

**San Jose Unified School  
District**

EXTRATERRITORIAL LEGISLATION

**EFFECTIVE DATE:** July 1, 2024

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3335732

This document printed in June, 2024 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.



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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER**

Policyholder: San Jose Unified School District  
Rider Eligibility: Each Employee as noted within this certificate rider  
Policy No. or Nos.: 3335732  
Effective Date: July 1, 2024

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 the State of Oregon:**

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 in the "Rider Eligibility" section.

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

- (a) Benefit plans made available to you and/or your Dependents by your Employer;
- (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 state-specific rider that is applicable for your residence state.



*Geneva Cambell Brown, Corporate Secretary*

HC-ETRDR



**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER – Nevada Residents**

Rider Eligibility: Each Employee who is located in Nevada

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 Nevada group insurance plans covering insureds located in Nevada. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETNVRDR

## Important Notices

### Nevada Division of Insurance

You can contact the Nevada Division of Insurance at the following:

**The Department of Business Industry,  
Division of Insurance**

**Toll free number: (888) 872-3234**

Hours of operation of the division: Mondays through Fridays from 8:00 a.m. until 5:00 p.m., Pacific Standard Time (PST).

If you have local telephone access to the Carson City and Las Vegas offices of the Division of Insurance, you should call the local numbers.

Local telephone numbers are: Carson City, **702-687-4270** and Las Vegas, **702-486-4009**

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## Definitions

If Domestic Partners are covered under the plan, then the following applies:

### Domestic Partner

A Domestic Partner is defined as a person of the same or opposite sex who:

- shares your permanent residence;
- has resided with you for no less than one year;
- is no less than 18 years of age;
- is financially interdependent with you and has proven such interdependence by providing documentation of at least two of the following arrangements: common ownership of real property or a common leasehold interest in such property; community ownership of a motor vehicle; a joint bank account or a joint credit account; designation as a beneficiary for life insurance or retirement benefits or under your partner's will; assignment of a durable power of attorney or health care power of attorney; or such other proof as is considered by Cigna to be sufficient to establish financial interdependency under the circumstances of your particular case;
- is not a blood relative any closer than would prohibit legal marriage; and
- has signed jointly with you, a notarized affidavit attesting to the above which can be made available to Cigna upon request.

In addition, you and your Domestic Partner will be considered to have met the terms of this definition as long as neither you nor your Domestic Partner:

- has signed a Domestic Partner affidavit or declaration with any other person within twelve months prior to designating each other as Domestic Partners hereunder;
- is currently legally married to another person; or
- has any other Domestic Partner, spouse or spouse equivalent of the same or opposite sex.

You and your Domestic Partner must have registered as Domestic Partners, if you reside in a state that provides for such registration.

The section of this certificate entitled "COBRA Continuation Rights Under Federal Law" will not apply to your Domestic Partner and his or her Dependents.

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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER – Oklahoma Residents**

Rider Eligibility: Each Employee who is located in Oklahoma

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 Oklahoma group insurance plans covering insureds located in Oklahoma. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETOKRDR

**Dental Benefits – Cigna Dental Care**

**Any Licensed Dentist**

Services listed on the Patient Charge Schedule are covered if performed by any licensed Dentist. A non-network Dentist is paid the same amount for a service as a network Dentist. However, a non-network Dentist will charge his/her Usual Fee for services, not the Contract Fee. Therefore the member copays listed on the Patient Charge Schedule do not apply to services provided by a non-network Dentist.

**Specialty Referrals**

**Any Licensed Dentist**

Specialty services listed on the Patient Charge Schedule are covered if performed by any licensed Dentist. A non-network Dentist is paid the same amount for a service as a Network Specialty Dentist. However, a non-network Dentist will charge his/her Usual Fee for services, not the Contract Fee. Therefore the member co-pays listed on the Patient Charge Schedule do not apply to services provided by a non-network Dentist.

**Complex Rehabilitation/Multiple Crown Units**

Any licensed Dentist may perform complex rehabilitation and charge his or her Usual Fee. A non-network Dentist will be paid the same amount for complex rehabilitation as would a Network General Dentist and therefore the member co-pays

listed on the Patient Charge do not apply to services provided by a non-network Dentist.

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**CIGNA HEALTH AND LIFE INSURANCE COMPANY**, a Cigna company (hereinafter called Cigna)

**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.

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 South Carolina group insurance plans covering insureds located in South Carolina. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

HC-ETSCRDR

**General Limitations And Expenses Not Covered**

**Expenses Not Covered**

Covered Expenses will not include, and no payment will be made for:

- cosmetic dentistry or cosmetic dental surgery (dentistry or dental surgery performed solely to improve appearance) which may include but is not limited to the following: bleaching (tooth whitening), in office and/or at home, enamel microabrasion, odontoplasty, facings, repairs to facings or replacement of facings on crowns or bridge units on molar teeth will always be considered cosmetic, unless specifically covered by this plan under the Cosmetic Services Rider. However, for newborn children benefits will include coverage of an injury or illness including necessary



care and treatment of medically diagnosed congenital defects and birth abnormalities;

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## Definitions

### Dependent

The term child means a child born to you, a child legally adopted by you or an adopted child of whom you have custody according to the decree of the court provided you have paid premiums. Adoption proceedings must be instituted by you, and completed within 31 days after the child’s birth date, and a decree of adoption must be entered within one year from the start of proceedings, unless extended by court order due to the child’s special needs. It also includes a stepchild who lives with you.

