

Home Office: Bloomfield, Connecticut

Mailing Address: 900 Cottage Grove Rd., Hartford, Connecticut 06152

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

#### **CERTIFICATE RIDER**

No. CR7BI008-2, CR7BI009-2

Policyholder: CWP dba Mister Car Wash

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

Policy No. or Nos. 3337921-DPOH, DPOL

EFFECTIVE DATE: July 1, 2016

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. If you are not insured for the benefits described in your certificate on that date, the effective date of this certificate rider will be the date you become insured.

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

Anna Krishtul, Corporate Secretary

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The pages in your certificate coded HC-ELG11 V2 M and HC-TRM3 V1 are replaced by the pages coded HC-ELG11 V2 M and HC-TRM3 V1 M attached to this certificate rider.

The definitions in your certificate entitled "**Dependent**" and "**Employee**" are replaced by the definitions attached to this certificate rider.

The definition in your certificate entitled "Domestic Partner" is removed and will no longer apply.



# **Eligibility - Effective Date**

## **Employee Insurance**

This plan is offered to you as an Employee.

## **Eligibility for Employee Insurance**

You will become eligible for insurance on the day you complete the waiting period if:

- you are in a Class of Eligible Employees; and
- · you pay any required contribution.

If you were previously insured and your insurance ceased, you must satisfy the Waiting Period to become insured again. If your insurance ceased because you were no longer employed in a Class of Eligible Employees, you are not required to satisfy any waiting period if you again become a member of a Class of Eligible Employees within one year after your insurance ceased.

All salaried and full time hourly employees are eligible for coverage. Eligibility for Variable Hour Employees will be determined under the Policy Document for Full-Time Employee Determinations Under the Patient Protection and Affordable Care Act (the "ACA Policy").

#### **Eligibility for Dependent Insurance**

You will become eligible for Dependent insurance on the later of:

- the day you become eligible for yourself; or
- the day you acquire your first Dependent.

An Eligible Employee may also elect coverage for the following Dependents:

- Spouse, including a common law spouse;
- Same sex domestic partner; (There will be no domestic partner coverage as of 7/1/2016.)
- Children of the Employee, including biological children, step children, adopted children, children placed for adoption, and children the Employee is legally obligated to support. The limiting age for children is 26, except there is no limiting age for children who are dependent on the Employee as the result of a physical or mental handicap.

#### Waiting Period

For Full-time employees: The first day of the month following 30 days of service.

## **Classes of Eligible Employees**

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

## **Effective Date of Employee Insurance**

You will become insured on the date you elect the insurance by signing an approved payroll deduction or enrollment form, as applicable, but no earlier than the date you become eligible.

You will become insured on your first day of eligibility, following your election, 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.

The effective date for Variable Hour Employees is determined under the ACA Policy.

## Late Entrant - Employee

You are a Late Entrant if:

- you elect the insurance more than 30 days after you become eligible; or
- you again elect it after you cancel your payroll deduction (if required).

#### Reinstatement of Benefits for Military Returnees

If your coverage ends when you are called to active duty and you are reemployed by your current Employer, coverage for you and your Dependents (including a Dependent born during the period of active military duty) may be reinstated if you applied for reinstatement within 90 days from the date of discharge or within one year of hospitalization continuing after discharge.

You and your Dependents will be subject to only the balance of a Pre-existing Conditions Limitation (PCL) or waiting period, if any, that was not yet satisfied before the leave began. Any 63-day break in coverage rule regarding credit for time accrued toward a PCL waiting period will be waived.

## **Dependent Insurance**

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For your Dependents to be insured, you will have to pay the required contribution, if any, toward the cost of Dependent Insurance.

## **Effective Date of Dependent Insurance**

Insurance for your Dependents will become effective on the date you elect it by signing an approved payroll deduction form (if required), but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included.

Your Dependents will be insured only if you are insured.

Dependents are eligible for coverage on the later of (i) the date the Employee is eligible, or (ii) the date the person becomes a dependent.



## Late Entrant - Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 30 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction (if required).

## **Exception for Newborns and Adopted Children**

Any Dependent child born, placed for adoption or for whom the application and approval procedures for adoption pursuant to section 8-105 or 8-108 have been completed, while you are insured will become insured on the date of his birth, placement for adoption or completion of approval procedures for adoption if you elect Dependent Insurance no later than 31 days after his birth, placement for adoption, or completion of approval procedures for adoption. If you do not elect to insure the child within such 31 days, coverage for that child will end on the 31st day. No benefits for expenses incurred beyond the 31st day will be payable.

HC-ELG11 04-10 V2 M continuously disabled as a result of the Injury or Sickness. However, your insurance will not continue past the date your Employer stops paying premium for you or otherwise cancels your insurance.

## **Dependents**

Your insurance for all of your Dependents will cease on the earliest date below:

- the date your insurance ceases.
- the date you cease to be eligible for Dependent Insurance.
- the last day for which you have made any required contribution for the insurance.
- the date Dependent Insurance is canceled.
- Coverage ends on the earlier of (i) the date the Employee's coverage terminates or (ii) the end of the month in which the person ceases to be a Dependent.

The insurance for any one of your Dependents will cease on the date that Dependent no longer qualifies as a Dependent.

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# **Termination of Insurance**

## **Employees**

Your insurance will cease on the earliest date below:

- Employee coverage for Full-Time Employees terminates on the last day of the month in which termination occurs.
- For Variable Hour Employees, coverage is determined under the ACA Policy.
- the date you cease to be in a Class of Eligible Employees or cease to qualify for the insurance.
- the last day for which you have made any required contribution for the insurance.
- the date the policy is canceled.
- the last day of the calendar month in which your Active Service ends except as described below.

Any continuation of insurance must be based on a plan which precludes individual selection.

#### **Temporary Layoff or Leave of Absence**

If your Active Service ends due to temporary layoff or leave of absence, your insurance will be continued until the date as determined by your Employer.

#### **Injury or Sickness**

If your Active Service ends due to an Injury or Sickness, your insurance will be continued while you remain totally and

# **Definitions**

#### Dependent

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Dependents are:

- your lawful spouse; and
- · any child of yours who is
  - less than 26 years old.
  - 26 or more years old, unmarried, 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 must be submitted to Cigna within 31 days after the date the child ceases to qualify above. From time to time, but not more frequently than once a year, Cigna may require proof of the continuation of such condition and dependence.

The term child means a child born to you or a child legally adopted by you including that child from the first day of placement in your home and for whom the application and approval procedures for adoption have been completed. It also includes a stepchild or a child for whom you are the legal guardian.

Benefits for a Dependent child will continue until the last day of the calendar month in which the limiting age is reached.

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

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

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# **Employee**

The term Employee means a full-time, salaried and variable hour employee of the Employer who is currently in Active Service.

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