail to make any required contribution;
- the date you are no longer insured under the group policy;
- the date Dependent Insurance cancels;
- the date your former spouse remarries;
- the date you remarry, unless you make arrangements with the Employer to continue the insurance in accordance with the paragraph below entitled "Effect of Remarriage of Employee."
- the date the court judgment no longer requires continued coverage.

Effect of Remarriage of Employee

If you remarry, an additional contribution will be required for your former spouse. You must notify your Employer of your remarriage within 30 days of the date of your remarriage and pay the additional contribution.

GM6000R7

CEPV11 DG

The following is added to the section of your certificate entitled "Definitions":

With respect to the definition of "Dependent" a Dependent child includes:

- a legally adopted child. Coverage for an adopted child will begin: (a) on the date of the filing of a petition to adopt such child, provided the child has been residing in your home as a foster child, and for whom you have been receiving foster care payments; or (b) when a child has

been placed in your home by a licensed placement agency for purposes of adoption;

GM6000 R7

CEPV16

**Connecticut General Life Insurance Company
a CIGNA Company (called CG)**

Certificate Rider - Missouri Residents

Rider Eligibility: Each Employee who is located in Missouri

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with legislative requirements of the state of Missouri regarding group insurance plans covering insureds located in Missouri. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 R 7

CEPV157 M

The following is added to the section of your certificate entitled "**Termination of Insurance - Continuation**":

**Special Continuation of Dental Insurance
for Dependents of Deceased Employee**

If you die while insured, your Dependents who are insured at the time of your death may continue their insurance by paying the required contribution to the Policyholder. Continuation shall begin only after the Continuation Required by Federal Law has expired, provided your spouse is at least 55 years of age at such time. Such coverage shall not continue beyond the earliest of the following dates:

- your spouse's 65th birthday;
- the last day of the period for which the required contribution has been paid;
- the date that your spouse becomes insured under any other group health plan, including Medicare;
- with respect to any one Dependent, (1) the date that Dependent becomes eligible for similar group coverage or (2) the date that Dependent ceases to qualify as a Dependent for any reason other than lack of primary support by you; or
- the date this policy cancels.



For Spouse Upon Legal Separation or Divorce from Employee

If your spouse's insurance would otherwise terminate because of legal separation, divorce or annulment of marriage, your spouse may continue that insurance, and the insurance of any eligible Dependent children, by paying the required contribution to the Policyholder. Continuation shall begin only after the Continuation Required by Federal Law has expired, provided your spouse is at least 55 years of age at such time. Such coverage shall not continue beyond the earliest of the following dates:

- your spouse's 65th birthday;
- the last day of the period for which the required contribution has been paid;
- the date that your spouse becomes insured under any other group health plan, including Medicare;
- with respect to any one Dependent, (1) the date that Dependent becomes eligible for similar group coverage or (2) the date that Dependent ceases to qualify as a Dependent for any reason other than lack of primary support by you; or
- the date this policy cancels

GM6000 R 7

CEPV158

Connecticut General Life Insurance Company a CIGNA Company (called CG)

Certificate Rider - Ohio Residents

Rider Eligibility: Each Employee who is located in Ohio

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with legislative requirements of the state of Ohio regarding group insurance plans covering insureds located in Ohio. These provisions supersede any provisions in your certificate to the contrary unless the provisions in the certificate result in greater benefits.

- is performed by a licensed Dentist when services rendered, under the terms of the plan, are legally performed by a person licensed in Ohio.(GM6000 R7CEPV480)

GM6000 R 7

CEPV464

Connecticut General Life Insurance Company a CIGNA Company (called CG)

Certificate Rider - South Carolina Residents

Rider Eligibility: Each Employee who is located in South Carolina

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with legislative requirements of the state of South Carolina regarding group insurance plans covering insureds located in South Carolina. These provisions supersede any provisions in your certificate to the contrary unless the provisions in the certificate result in greater benefits.

GM6000 R 7

CEPV217 M

The following is added to the dental benefits section of your certificate entitled "Expenses Not Covered":

- for care and treatment of cleft lip and palate and any condition or illness which is related to or developed as a result of cleft lip and palate. This includes, but is not limited to, oral/facial surgery, otolaryngology, and audiological care. This does not include prosthodontics (including teeth capping) and orthodontics.

