

CONSENT TO ELECTRONIC DOCUMENTS: Group hereby consents to the electronic delivery of the insurance Policy documents. Group has the option of electing to receive paper copies of the insurance Policy documents. Group may withdraw consent to electronic delivery at any time in the future by making a written request (including via email) to Cigna. The withdrawal of consent to electronic delivery shall be effective 10 business days following receipt of the request by Cigna. In such case, Cigna will deliver paper copies to the Group for further distribution to the insured persons. Withdrawal of consent to electronic delivery shall not affect the legal effectiveness, validity, and/or enforcement of insurance Policy documents delivered prior to the effective date of the withdrawal of consent. Cigna may impose an additional premium charge for documents that are not delivered electronically that fall outside its standard distribution process. Group will, upon request, promptly provide Cigna with written confirmation of receipt of insurance Policy documents delivered electronically by Cigna.

This notice is not part of the Policy.

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

CIGNA HEALTH AND LIFE INSURANCE COMPANY

POLICYHOLDER: Wilmington Trust National Association

GROUP: Michigan State University

ACCOUNT/GROUP NUMBER: 03664D

<u>Group Insurance Policy and Policy Number</u>	<u>Effective Date</u>	<u>Anniversary Date</u>
MEDICAL BENEFITS (OPEN ACCESS PLUS)	01/01/2021	01/01
EMERGENCY MEDICAL EVACUATION AND REPATRIATION BENEFITS	01/01/2021	01/01
DENTAL BENEFITS	01/01/2021	01/01


These policies are issued in Delaware and shall be governed by its laws.

These Policies contain the terms under which the Insurance Company agrees to insure certain Members and pay benefits.

The Insurance Company and the Policyholder have agreed to all of the terms of these policies.



Anna Krishtul, Corporate Secretary



Matthew G. Manders, President



Edwina Bulat, Registrar

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THE INSURANCE SCHEDULE

The terms set forth herein and in the Certificate(s) listed below describe the insurance underwritten by the Insurance Company. These Certificates are included in and made a part of the policy(ies). Each Certificate is identified by a Certificate Number (CN).

Any reference in the certificate to "you" or "yours" refers to the Member.

A Member in any of the classes shown below may be insured but only for the policy(ies) listed for his Member Class. The Effective Date shown below is the date on which a policy becomes effective for a Member Class.

A Member will become eligible and insured in accordance with the terms of the "Eligibility" and "Effective Date" sections of the Certificate.

<u>GROUP POLICY(IES)</u>		<u>MEMBER CLASS</u>	
<u>Certificate Number</u>	<u>Policy(ies)</u>	<u>Eligible Members</u>	<u>Effective Date</u>
CN002	Medical Benefits (OPEN ACCESS PLUS) Emergency Medical Evacuation And Repatriation Benefits Dental Benefits	Each Member as reported by class to the Insurance Company by the Group	01/01/2021

THE INSURANCE SCHEDULE (Continued)

The Certificate may include Certificate Riders which are identified by Rider Numbers. These Certificate Riders are listed below.

Certificate Rider Number

CR7MN002-1

Certificate Number

CN002

PREMIUMS

PREMIUM PAYMENT. The first premium will be due on the Effective Date. After that, premium will be due monthly unless the Group and the Insurance Company agree on some other method of premium payment. The Group and the Insurance Company may agree to change the method of premium payment from time to time. Premiums are payable in US dollars at the Home Office of the Insurance Company or to an authorized agent of the Insurance Company.

PREMIUM DUE DATE. After the Effective Date, the Premium Due Date will be the first of the month. The Anniversary Date will be the first of the month when the Policy becomes effective. If the Group and the Insurance Company agree that premiums will be paid on a quarterly, semiannual or annual basis, the Premium Due Date will be at the appropriate regular interval, quarterly, semiannually or annually. Premiums must be received at the Home Office or by an authorized agent of the Insurance Company on the Premium Due Date or the Policy will be cancelled except as set forth in the Grace Period.

MONTHLY STATEMENT DATE. If premiums are to be paid monthly, the Monthly Statement Date will be the same as the Premium Due Date. If premiums are to be paid on a quarterly, semiannual or annual basis, the Monthly Statement Date will be the day in each month with the same number as the Premium Due Date.

MONTHLY PREMIUM STATEMENT. If premiums are due monthly, a Monthly Premium Statement will be prepared as of the Premium Due Date. This Monthly Premium Statement will show the premium due. If premiums are due quarterly, semiannually or annually, a Monthly Premium Statement will be prepared as of the Monthly Statement Date for the time from the Monthly Statement Date to the next Premium Due Date. This Monthly Statement will reflect any pro rata premium charges and credits due to changes in the number of insured persons and changes in insurance amounts that took place in the preceding month.

