

SUMMARY OF MATERIAL MODIFICATIONS No. 1

This modification is made as of **January 1, 2011**, by **Cornell College** to the **Cornell College Employee Health Care Plan**. All other terms and provisions of the Plan remain unaltered and in effect.

Distribution of the attached amendment will be handled in the following manner:

- The Plan Administrator will be responsible for distribution.**
- First Administrators, Inc. will provide a formal copy of the amendment to the Plan Administrator for distribution.
- First Administrators, Inc. will provide the Plan Administrator with _____ copies of the amendment for distribution.
- Other: _____

This notification is made by **Cornell College** that effective **January 1, 2011**, a new plan will be **added** and the name of the plan will be **Cornell College Employee HDHP Health Care Plan**.

The following text will be the **"Schedule of Benefits"** section within the Summary Plan Description.

CORNELL COLLEGE
HDHP Plan
SCHEDULE OF BENEFITS
 Administered by First Administrators, Inc.
Group #: 32800
 Effective Date: January 1, 2011

All benefits are subject to the following deductibles, coinsurance percentages and maximums unless otherwise stated.

MEDICAL BENEFITS	PATIENT'S LIABILITY		GENERAL PLAN LIMITS	PAGE
	In-Network	Out-of-Network		
Medical Deductible: (per calendar year) - Single Plan - Family Plan (Individual Amount) - Family Plan (Family Amount)	\$2,500 \$2,500 \$5,000	\$5,000 \$5,000 \$10,000	<i>In-network and Out-of-Network deductibles are mutually satisfying.</i>	
NOTE: This is an embedded deductible. An individual with single coverage will be responsible to meet the "Single Plan". Individuals with family coverage must meet the "Family Plan" deductible.				
Out-of-Pocket Maximums: (per calendar year) - Single Plan - Family Plan (Individual Amount) - Family Plan (Family Amount)	\$2,500 \$2,500 \$5,000	\$10,000 \$10,000 \$20,000	Includes calendar year deductibles. Excludes cost containment penalties. <i>In-Network and Out-of-Network Out-of-pocket maximums are mutually exclusive.</i>	
NOTE: This is an embedded out-of-pocket maximum. An individual with single coverage will be responsible to meet the "Single Plan" out-of-pocket maximum while individuals with family coverage must meet the "Family Plan" out-of-pocket maximum.				
IN-NETWORK NOTES: <ol style="list-style-type: none"> 1. If a participant requires treatment for a medical emergency, and is unable to reach a PPO provider, eligible expenses from a non-PPO provider will be considered at the PPO benefit level, subject to the PPO Co-pay. 2. When a covered participant resides outside the PPO area, or is traveling outside the PPO area for reasons other than medical care (e.g., business or vacation), and a non-PPO provider or facility (including an urgent care facility) is used, eligible expenses from the non-PPO provider will be considered at the PPO benefit level, subject to the PPO Office Services Co-pay. 3. Ancillary services provided by a non-PPO provider in a PPO facility will be considered at the PPO benefit level. 4. Interpretation of x-ray and laboratory results ordered by a PPO provider and provided by a non-PPO provider will be considered at the PPO benefit level. 5. Charges for interpretation of x-ray or laboratory services performed in an independent radiology or pathology facility and billed by the PPO physician ordering the services will be considered in the same manner as any other x-ray or laboratory service performed in a PPO provider's office. 6. Services and/or treatment provided by a non-PPO provider when there is no PPO provider available within the PPO area will be 				

SUMMARY OF MATERIAL MODIFICATIONS No. 1

considered at the PPO benefit level.

7. If a PPO provider refers a participant to a non-PPO provider, the eligible expenses will be considered at the non-PPO benefit level.

The eligible expense for all of the above situations, unless otherwise specified, is determined by the provider and type of service, not the benefit level, as explained in this Plan. The eligible expense is based on the IN-NETWORK fee schedule or discount, the maximum allowable fee, or the actual amount charged.

Utilization Review: The Utilization Review program includes Preadmission Certification and Case Management.
Penalty for: Hospital Preadmission Certification for all SelectFirst™ stays-the facility is responsible for obtaining pre-certification.
Non-Compliance: Hospital Preadmission Certification for all other stays - the employee is responsible for obtaining pre-certification. Failure to comply with the Preadmission Certification provision will result in a \$500 penalty applied to hospital-related inpatient charges. Pre-certification must take place within 2 business days following an unplanned/urgent care (emergency) admission. The Preadmission Certification penalty is waived for maternity lengths of stay of less than 48 hours for normal vaginal delivery and 96 hours for a cesarean section. Penalties will not apply to out-of-pocket maximums.
Case Management: Failure to comply with the Case Management provision will result in a \$500 annual penalty per episode applied to all related charges. Penalties will not apply to deductible or out-of-pocket maximums.

NOTE: Claims must be received within 12 months of the date the charges are incurred.