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## CIGNA HEALTH AND LIFE INSURANCE COMPANY, a Cigna company (hereinafter called Cigna)

### CERTIFICATE RIDER – Washington Residents

Rider Eligibility: Each Employee who is located in Washington

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 Washington group insurance plans covering insureds located in Washington. 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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## Notice - Cigna Dental Care

Coordination of Benefits Included – See Table of Contents for Location of Coordination of Benefits Section. Your Benefits may be affected by other Insurance.

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## Important Notices

### Notice regarding Coordination of Benefits

If you are covered by more than one health benefit plan, and you do not know which is your primary plan, you or your provider should contact any one of the health plans to verify which plan is primary. The health plan you contact is responsible for working with the other plan to determine which is primary and will let you know within thirty calendar days.

CAUTION: All health plans have timely claim filing requirements. If you or your provider fail to submit your claim to a secondary health plan within that plan's claim filing time limit, the plan can deny the claim. If you experience delays in the processing of your claim by the primary health plan, you or your provider will need to submit your claim to the secondary health plan within its claim filing time limit to prevent a denial of the claim.

To avoid delays in claims processing, if you are covered by more than one plan you should promptly report to your providers and plans any changes in your coverage.

### Health Care Benefit Manager

A health care benefit manager (“HCBM”) is any person or entity that provides services to or acts on behalf of a health carrier or employee benefits program. HCBMs directly or indirectly impact the determination or use of benefits for or patient access to health care services, drugs and supplies.

HCBMs include, but are not limited to, specialized benefit types such as pharmacy, radiology, laboratory and mental health. The services of an HCBM also include: Prior authorization or preauthorization of benefits or care, certification of benefits or care, medical necessity determinations, utilization review, benefit determinations, claims processing and repricing for services and procedures, outcome management, provider credentialing and re-credentialing, payment or authorization of payment to providers and facilities for services or procedures, dispute resolution, grievances or appeals relating to determinations or utilization of benefits, provider network management and disease management.

A current list of HCBMs for your plan is available at [www.cigna.com/product-disclosures](http://www.cigna.com/product-disclosures).

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## Eligibility – Effective Date

### Dependent Insurance

#### Dental Insurance – Newborn, Adopted Children

- Any Dependent child born while you are insured will become insured on the date of his birth if you elect Dependent Insurance no later than 31 days after his birth. If payment of an additional premium is required to provide coverage for a child, to continue coverage beyond 31 days, you must elect Dependent Insurance for your newborn child within the 60 day enrollment period which begins on the first day of birth. If Dependent Insurance is not elected within the 60 day enrollment period, you may be required to wait until the next plan enrollment period to enroll the child for coverage under the plan. Coverage shall include, but not be limited to, coverage for congenital anomalies of such infant children from the moment of birth.
- Adoptive children are covered from the date the obligation for total or partial support begins. Waiting periods do not apply to these categories of Dependents.

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## Dental Benefits – Cigna Dental Care

### Services Not Covered Under Your Dental Plan

Listed below are the services or expenses which are NOT covered under your Dental Plan and which are your responsibility at the dentist's Usual Fees. There is no coverage for:

- general anesthesia, sedation and nitrous oxide, unless specifically listed on your Patient Charge Schedule. When listed on your Patient Charge Schedule, general anesthesia and IV Sedation are covered when medically necessary and provided in conjunction with Covered Services performed by an Oral Surgeon or Periodontist. There is no coverage for general anesthesia or intravenous sedation when used for the purposes of anxiety control or patient management. However, general anesthesia is covered when medically necessary and authorized by your physician because the covered person is under the age of 7 or physically or developmentally disabled.

- services for or in connection with experimental procedures or treatment methods. In determining whether services are experimental, Cigna in consultation with our dental consultant, will consider if such services: are approved by the American Dental Association or the appropriate dental specialty society; are in general use in the medical/dental field in the state of Washington; are under continued scientific testing and research; have shown a demonstrable benefit for a particular dental condition or disease; and are proven to be safe and effective.

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## Definitions

### Dependent

Dependents include:

- your Domestic Partner; and
- any child of yours who is
  - less than 26 years old.
  - 26 or more years old and primarily supported by you and incapable of self-sustaining employment by reason of mental or physical disability.

Proof of the child's condition and dependence may be required to be submitted to Cigna within 31 days after the date the child ceases to qualify above. Cigna may require proof not more frequently than annually after the two year period following the child's attainment of the limiting age.

The term child means a child born to you or a child legally adopted by you from the date you file a petition for adoption. If your Domestic Partner has a child, that child will also be included as a Dependent.

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### Domestic Partner

A Domestic Partner is defined as a person who has a valid domestic partner registration in Washington.

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