SIMPLIFIED ACCOUNTING. To simplify the accounting process, premium adjustments will be made on the Monthly Statement Date that is the same as or next follows the date that:

- A person becomes insured.
- The amount of insurance on a person changes, but not due to a revision of The Schedule.
- A person ceases to be insured.

PREMIUM RATE FOR MEDICAL EXPENSE INSURANCE. The monthly premium rate for Medical Expense Insurance is determined by written agreement between the Group and Cigna Health and Life Insurance Company.

MEDICAL EXPENSE INSURANCE PREMIUM. The monthly premium for Medical Expense Insurance will be calculated as follows:

- Multiply the number of subscribing Members insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

PREMIUM RATE FOR EMERGENCY MEDICAL EVACUATION AND REPATRIATION INSURANCE. The monthly premium rate for Evacuation Insurance is determined by written agreement between the Group and the Insurance Company.

EMERGENCY MEDICAL EVACUATION AND REPATRIATION INSURANCE PREMIUM. The monthly premium for Emergency Medical Evacuation and Repatriation Insurance will be calculated as follows:

- Multiply the number of subscribing Members insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

PREMIUM RATE FOR DENTAL INSURANCE. The premium rate for Dental Insurance is determined by written agreement between the Group and the Insurance Company.

DENTAL INSURANCE PREMIUM. The premium for Dental Insurance will be calculated as follows:

- Multiply the number of subscribing Members insured on the Premium Due Date in each rate class by the premium rate in effect on that date for that class.
- Add the results.

CHANGE IN METHOD OF PREMIUM PAYMENT. If premiums are to be paid other than monthly, the method of calculation is the same. However, the rate for each class is first changed to quarterly, semiannual or annual rates by multiplying them by 2.9852, 5.9557 or 11.8227, respectively. All results are taken to the nearer cent. If the Group and the Insurance Company agree to a change in the method of premium payment or to a change in the Anniversary Date, a pro rata adjustment will be made in the premium due.

CHANGES IN PREMIUM RATES. Any premium rate may be changed by the Insurance Company from time to time with at least 60 days advance written notice. No such change will be made until 12 months after the Effective Date. An increase will not be made more often than once in a 12-month period. If an increase in premium rates takes place on a date that is not a Premium Due Date, a pro rata premium will be due on the date of the increase. The pro rata premium will apply for the increase from the date of the increase to the next Premium Due Date. If a decrease in premium rates takes place on a date that is not a Premium Due Date, a pro rata credit will be granted. The pro rata credit will apply for the decrease from the date of the decrease to the next Premium Due Date.

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date, the enrolled population either increases or decreases by 15% or more.

The Insurance Company may change rates immediately if, following the latter of the effective date or renewal date:

- if the Group fails to provide sufficient information, as required by the Insurance Company to confirm adequacy of premiums currently being paid; or
- any reinsurance obtained by the Insurance Company in connection with underwriting or renewal of the Policy is terminated for any reason, or if its cost increases by 15% or more, or the Insurance Company's retention increases by 15% or more.

As of any Anniversary Date after the Policy has been in force for 12 months, the Insurance Company may grant a credit in such amount as it may determine, based on experience. The experience under this Policy may be combined with the experience under other contracts issued by the Insurance Company or its affiliates and covering the Group or its Members.

The Insurance Company may change rates immediately if, in its opinion, its liability is altered by any change in state or federal law or by a revision in the insurance under the Policy. Any such change in rates will take effect on the effective date of the change in law or change in the insurance.

PREMIUM EXCLUSIVE OF INDIRECT TAXES All fees charged by the Insurance Company are exclusive of any applicable indirect taxes which are the liability of the Group including but not limited to value-added tax, goods and services tax, sales or use tax, or other similar taxes. If Insurance Company determines it is required to collect and remit any such taxes on the Group's behalf, Insurance Company will include such charges in the manner and at the rate prescribed by law.

Experience for Pooled Coverage under this Policy may be combined with the experience for coverage which is deemed pooled under other group insurance policies providing similar insurance issued by the Insurance Company.

POOLED COVERAGE. Pooled Coverage means any Medical Benefits paid for a person in a calendar year while this coverage is in force after a certain level of benefits have already been paid in that year for him.

