



Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

CONNECTICUT GENERAL LIFE INSURANCE COMPANY

a CIGNA company (called CG)

CERTIFICATE RIDER

No. CR7BI001-1

Policyholder: Welfare Fund of Local 1 IATSE

Rider Eligibility: Each Medicare Eligible Retiree as reported to the insurance company by the Fund

Policy No. or Nos. 3319944-MEDR

EFFECTIVE DATE: July 1, 2007

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

GM6000 R 7

CEP

The definition in your certificate entitled "**Maximum Reimbursable Charge**" is replaced by the definition attached to this certificate rider.

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



Prescription Drug Benefits

The Schedule

For You and Your Dependents

Pharmacy Benefits	How this Plan Works:
	Prescription Drugs purchased at a Participating Pharmacy are considered Covered Prescription Drugs under this benefit. You or your Dependent must pay a portion of Covered Prescription Drugs, then the plan will pay the percentage shown below for each 30-day supply at a retail pharmacy or each 90-day supply from a mail order pharmacy

Retail Prescription Drugs	Copays Effective July 1, 2005
Generic - Formulary*	\$5 per prescription order or refill, then 100%
Name Brand - Formulary*	\$20 per prescription order or refill, then 100%
* Designated as per generally-accepted industry sources and adopted by CG	

Mail-Order Drugs	Copays Effective July 1, 2005
Generic - Formulary*	\$10 per prescription order or refill, then 100%
Name Brand - Formulary*	\$40 per prescription order or refill, then 100%
* Designated as per generally-accepted industry sources and adopted by CG	

Retail Prescription Drugs	Copays Effective January 1, 2006
Generic - Formulary*	\$5 per prescription order or refill, then 100%
Name Brand - Formulary*	\$20 per prescription order of refill, then 100%
Generic or Name-Brand - Non-Formulary*	\$30 per prescription order or refill, then 100%
* Designated as per generally-accepted industry sources and adopted by CG	

Mail-Order Drugs	Copays Effective January 1, 2006
Generic - Formulary*	\$10 per prescription order or refill, then 100%
Name Brand - Formulary*	\$40 per prescription order or refill, then 100%
Generic or Name-Brand - Non-Formulary*	\$60 per prescription order or refill, then 100%
* Designated as per generally-accepted industry sources and adopted by CG	



Definitions

Maximum Reimbursable Charge (effective as of 1/1/2006)

The Maximum Reimbursable Charge is the lesser of:

1. the Medicare Approved Charge;
2. the provider's normal charge for a similar service or supply; or
3. the policyholder-selected percentile of all charges made by providers of such service or supply in the geographic area where it is received.

To determine if a charge exceeds the Maximum Reimbursable Charge, the nature and severity of the Injury or Sickness may be considered.

The Medicare Approved Charges is the fee Medicare sets as reasonable for a covered medical service. It may be less than the actual amount charged by a doctor or supplier.

CG uses the Ingenix Prevailing Health Care System database to determine the charges made by providers in an area. The database is updated semiannually.

The Policyholder selected percentile used to determine the Maximum Reimbursable Charge is the 70th percentile.

Additional information about the Maximum Reimbursable Charge is available upon request.