



Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

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

CERTIFICATE RIDER

No. CR7MIAS07-1
CR7MIAS08-1
CR7MIAS09-1

Policyholder: Light & Wonder

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

Policy Number(s). 3342018-DPPOO, DPPO1, DPPO2

Effective Date: January 1, 2024

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.

A handwritten signature in black ink.

Geneva Campbell Brown, Corporate Secretary

HC-RDR190

06-21



The attached ERISA Required Information replaces any similar ERISA Required Information in your certificate.



ERISA Required Information

The name of the Plan is:

Light & Wonder Health and Welfare Plan

The name, address, ZIP code and business telephone number of the sponsor of the Plan is:

Light & Wonder
6601 Bermuda Road
Las Vegas, NV 89119
702-897-7150

Employer Identification Number (EIN):

810422894

Plan Number:

501

The name, address, ZIP code and business telephone number of the Plan Administrator is:

Employer named above

The name, address and ZIP code of the person designated as agent for service of legal process is:

Employer named above

The office designated to consider the appeal of denied claims is:

The Cigna Claim Office responsible for this Plan

The cost of the Plan is shared by Employee and Employer.

The Plan's fiscal year ends on 12/31.

The preceding pages set forth the eligibility requirements and benefits provided for you under this Plan.