



A UnitedHealthcare Company

### SUMMARY OF MODIFICATIONS

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

- Introduction: Language removed that does not apply to standalone dental plans.
- The Benefit Class Description has been deleted.
- The Location Description has been deleted.
- Eligibility And Enrollment: Under Eligibility Requirements, language removed that does not apply to standalone dental plans.
- Special Enrollment: Provision replaced with provision that applies to standalone dental plans.
- Termination: Removed Rescission of Coverage section as it does not apply to Stand Alone dental plans.
- Covered Expenses: Dental procedure codes have been added, deleted, or modified in order to be consistent with the most current version of the American Dental Association's procedural code manual.
- 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:
  - Under Appeals Procedure For Adverse Benefit Determinations, language removed that does not apply to standalone dental plans.
  - 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.

### ACCEPTANCE PAGE

Dental Plan  
7670-02-411216

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 Dental 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

DIRECTOR OF HUMAN RESOURCES

Authorized Signature and Title  
KENYON COLLEGE



A UnitedHealthcare Company

### SUMMARY OF MODIFICATIONS

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

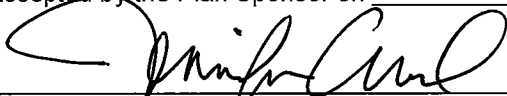
- Dental Schedule of Benefits, Benefit Plan(s) 001: Deleted late enrollee language.
- Eligibility and Enrollment:
  - Eligible Dependent: Revised language to match Medical Plan.
  - Non-Duplication of Coverage: Revised language to match Medical Plan.
  - Effective Date of Employee's Coverage: Revised to 31 days.
  - Effective Date For Dependents: Deleted bullet referencing late enrollee.
- Termination of Employment, Employee Coverage: Revised language to match Medical Plan.

### ACCEPTANCE PAGE

Dental Plan  
7670-02-411216

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Accepted by the Plan Sponsor on 9-1-17  
Date

  
Authorized Signature and Title  
KENYON COLLEGE

DIRECTOR OF HUMAN RESOURCES