



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

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

a CIGNA company (called CG)

CERTIFICATE RIDER

No. CR7BI011-1

Policyholder: North Dakota Public Employees Retirement

Rider Eligibility: Each Eligible Employee

Policy No. or Nos. 3328472-DENT

EFFECTIVE DATE: January 1, 2007

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.

Corporate Secretary

GM6000 R 7

CEP



The **Alternate Benefit Provision** section of your certificate on page 12, coded GM6000 DENT161M, is amended to include the section as attached.



Inlay/Onlays: Pre-determination of benefits is suggested as alternative benefit provisions may apply.

Alternate Benefit Provision

When more than one Dental Service could provide suitable treatment based on common dental standards, CG will determine the Dental Service on which payment will be based and the expenses that will be included as Covered Expenses. Benefits will be provided for treatment rendered in accordance with accepted dental standards for adequate and appropriate care. You and your Dentist are free to apply this benefit payment to the treatment of your choice; however, you are responsible for the expenses incurred which exceed Covered Expenses. For this reason, CG strongly recommends the use of predetermination of benefits when major dental services are needed, so that you and your Dentist know in advance what the benefit plan will cover before any treatment begins.

If the covered person requests or accepts a more costly covered service, he or she is responsible for expenses that exceed the amount covered for the least costly service. Therefore, CG recommends Predetermination of Benefits before major treatment begins .



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CONNECTICUT GENERAL LIFE INSURANCE COMPANY

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CERTIFICATE RIDER

No. CR7BI001-01

Policyholder: North Dakota Public Employees Retirement System

Rider Eligibility: Each Eligible Employee

Policy No. or Nos. 3328472-DENT

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



CIGNA HealthCare

The **Class I** and **Class II** sections in your certificate coded **GM6000 DES298V5M** and **GM6000 DES298V5M** are replaced by the page attached to this certificate rider.



Class I Services – Diagnostic And Preventive

Clinical oral examination – Only 2 per person per calendar year.

Palliative (emergency) treatment of dental pain, minor procedures, when no other definitive Dental Services are performed. (Any x-ray taken in connection with such treatment is a separate Dental Service.)

X-rays – Complete series – Only one per person, including panoramic film, in any 3 calendar years.

Bitewing x-rays – Only 2 charges per person per calendar year.

Panoramic (Panorex) x-ray – Only one per person in any 3 calendar years.

Prophylaxis (Cleaning) – Only 2 per person per calendar year.

Topical application of fluoride (excluding prophylaxis) – Limited to persons less than 19 years old. Only one per person per calendar year.

Topical application of sealant, per tooth, on a posterior tooth for a person– Only one treatment per tooth in any 3 calendar years.

Space Maintainers, fixed unilateral – Limited to non-orthodontic treatment.

GM6000 DES297V5 M

Class II Services – Basic Restorations, Endodontics, Periodontics, Prosthodontic Maintenance And Oral Surgery

Amalgam Filling – One Surface

Composite/Resin Filling, One Surface

Periodontal maintenance procedures (following active therapy), Periodontal Prophylaxis (Cleaning).

Root Canal Therapy – Any x-ray, test, laboratory exam or follow-up care is part of the allowance for root canal therapy and not a separate Dental Service.

Osseous Surgery – Flap entry and closure is part of the allowance for osseous surgery and not a separate Dental Service.

Periodontal Scaling and Root Planing – Entire Mouth

Adjustments – Complete Denture

Any adjustment of or repair to a denture within 6 months of its installation is not a separate Dental Service.

Recement Bridge

Routine Extractions

Surgical Removal of Erupted Tooth Requiring Elevation of Mucoperiosteal Flap and Removal of Bone and/or Section of Tooth

Removal of Impacted Tooth, Soft Tissue

Removal of Impacted Tooth, Partially Bony

Removal of Impacted Tooth, Completely Bony

Local anesthetic, analgesic and routine postoperative care for extractions and other oral surgery procedures are not separately reimbursed but are considered as part of the submitted fee for the global surgical procedure.

General Anesthesia – Paid as a separate benefit only when Medically or Dentally Necessary, as determined by CG, and when administered in conjunction with complex oral surgical procedures which are covered under this plan.

I. V. Sedation – Paid as a separate benefit only when Medically or Dentally Necessary, as determined by CG, and when administered in conjunction with complex oral surgical procedures which are covered under this plan.

