

Lamb & Associates Packaging, Inc.

HDHPQ OAP Plan
Extraterritorial Rider
EFFECTIVE DATE: 04/01/2025

TABLE OF CONTENTS

■ Certificate Rider - Tennessee Residents	3
--	---

CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna COMPANY (called Cigna)

CERTIFICATE RIDER

Policyholder: Lamb & Associates Packaging, Inc.

Rider Eligibility: Each Employee as noted within this certificate rider

Policy No. or Nos: 00639275

Effective Date: April 1, 2025

This rider forms a part of the certificate issued to You by Cigna describing the benefits provided under the policy(ies) specified above. This rider replaces any other issued to You previously.

IMPORTANT INFORMATION

For Residents of States other than Arkansas:

State-specific riders contain provisions that may add to or change Your certificate provisions.

The provisions identified in Your state-specific rider, attached, are ONLY applicable to Employees residing in that state. The state for which the rider is applicable is identified at the beginning of each state specific rider.

Additionally, the provisions identified in each state-specific rider only apply to:

- (a) Benefit plans which have been made available to You by Your Employer;
- (b) Benefit plans for which You are eligible;
- (c) Benefit plans which You have elected for You;
- (d) Benefit plans which are currently effective for You.

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



Alicia M. Morrow, ESQ, Corporate Secretary

HC-ETDR2

State Certificate Riders

The following pages contain the State Certificate Riders.



CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna company (called Cigna)

CERTIFICATE RIDER - Tennessee Residents

Rider Eligibility: Each Employee who is located in Tennessee.

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.

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

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

HC-ETTNRDR

■ Covered Expenses

- charges for treatment of conditions or disorders of hearing, speech, voice or language if treatment is received from a licensed audiologist or speech pathologist.
- charges made for or in connection with a drug that has been prescribed for the treatment of a type of condition for which it has not been approved by the Food and Drug Administration (FDA). Such drug must be covered, provided: it is recognized as medically appropriate for the treatment of the specific type of condition for which the drug has been prescribed in any one of the following reference compendia: American Medical Association Drug Evaluations; American Hospital Formulary Service Drug Information; United States Pharmacopeia Drug Information; or the drug is recommended by one review article in a U.S. peer-reviewed national professional journal; it has been otherwise approved by the FDA; its use for the specific type of treatment prescribed has not been contraindicated by the FDA.

HC-COV1488

01-25

ET