

Durand, Inc.

HSA OAPIN Plan
Extraterritorial Riders
EFFECTIVE DATE: 07/01/2025

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CIGNA HEALTH AND LIFE INSURANCE COMPANY

a Cigna COMPANY (called Cigna)

CERTIFICATE RIDER

Policyholder: Durand, Inc.

Rider Eligibility: Each Employee as noted within this certificate rider

Policy No. or Nos: 00622912

Effective Date: July 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 New Jersey:

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

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State Certificate Riders

The following pages contain the State Certificate Riders.



CIGNA HEALTH AND LIFE INSURANCE COMPANY

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CERTIFICATE RIDER - New York Residents

Rider Eligibility: Each Employee who is located in New York.

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

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

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■ SECTIONS VI-XI. Medical Covered Expenses

Covered Expenses

■ SECTION X. Additional Benefits, Equipment and Devices

Please refer to the Schedule of Benefits section of this Certificate for Cost-Sharing requirements, day or visit limits, and any Preauthorization or Referral requirements that apply to these benefits.

Enteral Nutrition

Are medical foods that are specially formulated for enteral feedings or oral consumption.

Coverage includes medically approved formulas prescribed by a Physician for treatment of inborn errors of metabolism (e.g. disorders of amino acid or organic acid metabolism).

■ SECTION XI. Inpatient Services

Please refer to the Schedule of Benefits section of this Certificate for Cost-Sharing requirements, day or visit limits, and any Preauthorization or Referral requirements that apply to these benefits.

Skilled Nursing Facility.

We Cover services provided in a Skilled Nursing Facility, including care and treatment in a semi-private room, as described in "Hospital Services" above. Custodial, convalescent or domiciliary care is not Covered (see the Exclusions and Limitations section of this Certificate). An admission to a Skilled Nursing Facility must be supported by a treatment plan prepared by Your Provider and approved by Us. We Cover 60 days per Plan Year for non-custodial care.

End of Life Care.

CERTIFICATE RIDER - New York Residents - Continued

If You are diagnosed with advanced cancer and You have fewer than 60 days to live, We will Cover Acute care provided in a licensed Article 28 Facility or Acute care Facility that specializes in the care of terminally ill patients. Your attending Physician and the Facility's medical director must agree that Your care will be appropriately provided at the Facility. If We disagree with Your admission to the Facility, We have the right to initiate an expedited external appeal to an External Appeal Agent. We will Cover and reimburse the Facility for Your care, subject to any applicable limitations in this Certificate until the External Appeal Agent renders a decision in Our favor.

We will reimburse Non-Participating Providers for this end of life care as follows:

- We will reimburse a rate that has been negotiated between Us and the Provider.
- If there is no negotiated rate, We will reimburse Acute care at the Facility's current Medicare Acute care rate.
- If it is an alternate level of care, We will reimburse at 75% of the appropriate Medicare Acute care rate.

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■ SECTION XIII. Prescription Drug Coverage

Please refer to the Schedule of Benefits section of this Certificate for Cost-Sharing requirements, day or visit limits, and any Preauthorization or Referral requirements that apply to these benefits.

A. Covered Prescription Drugs.

Covered Prescription Drugs include, but are not limited to:

- Nutritional formulas for the treatment of phenylketonuria, branched-chain ketonuria, galactosemia and homocystinuria.
- Prescription or non-prescription enteral formulas for home use, whether administered orally or via tube feeding, for which a Physician or other licensed Provider has issued a written order. The written order must state that the enteral formula is Medically Necessary and has been proven effective as a disease-specific treatment regimen. Specific diseases and disorders include but are not limited to: inherited diseases of amino acid or organic acid metabolism; Crohn's disease; gastroesophageal reflux; gastroesophageal motility such as chronic intestinal pseudo-obstruction; and multiple severe food allergies. Multiple food allergies include, but are not limited to: immunoglobulin E and nonimmunoglobulin E-mediated allergies to multiple food proteins; severe food protein induced enterocolitis syndrome; eosinophilic disorders and impaired absorption of nutrients caused by disorders affecting the absorptive surface, function, length, and motility of the gastrointestinal tract.
- Modified solid food products that are low in protein, contain modified protein, or are amino acid based to treat certain inherited diseases of amino acid and organic acid metabolism and severe protein allergic conditions.



CIGNA HEALTH AND LIFE INSURANCE COMPANY

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CERTIFICATE RIDER - Pennsylvania Residents

Rider Eligibility: Each Employee who is located in Pennsylvania.

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

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

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■ The Schedule

The Medical Schedule is amended to indicate that no separate maximum/deductible shall apply to **Diabetic Equipment**.

