

SUMMARY OF MODIFICATIONS

Effective July 1, 2016 the following changes were made to your Health Plan document:

- Eligibility and Enrollment:
 - Under Eligibility Requirements, the current requirement that a dependent child must reside in the United States has been removed. The Employer Mandate rule of PPACA indicates that dependent children who are residents of countries contiguous with the United States must be offered coverage. (Children who are not U.S. citizens or nationals do not have to be covered.)
 - In the Extended Coverage for Dependent Children section, a note has been added to the bullet point stating that Proof of Disability must be submitted as required. The note indicates that Notice of Award of Social Security Income is acceptable.
- COBRA Continuation of Coverage:
 - > The Employee Obligations to Provide Notice of the Qualifying Event section has been revised to clarify that loss of coverage is due to the original Qualifying Event (second bullet).
 - In The Right to Extend the Length of COBRA Continuation Coverage section, the paragraph pertaining to Social Security Disability Determination was revised in order to clarify the administration of COBRA coverage in this situation.
- Mental Health Benefits:
 - The Inpatient Services section has been updated to remove specific patient and facility criteria in order to comply with the Mental Health Parity Act.
 - Language describing residential treatment has been revised in order to better comply with the Mental Health Parity Act.
 - > The reference to Outpatient Services has been changed to Outpatient Therapy Services.
 - > Under outpatient services, changed individual provider reference to Qualified Providers in accordance with the Provider Non-Discrimination requirements of PPACA.
- Substance Use Disorder and Chemical Dependency Benefits:
 - The Inpatient Services section has been updated to remove specific patient and facility criteria in order to comply with the Mental Health Parity Act.
 - > Language describing residential treatment has been revised in order to better comply with the Mental Health Parity Act.
 - > The reference to Outpatient Services has been changed to Outpatient Therapy Services.
 - > Under outpatient services, changed individual provider reference to Qualified Providers in accordance with the Provider Non-Discrimination requirements of PPACA.
- Care Management: Added wording for Nurse Chat. This is a complimentary program associated with NurseLine.
- Right of Subrogation, Reimbursement, and Offset: Language was revised to reflect the Plan's ability
 to recover funds for subrogation claims as a result of the Supreme Court's ruling in the case of
 Montanile v. Board of Trustees of the National Elevator Industry Health Benefit Plan.
- Claims and Appeal Procedures: In the appeals levels section(s) under Appeals Procedure for Adverse Benefit Determinations, the reference to mailing times has been updated from five days to seven days to reflect current administrative practices.
- Plan Amendment and Termination Information: In the Covered Person's Rights if Plan Is Amended or Terminated section, the reference to mailing times has been updated from five days to seven days to reflect current administrative practices.

ACCEPTANCE PAGE

Health Plan 7670-00-411216, 7670-06-411216

KENYON COLLEGE acknowledges that we have reviewed the plan document for the plan period effective July 1, 2016, and agree that the provisions contained in the plan document will be the basis for the administration of our Health Plan. The Plan Sponsor further represents that the plan document accurately reflects the intent of the Plan Sponsor and agrees that UMR may rely on such document in the administration of the Plan.

Accepted by the Plan Sponsor on

Authorized Signature and Title

KENYON COLLEGE