GM6000 R 7

CEPV676

Connecticut General Life Insurance Company a CIGNA Company (called CG)

Certificate Rider - Texas Residents

Rider Eligibility: Each Employee who is located in Texas

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with legislative requirements for the state of Texas regarding group insurance plans covering insureds located in Texas. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

GM6000 R 7

CEPV787 M



Important Notice

To obtain information or make a complaint:

You may call Connecticut General Life Insurance Company at the following toll-free telephone numbers for information or to make a complaint.

For Dental Insurance Questions

1-800-525-5803

You may contact the Texas Department of Insurance to obtain information on companies, coverages, rights or complaints at

1-800-252-3439

You may write the Texas Department of Insurance

P.O. Box 149104

Austin, TX 78714-9104

FAX # (512) 475-1771

Premium or Claim Disputes: Should you have a dispute concerning your premium or about a claim you should contact the agent or the company first. If the dispute is not resolved, you may contact the Texas Department of Insurance.

Attach This Notice to Your Policy: This notice is for information only and does not become a part or condition of the attached document.

GM6000 R7

CEPV164

Aviso Importante Aviso Importante

Para obtener información o para someter una queja:

Usted puede llamar a Connecticut General Life Insurance Company a los siguientes números de teléfono para llamadas gratuitas si desea obtener información o someter una queja.

Para Preguntas A Cerca De Seguros Dental

1-800-525-5803

Usted puede comunicarse al Departamento de Seguros de Texas para obtener información sobre compañías, cobertura, derechos o quejas al

1-800-252-3439

Usted puede escribir al Departamento de Seguros de Texas al:

P.O. Box 149104

Austin, TX 78714-9104

FAX # (512) 475-1771

Disputas Sobre Primas O Reclamos: Si usted tiene una disputa con respecto a su prima o sobre un reclamo, usted debe comunicarse primero con el agente o la compañía. Si la disputa no se resuelve, usted puede entonces comunicarse con el Departamento de Seguros de Texas.

Adjunte Este Aviso A Su Poliza: Este aviso es sólo para información y no se convierte en parte o condición del documento adjunto.

GM6000 R7

CEPV165

- charges for a service provided through Telemedicine for diagnosis, consultation, treatment, transfer of medical or dental data, and education.

These benefits may not be subject to a greater deductible, copayment, or coinsurance than for the same service under this plan provided through a face-to-face consultation.

The term Telemedicine means the practice of health care delivery, diagnosis, consultation, treatment, transfer of medical or dental data, and education through the use of interactive audio, video, or other electronic media. It does not include the use of telephone or fax.

GM6000 R 7

CEPV848

The following is added to the section in your certificate entitled "Definitions":

Dependent

Dependents are:

- your lawful spouse; and
- any unmarried child of yours who is
 - less than 25 years old;
 - 25 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to CG within 31 days after the date the child ceases to qualify above. During the next two years CG may, from time to time, require proof of the continuation of such condition and dependence. After that, CG may require proof no more than once a year.

A child includes:

- a legally adopted child, including a child for whom you are involved in a suit to adopt;
- a stepchild; and
- a grandchild who is considered your dependent for federal income tax purposes at the time of application.

Anyone who is eligible as an Employee will not be considered as a Dependent.

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

GM6000R7

CEPV1001



**Connecticut General Life Insurance Company
a CIGNA Company (called CG)**

Certificate Rider - Virginia Residents

Rider Eligibility: Each Employee who is located in Virginia

You will become insured on the date you become eligible, including if you are not in Active Service on that date due to your health status. However, you will not be insured for any loss of life, dismemberment or loss of income coverage until you are in Active Service.

This certificate rider forms a part of the certificate issued to you by CG.

The provisions set forth in this certificate rider comply with legislative requirements of the Commonwealth of Virginia regarding group insurance plans covering insureds located in Virginia. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

The following is added to the section of the certificate entitled "Termination of Insurance":

Reinstatement of Insurance

If your Insurance ceases because of active duty in: (a) the United States Armed Forces; (b) Reserves of the United States Armed Forces; or (c) the National Guard, the insurance for you and your Dependents will be reinstated after your deactivation provided you apply for reinstatement and you are otherwise eligible.

Such reinstatement will be without the application of: (a) a new waiting period; or (b) a new Pre-existing Condition Limitation. A new Pre-existing Condition Limitation will not apply to a condition that you or your Dependents may have developed while coverage was interrupted. The remainder of a Pre-existing Condition Limitation in effect prior to interruption of coverage may still apply.