CHANGE IN WAR RISK COVERAGE PREMIUM

The premium, the benefits, and the territorial area for the War Risk coverage provided thereby (or any one or more of them) may be revised by agreement between the Insurance Company and the Group at any time, to reflect a change in the war risk exposure.

CANCELLATION OF POLICY

The Group may cancel the Policy as of any Premium Due Date by giving written notice to the Insurance Company before the date.

In the event the Group cancels the Policy on a Premium Due Date which is other than the Policy Anniversary Date, the Insurance Company will return the unearned portion of premium paid.

The Insurance Company may cancel the Policy due to the following reasons only:

- with at least 90 days prior written notice, if the Insurance Company ceases to offer coverage of this type, in accordance with applicable state or federal law;
- as of any Premium Due Date, if the premium is not received at the Home Office or by an authorized agent of the Insurance Company when due;
- as to a Group to which this Policy is issued, immediately, if the Group has performed an act or practice that constitutes fraud or has intentionally misrepresented a material fact;
- as of any Premium Due Date, if the number of insured Members fails to meet the minimum required per group participation rules; or for failure to comply with any other material plan provision relating to Group contributions or Group participation rules;
- if the Insurance Company withdraws from the health insurance market with prior written notice and in accordance with applicable state or federal law;
- in accordance with any applicable state law, if it is determined that the size of the Group has changed, making such Group eligible for a guaranteed issued small group product;
- in accordance with any applicable state or federal law, if prior notice is given to the Group;
- as to a Group member of a trust to which this Policy is issued, when the Group's membership in the trust ceases, in accordance with applicable state or federal law.

In the event of termination by the Insurance Company, the Insurance Company shall compute the earned premium and promptly return the unearned portion of premium paid. Premium adjustment may be made either at the time termination is effective or as soon as practical after termination becomes effective, but payment or tender of unearned premium is not a condition of termination.

In the event of termination of war risk coverage the earned premium will be computed.

Notwithstanding anything to the contrary in the Policy, either the Group or the Insurance Company may terminate War Risk coverage upon written notice to the other. Termination by the Group shall become effective upon receipt of such written notice mailed to or delivered to the Insurance Company's Home Office, or on a later date if specified in such notice. Termination by the Company shall become effective upon the date specified by us in such written notice mailed or delivered to the Group at the last address shown in the Insurance Company's records. In no event shall it become effective in less than ten (10) days after such notice is mailed or delivered.

Coverage will cease at midnight on the date on which termination occurs, unless otherwise stated above.

Uniform Modification of Coverage. At renewal, the provisions of this Policy may be modified to reflect product revisions which have been uniformly made to this product.

GRACE PERIOD. If, before a Premium Due Date, the Group has not given written notice to the Insurance Company that the Policy is to be canceled, a Grace Period of 31 days will be granted for the payment of each premium after the initial premium. The Policy will stay in effect during that time. If any premium is not received at the home office or by an authorized agent of the Insurance Company by the end of the Grace Period, the Policy will automatically be canceled at the end of the Grace Period; except that, if the Group has given written notice in advance of an earlier date of cancellation, the

Policy will be canceled as of the earlier date. The Group will be liable to the Insurance Company for any unpaid premium for the time the Policy was in force.

MISCELLANEOUS PROVISIONS

EXECUTION OF POLICY. The Policy is executed at the Home Office of the Insurance Company. The Post Office address of the Insurance Company is Hartford, Connecticut.

COMPLIANCE. The Insurance Company's products and services may not be available in all jurisdictions and are expressly excluded from this Policy where prohibited by applicable law, including but not limited to, anti-corruption laws and economic sanctions programs administered by the U.S. Treasury Department's Office of Foreign Assets Control.

CONSIDERATION. The Policy is issued to the Policyholder in consideration of payment of premiums by the Group.

INSURANCE DATA. The Group will give the Insurance Company all of the data that it needs to calculate the premium and all other data that it may reasonably require. Failure of the Group to give this data will not void or continue a Member's insurance. The Insurance Company has the right to examine the Group's records relative to these benefits at any reasonable time while the Policy is in effect. It also has this right until all rights and obligations under the Policy are finally determined.

MALE PRONOUN. The male pronoun as used herein will be deemed to include the female.

ADDITIONAL PROGRAMS. The Insurance Company may, from time to time, offer or arrange for various entities to offer discounts, benefits or other consideration to Members for the purpose of promoting their general health and well-being. We may also arrange for the reimbursement of all or a portion of the cost of services provided by other parties to the Group. Contact the Insurance Company for details of these programs.

