

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

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

CERTIFICATE RIDER

No. CR7SIASO22-1
CR7SIASO24-1

Policyholder: NVIDIA Corporation

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

Policy No. or Nos. 3331238- HDHP6 /HDHP4 /HDHP2, HDCF4/HDCF5/HDCF6

EFFECTIVE DATE: January 1, 2017

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.


Anna Krishdul, Corporate Secretary

HC-RDR1

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The section entitled **Transsexual Surgery** in THE SCHEDULE — **Open Access Plus Medical Benefits**— in your certificate is changed to read as attached.

**Open Access Plus Medical Benefits
The Schedule**

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>Gender Reassignment Surgery</p> <p>Physician’s Office Visit Inpatient Facility Outpatient Facility Physician’s Services</p> <p>Note: Includes Breast Augmentation (Limit is One per lifetime)</p> <p>Includes Electrolysis. Electrolysis epilation (each 30 minutes). Coverage is for hair.</p> <p>In addition to the standard coverage for gender reassignment surgery, NVIDIA Corporation will provide coverage for the following services for individuals 18 years of age or older who have been diagnosed with gender dysphoria/gender identity disorder by a licensed mental health professional and who have at least one letter of support from a licensed mental health professional according to WPATH Standards of Care version 7</p>	<p>90% after plan deductible 90% after plan deductible 90% after plan deductible 90% after plan deductible</p>	<p>70% after plan deductible 70% after plan deductible 70% after plan deductible 70% after plan deductible</p>

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>CPT®* Codes Description</p> <p>11950 Subcutaneous injection of filling material (e.g., collagen); 1 cc or less (face only)</p> <p>11951 Subcutaneous injection of filling material (e.g., collagen); 1.1 to 5.0 cc (face only)</p> <p>11952 Subcutaneous injection of filling material (e.g., collagen); 5.1 to 10.0 cc (face only)</p> <p>11954 Subcutaneous injection of filling material (e.g., collagen); over 10.0 cc (face only)</p> <p>11960 Insertion of tissue expander(s) for other than breast, including subsequent expansion</p> <p>11970 Replacement of tissue expander with permanent prosthesis</p> <p>11971 Removal of tissue expander(s) without insertion of prosthesis</p> <p>15775 Punch graft for hair transplant; 1 to 15 punch grafts</p> <p>15776 Punch graft for hair transplant; more than 15 punch grafts</p> <p>15780 Dermabrasion; total face (e.g., for acne scarring, fine wrinkling, rhytids, general keratosis)</p> <p>15781 Dermabrasion; segmental, face</p> <p>15788 Chemical peel, facial; epidermal</p> <p>15789 Chemical peel, facial; dermal</p> <p>15820 Blepharoplasty, lower eyelid;</p> <p>15821 Blepharoplasty, lower eyelid with extensive herniated fat pad</p>		

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>15822 Blepharoplasty, upper eyelid 15823 Blepharoplasty, upper eyelid; with extensive skin weighting down lid 15824 Rhytidectomy, forehead 15825 Rhytidectomy; neck with platysmal tightening (platysmal flap, P-flap) 15826 Rhytidectomy; glabellar frown lines 15828 Rhytidectomy; cheek, chin, and neck 15829 Rhytidectomy; superficial musculoaponeurotic system (SMAS) flap 15838 Excision, excessive skin and subcutaneous tissue (includes lipectomy); submental fat pad 15876 Suction assisted lipectomy; head and neck 17999 Unlisted procedure, skin, mucous membrane and subcutaneous tissue 19316 Mastopexy 21120 Genioplasty; augmentation (autograft, allograft, prosthetic material) 21121 Genioplasty; sliding osteotomy, single piece 21122 Genioplasty; sliding osteotomies, 2 or more osteotomies (e.g., wedge excision or bone wedge reversal for asymmetrical chin) 21123 Genioplasty; sliding, augmentation with interpositional bone grafts (includes obtaining autografts) 21125 Augmentation, mandibular body or angle; prosthetic material</p>		

BENEFIT HIGHLIGHTS	IN-NETWORK	OUT-OF-NETWORK
<p>21127 Augmentation, mandibular body or angle; with bone graft, onlay or interpositional (includes obtaining autograft)</p> <p>21137 Reduction forehead; contouring only</p> <p>21210 Graft, bone; nasal, maxillary or malar areas (includes obtaining graft)</p> <p>21270 Malar augmentation, prosthetic material</p> <p>30400 Rhinoplasty, primary; lateral and alar cartilages and/or elevation of nasal tip</p> <p>30410 Rhinoplasty, primary; complete, external parts including bony pyramid, lateral and alar cartilages, and/or elevation of nasal tip</p> <p>30420 Rhinoplasty, primary; including major septal repair</p> <p>30430 Rhinoplasty, secondary; minor revision (small amount of nasal tip work)</p> <p>30435 Rhinoplasty, secondary; intermediate revision (bony work with osteotomies)</p> <p>30450 Rhinoplasty, secondary; major revision (nasal tip work and osteotomies)</p> <p>31599 Unlisted procedure, larynx</p> <p>40799 Unlisted procedure, lips</p> <p>54400 Insertion of penile prosthesis; noninflatable (semi-rigid)</p> <p>54401 Insertion of penile prosthesis; inflatable (self-contained)</p> <p>54405 Insertion of multi-component inflatable penile prosthesis, including placement of pump, cylinders and reservoir</p> <p>54660 Insertion of testicular prosthesis (separate procedure)</p> <p>55175 Scrotoplasty; simple</p> <p>55180 Scrotoplasty; complicated</p> <p>Misc Proc Codes for Penile Implant Prosthesis: 54400, 54401, 54405</p> <p>Misc HCPCS Codes for Penile Implant: c1813, c2622</p> <p>Misc Proc Codes for testicular prosthesis insertion: 54660</p>		