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The Medical Schedule is amended to indicate that **Enteral Nutrition (Nutritional Formulas)** is covered, subject to plan coinsurance without application of any plan deductible, except if you're covered under a Qualified High Deductible Health Savings plan then the plan deductible will apply.

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■ Covered Expenses

- charges for an annual breast cancer screening. 3-Dimensional screenings are not subject to any member cost-share.
- charges for an annual supplemental breast cancer screening when Medically Necessary and clinically appropriate using either standard or abbreviated magnetic resonance imaging (MRI), or ultrasound if MRI is not possible, not subject to member cost-share, for a woman who is at an increased risk of breast cancer.
- charges for an annual gynecological exam, including a pelvic exam and a routine pap smear, not subject to any Deductible or dollar limits.
- charges for colorectal cancer screening for:
 - a non-symptomatic covered person age 50 and older includes but is not limited to: an annual fecal occult blood test; a sigmoidoscopy, a screening barium enema or a test consistent with approved medical standards and practices to detect colon cancer, at least once every 5 years; and a colonoscopy at least once every 10 years.
 - a non-symptomatic covered person under age 50 who is at high or increased risk for colorectal cancer according to American Cancer Society guidelines includes but is not limited to colonoscopy or any combination of colorectal cancer screening tests according to American Cancer Society Guidelines.

CERTIFICATE RIDER - Pennsylvania Residents - Continued

- a symptomatic covered person includes a colonoscopy, sigmoidoscopy or any combination of colorectal cancer screening tests at frequency determined by the treating Physician.
- charges for childhood immunizations, including the immunizing agents and Medically Necessary booster doses. Immunizations provided in accordance with Advisory Committee on Immunization Practices (ACIP) standards are covered for any insured person under age 21 and are exempt from Deductibles or dollar limits.
- charges for at least 48 hours of inpatient care following a mastectomy. A longer period of time will be covered if the treating Physician determines it is Medically Necessary. Home health care services will also be provided if the treating Physician deems these services Medically Necessary.
- charges for diabetes equipment and medical nutrition therapy related to diabetes management.

Enteral Nutrition

Enteral Nutrition means medical foods that are specially formulated for enteral feedings or oral consumption.

Coverage includes medically approved formulas prescribed by a Physician for treatment of inborn errors of metabolism (e.g., disorders of amino acid or organic acid metabolism).

Medically Necessary nutritional support formulas for therapeutic treatment of phenylketonuria (PKU), branched-chain ketonuria, galactosemia and homocystinuria that are administered under the direction of a Physician are subject to a Deductible.

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Breast Reconstruction and Breast Prostheses

- charges made for reconstructive surgery following a mastectomy; benefits include: surgical services for reconstruction of the breast on which surgery was performed; surgical services for reconstruction of the non-diseased breast to produce symmetrical appearance; postoperative breast prostheses; and mastectomy bras and prosthetics, limited to the lowest cost alternative available that meets prosthetic placement needs. During all stages of mastectomy, treatment of physical complications, including lymphedema therapy, are covered.

Reconstructive Surgery

- charges made for reconstructive surgery or therapy to repair or correct a severe physical deformity or disfigurement which is accompanied by functional deficit; (other than abnormalities of the jaw or conditions related to TMJ disorder) provided that: the surgery or therapy restores or improves function; reconstruction is required as a result of Medically Necessary, non-cosmetic surgery; or the surgery or therapy is performed prior to age 19 and is required as a result of the congenital absence or agenesis (lack of formation or development) of a body part. Repeat or subsequent surgeries for the same condition are covered only when there is the probability of significant additional improvement as determined by the utilization review Physician.

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■ Medical Conversion Privilege

For You and Your Dependents



CERTIFICATE RIDER - Pennsylvania Residents - Continued

When a person's Medical Expense Insurance ceases, for a reason other than failure of the person to pay premium or if the policy is replaced by similar group insurance within 31 days, he may be eligible to be insured under an individual policy of medical care benefits (called the Converted Policy).

A Converted Policy will be issued by Cigna only to a person who:

- resides in a state that requires offering a conversion policy,
- is Entitled to Convert, and
- applies in writing and pays the first premium for the Converted Policy to Cigna within 31 days after the date his insurance ceases. Evidence of good health is not needed.

