



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

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

CERTIFICATE RIDER

No. CR7SIASO9-1

Policyholder: Light & Wonder

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

Policy Number(s). 3342018-DPPO2

Effective Date: January 1, 2025

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, appearing to read "Geneva Cambell Brown".

Geneva Cambell Brown, Corporate Secretary

HC-RDR190

06-21



THE SCHEDULE — **Cigna Dental Preferred Provider Insurance** Benefits For You and Your Dependents — section in your Certificate is changed to read as attached.



Cigna Dental Preferred Provider Insurance

The Schedule

Benefits For You and Your Dependents

The Dental Benefits Plan offered by Your Employer includes Participating and Non-Participating Providers. If You select a Participating Provider, Your cost will be less than if You select a Non-Participating Provider.

Emergency Services

The Benefit Percentage for Emergency Services incurred for charges made by a Non-Participating Provider is the same Benefit Percentage as for Participating Provider charges.

Deductibles

Deductibles are expenses to be paid by You or Your Dependent. Deductibles are in addition to any Coinsurance. Once the Deductible maximum in The Schedule has been reached You and Your family need not satisfy any further dental deductible for the rest of that year.

Participating Provider Payment

Services are paid based on the Contracted Fee that is agreed to by the provider and Us. Based on the provider's Contracted Fee, a higher level of plan payment (shown below as "The Percentage of Covered Expenses the Plan Pays") may be made to a Participating Provider resulting in a lower payment responsibility for You. To determine how Your Participating Provider compares refer to Your provider directory.

Provider information may change annually; refer to Your provider directory prior to receiving a service. You have access to a list of all providers who participate in the network by visiting www.mycigna.com.

Non-Participating Provider Payment

Benefit Payment

Services are paid based on the Maximum Reimbursable Charge. For this plan, the Maximum Reimbursable Charge is calculated at the 80th percentile. See definition section for further explanation of Maximum Reimbursable Charge.

BENEFIT MAXIMUMS AND DEDUCTIBLES	TOTAL PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Classes II, III Combined Calendar Year Maximum	\$3,500 Does not apply to Class I	
Class IV Calendar Year Maximum	\$2000	\$2000



BENEFIT MAXIMUMS AND DEDUCTIBLES	TOTAL PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Calendar Year Deductible		
Individual	\$50 per person Not Applicable to Class I	
Family Maximum	\$150 per family Not Applicable to Class I	
Expenses incurred for either Participating or Non-Participating Provider charges will be used to satisfy both the Participating and Non-Participating Provider Deductibles shown in the Schedule.		
Benefits Paid for Participating and Non-Participating Provider Services will be applied toward both the Participating and Non-Participating maximum shown in the Schedule.		

BENEFIT HIGHLIGHTS	TOTAL PARTICIPATING PROVIDER	NON-PARTICIPATING PROVIDER
Class I	The Percentage of Covered Expenses the Plan Pays	The Percentage of Covered Expenses the Plan Pays
Preventive Care	100%	100%
Class II	The Percentage of Covered Expenses the Plan Pays	The Percentage of Covered Expenses the Plan Pays
Basic Restorative	80% after plan deductible	80% after plan deductible
Class III	The Percentage of Covered Expenses the Plan Pays	The Percentage of Covered Expenses the Plan Pays
Major Restorative (Includes coverage for Implants)	60% after plan deductible	60% after plan deductible
Class IV	The Percentage of Covered Expenses the Plan Pays	The Percentage of Covered Expenses the Plan Pays
Orthodontia	50%	50%