



A UnitedHealthcare Company

SUMMARY OF MODIFICATIONS

As requested, effective July 1, 2017 the following change(s) were made to your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- Covered Medical Benefits: Language has been added regarding Gender Dysphoria in accordance with requirements of Section 1557 of the Affordable Care Act (ACA) as it pertains to covered entities.
- General Exclusions: Sex Transformation has been replaced with language regarding Gender Dysphoria.
- Glossary of Terms: A definition of Gender Dysphoria has been added.

SUMMARY OF MODIFICATIONS

As required, effective July 1, 2017 the following changes were made to your Health Plan document:

- The Benefit Class Description has been deleted.
- The Location Description has been deleted.
- Prescription Drug Benefit Schedule, Premium Plan: Removed reference to lifetime maximum amount.
- Prescription Drug Benefit Schedule, Basic Plan: Removed reference to lifetime maximum amount.
- Termination: A bullet was added in the Rescission of Coverage section clarifying that a cancellation/discontinuance of coverage is not a rescission if it is initiated by a personal representative. The final rule on Rescissions (2590.715-2712(a)(2)(iii)), effective for plan years on and after 01-01-2017, added a provision stating that a retroactive termination at the member's request is not a rescission.
- General Exclusions: If your plan included an exclusion for Intoxication, this exclusion has been removed. The Department of Labor has advised UMR that the intoxication exclusion may not be used for people who are either intoxicated or under the influence of alcohol or drugs due to the fact that the member may or may not have a history of addiction or abuse. If the member is arrested and charged with a felony, services received may be denied under the criminal activity exclusion.
- Claims and Appeal Procedures:
 - In the Appeals Procedure For Adverse Benefit Determinations, wording was added for appeal process to external vendors.
 - In the Time Periods for Making Decisions on Appeals section, wording was added to allow the plan to toll the time for responding to an appeal. The final rule on Appeals (2590.715-2719 (b)(2)ii(C)(2)), effective for plan years 01-01-2017 or after, allows the plan to toll the time for responding to an appeal when new/additional information is received so late in the process that it is not possible to provide the member a reasonable opportunity to respond to new evidence before the time to decide the appeal expires.
 - In the Right To External Review section, references were added to the right for external review involving Wellness Programs and Mental Health treatment. The final rule on Appeals (2590.715-2719 (d)(1)(A)), effective for plan years on or after 01-01-2017, added specific reference to alternative standards under Wellness Programs and non-quantitative treatment limits under Mental Health Parity as being subject to external review.



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As requested, effective July 1, 2017 the following change(s) were made to your Health Plan document. The change(s) are shaded in the plan document, with the exception of deleted wording:

- Medical Schedule of Benefits, Benefit Plan(s) 002: Prior authorization page numbering revised to pages 64 and 65.
- Provider Network Provision: Deleted Transitional Care language
- Covered Medical Benefits: Added April 1, 2017 language.

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, 2017, 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 9-1-17
Date

[Signature] DIRECTOR OF HUMAN RESOURCES
Authorized Signature and Title
KENYON COLLEGE