Employees Entitled to Convert

You are Entitled to Convert Medical Expense Insurance for yourself and all of your Dependents who were insured when your insurance ceased but only if:

- you are not eligible for other individual insurance coverage on a guaranteed issue basis.
- you have been insured for at least three consecutive months under the policy or under it and a prior policy issued to the Policyholder.
- your insurance ceased because you were no longer in Active Service or no longer eligible for Medical Expense Insurance.
- you are not eligible for Medicare.
- you would not be Overinsured.
- you have paid all required premium or contribution.
- you have not performed an act or practice that constitutes fraud in connection with the coverage.
- you have not made an intentional misrepresentation of a material fact under the terms of the coverage.
- your insurance did not cease because the policy in its entirety canceled.

If you retire, you may apply for a Converted Policy within 31 days after your retirement date in place of any continuation of your insurance that may be available under this plan when you retire, if you are otherwise Entitled to Convert.

Dependents Entitled to Convert

The following Dependents are also Entitled to Convert:

- a child who is not eligible for other individual insurance coverage on a guaranteed issue basis, and whose insurance under this plan ceases because he no longer qualifies as a Dependent or because of your death;
- a spouse who is not eligible for other individual insurance coverage on a guaranteed issue basis, and whose insurance under this plan ceases due to divorce, annulment of marriage or your death;
- your Dependents whose insurance under this plan ceases because your insurance ceased solely because you are eligible for Medicare;

but only if that Dependent: is not eligible for other individual insurance coverage on a guaranteed issue basis, is not eligible for Medicare, would not be Overinsured, has paid all required premium or contribution, has not performed an act or practice that constitutes fraud in connection with the coverage, and has not made an intentional misrepresentation of a material fact under the terms of the coverage.

Overinsured

A person will be considered Overinsured if either of the following occurs:

- his insurance under this plan is replaced by similar group coverage within 31 days.



CERTIFICATE RIDER - Pennsylvania Residents - Continued

- the benefits under the Converted Policy, combined with Similar Benefits, result in an excess of insurance based on Cigna's underwriting standards for individual policies.

Similar Benefits are: those for which the person is covered by another hospital, surgical or medical expense insurance policy, or a hospital, or medical service subscriber contract, or a medical practice or other prepayment plan or by any other plan or program; those for which the person is eligible, whether or not covered, under any plan of group coverage on an insured or uninsured basis; or those available for the person by or through any state, provincial or federal law.

Converted Policy

If you reside in a state that requires the offering of a conversion policy, the Converted Policy will be one of Cigna's current conversion policy offerings available in the state where you reside, as determined based upon Cigna's rules.

The Converted Policy will be issued to you if you are Entitled to Convert, insuring you and those Dependents for whom you may convert. If you are not Entitled to Convert and your spouse and children are Entitled to Convert it will be issued to the spouse, covering all such Dependents. Otherwise, a Converted Policy will be issued to each Dependent who is Entitled to Convert. The Converted Policy will take effect on the day after the person's insurance under this plan ceases. The premium on its effective date will be based on: class of risk and age; and benefits.

During the first 12 months the Converted Policy is in effect, the amount payable under it will be reduced so that the total amount payable under the Converted Policy and the Medical Benefits Extension of this plan (if any) will not be more than the amount that would have been payable under this plan if the person's insurance had not ceased. After that, the amount payable under the Converted Policy will be reduced by any amount still payable under the Medical Benefits Extension of this plan (if any). Cigna or the Policyholder will give you, on request, further details of the Converted Policy.

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■ Prescription Drug Benefits

Limitations

For covered prescription eye drops, an early refill will be allowed, up to the total number of refills indicated in the original prescription if the renewal is requested in these time periods from the later of the original prescription date or the date of the most recent refill.

- for a 30 day supply, between 21 and 30 days.
- for a 60 day supply, between 42 and 60 days.
- for a 90 day supply, between 63 and 90 days.

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■ Definitions

Dependent



CERTIFICATE RIDER - Pennsylvania Residents - Continued

The term child means a child born to you or a child legally adopted by you including that child, from the date of placement in your home, regardless of whether the adoption has become final.

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Prescription Drug Product

A drug, Biologic (including a Biosimilar), or other product that has been approved by the U.S. Food and Drug Administration (FDA), certain products approved under the Drug Efficacy Study Implementation review, or products marketed prior to 1938 and not subject to review and that can, under federal or state law, be dispensed only pursuant to a Prescription Order or Refill. For the purpose of benefits under the plan, this definition includes diabetic supplies, and may also include products in the following categories if specifically identified on the Prescription Drug List:

- certain durable products and supplies that support drug therapy;
- certain diagnostic testing and screening services that support drug therapy;
- certain medication consultation and other medication administration services that support drug therapy; and
- certain digital products, applications, electronic devices, software and cloud-based service solutions used to predict, detect and monitor health conditions in support of drug therapy;

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