

AMENDMENT

POLICYHOLDER: Juvo Ventures, LLC

POLICY NUMBER: 2501025-DHMO

EFFECTIVE DATE OF THIS AMENDMENT: January 1, 2026

ISSUE DATE: November 6, 2025

As of the Effective Date of this Amendment, the Policy specified above is amended by the provisions shown below:

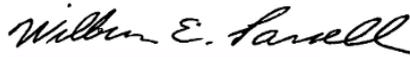
The following page attached to this Amendment is added to the policy:

POL136(6)

CIGNA HEALTH AND LIFE INSURANCE COMPANY



Alicia M. Morrow, ESQ, Corporate Secretary



Wilbur E. Parsell, Registrar

ACCEPTED BY:

Policyholder Representative

Title

Date

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

Certificate Number

ACUTD26

CN004

(Annual Compliance Rider)

Juvo Ventures, LLC

ANNUAL COMPLIANCE RIDER

EFFECTIVE DATE: January 1, 2026

ACUTD26

2501025

This document printed in October, 2025 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

Home Office: Bloomfield, Connecticut

Mailing Address: Hartford, Connecticut 06152

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

ANNUAL COMPLIANCE RIDER

No. ACUTD26

Policyholder: Juvo Ventures, LLC

Rider Eligibility: Each Employee

Policy No. or Nos. 2501025-DHMO

EFFECTIVE DATE: January 1, 2026

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 annual compliance rider will be the date you become insured.

This Annual Compliance Rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above.

This Annual Compliance Rider replaces any other Annual Compliance Rider issued to you on a prior date.

The provisions set forth in this Annual Compliance Rider comply with legislative requirements of the State of Utah regarding group insurance plans covering insureds. These provisions supersede any provisions in your certificate to the contrary unless the provisions in your certificate result in greater benefits.

READ THE FOLLOWING

NOTE: The provisions identified in this rider are specifically applicable ONLY for:

- Benefit plans which have been made available by your Employer to you and/or your Dependents;
- Benefit plans for which you and/or your Dependents are eligible;
- Benefit plans which you have elected for you and/or your Dependents;
- Benefit plans which are currently effective for you and/or your Dependents.



Alicia M. Morrow, ESQ, Corporate Secretary



**NOTICE OF PROTECTION PROVIDED BY THE
UTAH LIFE AND HEALTH INSURANCE GUARANTY
ASSOCIATION**

The text regarding “Guaranty Association” found in the **Important Notices** section of your dental certificate has been revised to read as follows:

Note: Certain policies and contracts may not be covered or fully covered. For example, coverage does not extend to any portion(s) of a policy or contract that the insurer does not guarantee, such as certain investment additions to the account value of a variable life insurance policy or a variable annuity contract. There are also various residency requirements and other limitations under Utah law.

Benefits provided by a long-term care rider to a life insurance policy or annuity contract shall be considered the same type of benefit as the base life insurance policy or annuity contract to which it relates.

To learn more about the above protections, please visit the Association's website at www.ulhiga.org, or contact:

Utah Life and Health Insurance Guaranty Assoc. 450 S Simmons Way, Suite 650 Kaysville, UT 84037 (801) 320-9955	Utah Insurance Department 4315 S. 2700 W., Suite 2300 Taylorsville, UT 84129 (801) 957-9200
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HCDFB-IMP102

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Juvo Ventures, LLC

EXTRATERRITORIAL LEGISLATION

EFFECTIVE DATE: January 1, 2026

ETALLD26A
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This document printed in October, 2025 takes the place of any documents previously issued to you which described your benefits.

Printed in U.S.A.

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

CERTIFICATE RIDER

Policyholder: Juvo Ventures, LLC
Rider Eligibility: Each Employee as noted within this certificate rider
Policy No. or Nos.: 2501025
Effective Date: January 1, 2026

This rider forms a part of the certificate issued to you by Cigna describing the benefits provided under the policy(ies) specified above. This rider replaces any other issued to you previously.

IMPORTANT INFORMATION

For Residents of States other than the State of Utah:

State-specific riders contain provisions that may add to or change your certificate provisions.

The provisions identified in your state-specific rider, attached, are ONLY applicable to Employees residing in that state. The state for which the rider is applicable is identified at the beginning of each state specific rider in the "Rider Eligibility" section.

Additionally, the provisions identified in each state-specific rider only apply to:

- (a) Benefit plans made available to you and/or your Dependents by your Employer;
- (b) Benefit plans for which you and/or your Dependents are eligible;
- (c) Benefit plans which you have elected for you and/or your Dependents;
- (d) Benefit plans which are currently effective for you and/or your Dependents.

Please refer to the Table of Contents for the state-specific rider that is applicable for your residence state.

Alicia M. Morrow, ESQ, Corporate Secretary

HC-ETRDR



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

CERTIFICATE RIDER – Indiana Residents

Rider Eligibility: Each Employee who is located in Indiana

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.

This rider forms a part of the certificate issued to you by Cigna.

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

HC-ETINRDR

Eligibility - Effective Date

Eligibility for Coverage for Adopted Children

Any child who is adopted by You, including a child who is placed with You for adoption, will be eligible for Dependent coverage, if otherwise eligible as a Dependent, upon the earlier of:

- The date of the entry of an order granting the adoptive parent custody of the child for purposes of adoption; or
- The date of placement with You.

A child will be considered placed for adoption when You become legally obligated to support that child, totally or partially prior to that child's adoption. If a child placed for adoption is not adopted, all dental coverage ceases when the placement ends, and will not be continued. The provisions in the Exception for Newborns provision that describe requirements for enrollment and Effective Date of insurance will also apply to an adopted child or a child placed with You for adoption.

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