

*Home Office: Bloomfield, Connecticut  
Mailing Address: Hartford, Connecticut 06152*

**CIGNA HEALTH AND LIFE INSURANCE COMPANY**

a Cigna company (hereinafter called Cigna)

**CERTIFICATE RIDER**

No. CR7MN013-1

Policyholder: Wilmington Trust National Association

Group: Stryker Corporation

Rider Eligibility:!

Account/Group Number: 03509A

Effective Date: January 1, 2023

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.



*Geneva Cambell Brown, Corporate Secretary*

GC-RDR7

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The page(s) in your certificate coded ! is (are) replaced by the page(s) coded ! attached to this certificate rider.

The definition(s) in your certificate entitled "!" is (are) replaced by the definition(s) attached to this certificate rider.

The following definition(s) is (are) being added to your certificate: !.

The page(s) coded ! attached to this certificate rider is (are) added to your certificate.

The section entitled ! in THE SCHEDULE —!— in your certificate is changed to read as follows: !.

The following is being added to THE SCHEDULE — !— in your certificate under the section entitled !.

THE SCHEDULE — ! Benefits For You and Your Dependents — section in your certificate is changed to read as attached.

### Notice To Massachusetts Residents



This Preferred Provider Medical Benefits health plan **meets Minimum Creditable Coverage standards** and **will satisfy** the individual mandate that you have health insurance. For additional information, please see the section “Massachusetts Requirement to Purchase Health Insurance,” immediately preceding the Schedule.

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## **Massachusetts Requirement To Purchase Health Insurance:**

**As of January 1, 2009, the Massachusetts Health Care Reform Law requires that Massachusetts residents, eighteen (18) years of age and older, must have health coverage that meets the Minimum Creditable Coverage standards set by the Commonwealth Health Insurance Connector, unless waived from the health insurance requirement based on affordability or individual hardship. For more information call the Connector at 1-877-MA-ENROLL or visit the Connector website ([www.mahealthconnector.org](http://www.mahealthconnector.org)).**

This Preferred Provider Medical Benefits health plan **meets Minimum Creditable Coverage standards** that are effective January 1, 2023 as part of the Massachusetts Health Care Reform Law. If you purchase this plan, you **will satisfy** the statutory requirement that you have health insurance meeting these standards.

**THIS DISCLOSURE IS FOR MINIMUM COVERAGE STANDARDS THAT ARE EFFECTIVE JANUARY 1, 2023 BECAUSE THESE STANDARDS MAY CHANGE, REVIEW YOUR HEALTH PLAN MATERIAL EACH YEAR TO DETERMINE WHETHER YOUR PLAN MEETS THE LATEST STANDARDS.**

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