INCONTESTABILITY. The validity of the Policy shall not be contested after it has been in force for two years from the Policy Effective Date except for non-payment of premium. No statement made by any person covered under the Policy relating to insurability shall be used in contesting the validity of the insurance with respect to which such statement was made after such insurance has been in force prior to the contest for a period of two years during such person's lifetime nor unless it is contained in a written instrument signed by him or her; provided however, that no such provision shall preclude the assertion at any time of defenses based upon the person's ineligibility for coverage under the Policy or upon other provisions in the Policy.

OTHER PROVISIONS

ENTIRE CONTRACT. The entire contract will be made up of the Policy, the trust participation agreement, the certificate and all subsequent versions of the Policy, and the applications, if any, of the Members.

POLICY CHANGES. Changes may be made in the Policy only by amendment signed by the Group and by the Insurance Company acting through its President, Vice President, Secretary, or Assistant Secretary. No agent may change or waive any terms of the Policy.

STATEMENTS NOT WARRANTIES. All statements made by the Group or by an insured Member will, in the absence of fraud, be deemed representations and not warranties. No statement made by the Group or by the Member to obtain insurance will be used to avoid or reduce the insurance unless it is made in writing and is signed by the Group or the Member and a copy is sent to the Group, the Member or his Beneficiary.

NOTICE OF CLAIM. Written notice of claim must be given to the Insurance Company within 30 days after the occurrence or start of the loss on which claim is based.

If notice is not given in that time, the claim will not be invalidated or reduced if it is shown that written notice was given as soon as was reasonably possible.

CLAIM FORMS. When the Insurance Company receives the notice of claim, it will give to the claimant, or to the Group for the claimant, the claim forms it uses for filing proof of loss. If the claimant does not get these claim forms within 15 days after the Insurance Company receives notice of claim, he will be considered to have met the proof of loss requirements if he submits written proof of loss within one year (365 days) after the date of loss. This proof must describe the occurrence, character and extent of the loss for which claim is made.

PROOF OF LOSS. Written proof of loss must be given to the Insurance Company within one year (365 days) after the date of the loss for which claim is made. If written proof of loss is not given in that time, the claim will not be invalidated nor reduced if it is shown that written proof of loss was given as soon as was reasonably possible.

PHYSICAL EXAMINATION. The Insurance Company, at its own expense, will have the right to examine any person for whom claim is pending as often as it may reasonably require.

LEGAL ACTIONS. No action at law or in equity will be brought to recover on the Policy until at least 90 days after proof of loss has been filed with the Insurance Company. No action will be brought at all unless brought within 3 years after the time within which proof of loss is required by the Policy.

TIME LIMITATIONS. If any time limit set forth in the Policy for giving notice of claim or proof of loss, or for bringing any action at law or in equity is less than that permitted by the law of the state in which the Member lives when the Policy is issued, then the time limit provided in the Policy is extended to agree with the minimum permitted by the law of that state.

CERTIFICATES. The Insurance Company will issue to the Policyholder for delivery to each insured Member an individual certificate. The Group will be responsible for distributing the certificates to its Members. The certificate will show the benefits provided under the Policy. It will set forth any changes in benefits due to age and to whom benefits will be paid. Nothing in the certificate will change or void the terms of the Policy.

NOTICE OF TERMINATION OF ELIGIBILITY. Written notice of the termination of eligibility of any Member must be given to the Insurance Company within (90) days of the loss of eligibility. Upon receipt of such notice, the Insurance Company will assess whether the Member incurred a claim on or after the requested termination date, and if so, the

Insurance Company will process the termination of eligibility to be effective after the most recent date of service unless otherwise agreed by the Insurance Company in writing. If written notice of the termination of eligibility of any Member is not received by the Insurance Company within (90) days of the date of loss of eligibility for an Member, then the Group shall be responsible for all claims for that Member incurred after the requested termination date.

MULTIPLE INTERNATIONAL COVERAGES. The Group certifies that the covered persons are only covered under one international expatriate policy offered by the Insurance Company. The Group certifies that a covered person cannot have coverage under another international expatriate policy offered by the Insurance Company.

NON-COMPLIANCE WITH POLICY REQUIREMENTS. Any express or implied waiver by the Insurance Company of any requirements of this Policy is not a continuing waiver of such requirements. Any failure by the Insurance Company to enforce any Policy provision will not be a waiver or amendment of that provision.

WORKERS COMPENSATION INSURANCE. This Policy is not in lieu of and does not affect requirements for coverage under any Workers' Compensation law. The Insurance Company reserves the right to coordinate benefits and subrogate against any workers compensations claims.