



Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

a CIGNA company (called CG)

CERTIFICATE RIDER

No. CR7BIASO4-1
CR7BIASO5-1

Policyholder: Furman University

Rider Eligibility: Each Employee as reported to the insurance company by your Employer.

Policy No. or Nos. 3209280-OAPB, OAPC, OAPC2

EFFECTIVE DATE: January 1, 2008

You will become insured on the date you become eligible, if you are in Active Service on that date, or 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 describing the benefits provided under the policy(ies) specified above.

Deborah Young, Corporate Secretary



The section entitled **Maximum Reimbursable Charge** in THE SCHEDULE — **OPEN ACCESS PLUS MEDICAL BENEFITS BASIC PLAN**— in your certificate is changed to read as attached.

The section entitled **Maximum Reimbursable Charge** in THE SCHEDULE — **OPEN ACCESS PLUS MEDICAL BENEFITS CORE PLAN**— in your certificate is changed to read as attached.

THE SCHEDULE — **Prescription Drug Benefits**— section in your certificate is changed to read as attached.

The definition in your certificate entitled "**Maximum Reimbursable Charge**" is replaced by the definition attached to this certificate rider.



**OPEN ACCESS PLUS MEDICAL BENEFITS
BASIC PLAN**

The Schedule

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Coinsurance Levels	80%	60% of the Maximum Reimbursable Charge
<p>Maximum Reimbursable Charge</p> <p>Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or</p> <p>A percentile of charges made by providers of such service or supply in the geographic area where the service is received. These charges are compiled in a database we have selected.</p> <p>Note:</p> <p>The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles, copayments and coinsurance.</p>	Not Applicable	80th Percentile



**OPEN ACCESS PLUS MEDICAL BENEFITS
CORE PLAN
The Schedule**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
Coinsurance Levels	85%	65% of the Maximum Reimbursable Charge
<p>Maximum Reimbursable Charge</p> <p>Maximum Reimbursable Charge is determined based on the lesser of the provider's normal charge for a similar service or supply; or</p> <p>A percentile of charges made by providers of such service or supply in the geographic area where the service is received. These charges are compiled in a database we have selected.</p> <p>Note:</p> <p>The provider may bill you for the difference between the provider's normal charge and the Maximum Reimbursable Charge, in addition to applicable deductibles, copayments and coinsurance.</p>	Not Applicable	80th Percentile



Prescription Drug Benefits

The Schedule

For You and Your Dependents

This plan provides Prescription Drug benefits for Prescription Drugs and Related Supplies provided by Pharmacies as shown in this Schedule. To receive Prescription Drug Benefits, you and your Dependents may be required to pay a portion of the Covered Expenses for Prescription Drugs and Related Supplies for each 30-day supply at a retail pharmacy or each 90-day supply at a mail order pharmacy. That portion is the Copayment or Coinsurance.

Coinsurance

The term Coinsurance means the percentage of charges for covered Prescription Drugs and Related Supplies that you or your Dependent are required to pay under this plan.

Copayments

Copayments are expenses to be paid by you or your Dependent for covered Prescription Drugs and Related Supplies. Copayments are in addition to any Coinsurance.

Out-of-Pocket Expenses

Out-of-Pocket Expenses are Covered Expenses incurred at a Pharmacy for Prescription Drugs and Related Supplies for which no payment is provided because of the Coinsurance factor and any Copayments. Once the Out-of-Pocket maximum shown in The Schedule has been reached you and your family need not satisfy any further Out-of-Pocket maximum for the rest of that year.



BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
<p>Out-of-Pocket Maximum</p> <p>Individual</p> <p>Family</p>	<p>\$ 2,000 per person</p> <p>\$ 4,000 per family</p>	<p>\$ 2,000 per person</p> <p>\$ 4,000 per family</p>
<p>Prescription Drugs</p> <p>Generic* drugs on the Prescription Drug List</p>	<p>30 % per prescription order or refill, subject to a maximum of \$ 7, then the plan pays 100%</p>	<p>50 % per prescription order or refill</p>
<p>Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent</p>	<p>40 % per prescription order or refill, subject to a maximum of \$ 50, then the plan pays 100%</p>	<p>50 % per prescription order or refill</p>
<p>Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List</p>	<p>50 % per prescription order or refill, subject to a maximum of \$ 75, then the plan pays 100%</p>	<p>50 % per prescription order or refill</p>
<p>*Designated as per generally-accepted industry sources and adopted by CG</p>		



BENEFIT HIGHLIGHTS	PARTICIPATING PHARMACY	Non-PARTICIPATING PHARMACY
<p>Mail-Order Drugs</p> <p>Generic* drugs on the Prescription Drug List</p>	<p>30 % per prescription order or refill, subject to a maximum of \$ 14, then the plan pays 100%</p>	<p>In-network coverage only</p>
<p>Brand-Name* drugs designated as preferred on the Prescription Drug List with no Generic equivalent</p>	<p>40 % per prescription order or refill, subject to a maximum of \$ 100, then the plan pays 100%</p>	<p>In-network coverage only</p>
<p>Brand-Name* drugs with a Generic equivalent and drugs designated as non-preferred on the Prescription Drug List</p>	<p>50 % per prescription order or refill, subject to a maximum of \$ 150, then the plan pays 100%</p>	<p>In-network coverage only</p>
<p>* Designated as per generally-accepted industry sources and adopted by CG</p>		



Maximum Reimbursable Charge - Medical

The Maximum Reimbursable Charge for covered services is determined based on the lesser of:

- the provider's normal charge for a similar service or supply;
or
- a policyholder-selected percentile of charges made by providers of such service or supply in the geographic area where it is received as compiled in a database selected by CG.

The percentile used to determine the Maximum Reimbursable Charge is listed in The Schedule.

The Maximum Reimbursable Charge is subject to all other benefit limitations and applicable coding and payment methodologies determined by CG. Additional information about how CG determines the Maximum Reimbursable Charge is available upon request.