MEDICAL BENEFITS	In-Network	Out-of-Network	GENERAL PLAN LIMITS	PAGE
Allergy	100%	80%	Includes exam, injections, serum and testing.	
Ambulance Benefits	100%	80%	Limited to local air or ground.	
Ambulatory/Outpatient Surgery Facility Care	100%	80%		
Anesthesia	100%	80%		
Cardiac Rehabilitation	100%	80%	Limited to phase I (inpatient) and phase II (outpatient) treatment only; phase III treatment (diet, exercise, healthy lifestyle programs) is excluded.	
Contact Lenses/Glasses	100%	80%	Limited to initial pair following cataract surgery.	
Contraceptive Management	100%	80%	Includes injectable contraceptives (e.g., Depo-Provera), implantable contraceptives (e.g., Norplant) and contraceptive devices (e.g. IUD).	
Dental Services Under The Medical Plan	100%	80%	Includes services provided within 72 hours of accidental injury; surgical removal of impacted teeth.	
Temporomandibular Joint Disorder and Jaw Joints	100%	80%		
Diabetic Self-Management Education Programs	100%	80%		
Diagnostic X-ray and Laboratory Examinations	100%	80%		
Durable Medical Equipment	100%	100%	Rental not to exceed the purchase price (equipment that is not available for purchase will require continuous rental).	
Elective surgical sterilization	100%	80%		
Emergency Room (facility and physician charges)	100%	100%		
Hemodialysis (Kidney Disease Treatment)	100%	80%		
Home Health Care	100%	80%	Limited to 100 visits per calendar year.	
Home Infusion Therapy	100%	80%		

SUMMARY OF MATERIAL MODIFICATIONS No. 1

SCHEDULE OF BENEFITS (Cont.)

MEDICAL BENEFITS	In-Network	Out-of-Network	GENERAL PLAN LIMITS	PAGE
Hospice Care Benefits - Respite Care - Inpatient - Outpatient - Respite	100% 100% 100%	80% 80% 80%	Limited to 180 days/lifetime. Includes respite care. Excludes bereavement counseling. Lifetime maximum: 15 days inpatient/lifetime and 15 days outpatient/lifetime. Must be used in increments of not more than 5 days at a time.	
Hospital Benefits	100%	80%	Limited to the semi-private room rate for the level of care the patient is receiving. Excludes take-home drugs.	
Immunizations - Human Papillomavirus (HPV) Vaccine - Shingles and Hepatitis Vaccine	100% 100% 100%	No Coverage 80% 100%	Up to age 7. Over age 7 – See <i>Preventive Care</i> PPO deductible waived. Deductible and PPO Office Services Co-Pay waived.	
Infertility	100%	80%	Limited to \$15,000/lifetime per participant for all related services and supplies including prescription drugs.	
Maternity - Inpatient Newborn Care	100% 100%	80% 80%	Payable for employee and dependent spouse. Deductible waived for initial hospitalization. Considered separately from mother's charges Includes: initial hospitalization, including facility and physician services including circumcision.	
Mental Health and Chemical Dependency Benefits - Inpatient - Outpatient - Office	100% 100% 100%	80% 80% 80%		
Morbid Obesity	100%	80%	Prior approval required. Nutritional education and surgical procedure. Must be at least 18 years of age and an appropriate surgical candidate	
Organ Transplant - Transportation	100%	80%	Prior approval is required. Includes heart, heart/lung, lung, liver, pancreas, kidney, kidney/pancreas, bone marrow, small bowel, stem cell and cornea. Limited to \$10,000/transplant	
Physician Services	100%	80%	Limited to one visit/day per specialty unless additional visits are medically necessary.	
Preadmission Testing	100%	80%	Includes consultations.	
Prescription Drugs	100%	80%	Includes smoking cessation drugs.	
Preventive Care Services	100%	No Coverage	Age 2 and older. In-Network deductible waived. Includes the following routine services: -physical examinations -x-rays and labs -hearing exams -immunizations (including flu shots) -services for screening of "family history of" conditions	
Private Duty Nursing (Outpatient)	100%	80%		
Radiation Therapy and Chemotherapy	100%	80%		

SUMMARY OF MATERIAL MODIFICATIONS No. 1

SCHEDULE OF BENEFITS (Cont.)

MEDICAL BENEFITS	In-Network	Out-of-Network	GENERAL PLAN LIMITS	PAGE
Skilled Nursing Facility	100%	80%	Limited to 100 days/CAL YR. Limited to the nursing facilities semi-private room rate for the level of care the patient is receiving.	
Spinal Manipulation/ Chiropractic Services	100%	80%	Limited to 20 visits/CAL YR. All services combined, including any related x-rays or labs done in connection with chiropractic services.	
Surgical Benefits – Surgeon	100%	80%		
Therapy Benefits (Occupational, Speech, and Physical Therapy)	100%	80%	Excludes occupational therapy supplies.	
Urgent Care	100%	80%		
Vision Exam	100%	80%	Limited to one exam per year.	
Well-Baby/Well-Child Care (up to age 2)	100%	No Coverage	Includes: routine exams and routine labs/x-rays. Deductible is waived. Additional immunization benefit available – see <i>Immunizations</i> .	
Wig	100%	80%	Limited to initial purchase of a wig due to hair loss after a cancer diagnosis.	

Cornell College

Vickie Farmer
(Authorized Signature)

Vickie Farmer
(Printed Authorized Signature)

1-19-11
(Date)

Director of Human Resources
(Title)