GM6000 DES298V5 M



**CONNECTICUT GENERAL LIFE INSURANCE COMPANY
a CIGNA COMPANY (called CG)**

Certificate Rider

No. ETFLD09-ETC

Policyholder: North Dakota Public Employees Retirement System

Rider Eligibility: Each Employee who is located in Florida

Policy No. or Nos. 3328472

Effective Date: January 1, 2009

The benefits of the policy providing your coverage are primarily governed by the law of a state other than Florida.

You will become insured on the date you become eligible, including 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.

The provisions set forth in this certificate rider comply with the legislative requirements of Florida regarding group insurance plans covering insureds located in Florida. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

Deborah Young, Corporate Secretary

GM6000 ETFL-R7CEPc



Eligibility – Effective Date

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, but no earlier than the day you become eligible for Dependent Insurance. All of your Dependents as defined will be included. A newborn child will be covered for the first 31 days of life even if you fail to enroll the child. If you enroll the child after the first 31 days and by the 60th day after his birth, coverage will be offered at an additional premium. Coverage for an adopted child will become effective from the date of placement in your home or from birth for the first 31 days even if you fail to enroll the child. However, if you enroll the adopted child between the 31st and 60th days after his birth or placement in your home, coverage will be offered at an additional premium.

If you are a Late Entrant for Dependent Insurance, the insurance for each of your Dependents will not become effective until CG agrees to insure that Dependent. Your Dependent will not be denied enrollment for Medical Insurance due to health status.

Your Dependents will be insured only if you are insured.

Late Entrant - Dependent

You are a Late Entrant for Dependent Insurance if:

- you elect that insurance more than 60 days after you become eligible for it; or
- you again elect it after you cancel your payroll deduction.

If you are a Late Entrant CG may require you, at your own expense, to provide evidence of your Dependent's good health. Such requirement will not apply to Medical Insurance.

GM6000 EF2

ELI11V51

Termination of Insurance - Continuation

Special Continuation of Dental Insurance For Dependents of Military Reservists

If your insurance ceases because you are called to active military duty in: (a) the Florida National Guard; or (b) the United States military reserves, you may elect to continue Dependent insurance. You must pay the required premiums to the Policyholder if you choose to continue Dependent insurance. In no event will coverage be continued beyond the earliest of the following dates:

- the expiration of 30 days from the date the Employee's military service ends;

- the last day for which the required contribution for Dependent insurance has been made;
- the date the Dependent becomes eligible for insurance under another group policy. Coverage under the Civilian Health and Medical Program of the Uniformed Services (CHAMPUS) is excluded from this provision;
- the date the Dependent becomes eligible for Medicare;
- the date the group policy cancels;
- the date the Dependent ceases to be an eligible Dependent.

GM6000 TER36

TRM185V4

Reinstatement of Dental Insurance – Employees and Dependents

Upon completion of your active military duty in: (a) the Florida National Guard; or (b) the United States military reserves, you are entitled to the reinstatement of your insurance and that of your Dependents if continuation of Dependent insurance was not elected. Such reinstatement will be without the application of: (a) any new waiting periods; or (b) the Pre-existing Condition Limitation to any new condition that you or your Dependent may have developed during the period that coverage was interrupted due to active military duty.

Provisions Applicable to Reinstatement

- You must notify your Employer, before reporting for military duty, that you intend to return to Active Service with that Employer; and
- You must notify your Employer that you elect such reinstatement within 30 days after returning to Active Service with that Employer and pay any required premium.

GM6000 TER36

TRM185V5

Dental Benefits Extension

An expense incurred in connection with a Dental Service that is completed after a person's benefits cease, for any reason other than the person's failure to pay premiums, will be deemed to be incurred while he is insured if:

- the course of treatment was recommended in writing by the physician and began while the person was insured for dental benefits; and
- the Dental Service is other than a routine examination, prophylaxis, x-ray, sealants or orthodontic services; and
- the Dental Service is performed within 90 days after his insurance ceases.



- For Orthodontic Services, the treatment commenced while the person was insured and the expenses are incurred within 60 days after his insurance ceases.

The terms of this Dental Benefits Extension will not apply to a person who becomes insured under another group policy for similar dental benefits.

GM6000 BE

BEX131V4

Definitions

Dependent

A child includes a legally adopted child, including that child from the date of placement in the home or from birth provided that a written agreement to adopt such child has been entered into prior to the birth of such child. Coverage for a legally adopted child will include the necessary care and treatment of an Injury or a Sickness existing prior to the date of placement or adoption. Coverage is not required if the adopted child is ultimately not placed in your home. It also includes:

- a stepchild who lives with you;
- a child born to an insured Dependent child of yours until such child is 18 months old.

GM6000 DFS1903-ETC