

SUMMARY OF MATERIAL MODIFICATIONS No. 2

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.

The following **“Medical Deductible”**, **“Out-of-Pocket Maximums”**, **“Immunizations”**, **“Physician Services”** and **“Preventive Care Services”** are replaced and **“Cancer Screening”**, **“Colonoscopy”**, and **“Flexible Sigmoidoscopy or Barium Test”** are added to the **“Schedule of Benefits”** section within the Summary Plan Description.

MEDICAL BENEFITS	PATIENT'S LIABILITY		GENERAL PLAN LIMITS
	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” (Individual Amount) or once the Family Plan (Family Amount) is met the deductible will be met for all members of the family.			
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. Individuals with family coverage must meet the “Family Plan” (Individual Amount) or once the Family Plan (Family Amount) is met the out-of-pocket maximum will be met for all members of the family.			
MEDICAL BENEFITS	In-Network	Out-of-Network	GENERAL PLAN LIMITS
Cancer Screening (Routine and Diagnostic)	100%	80%	In network deductible waived. Includes mammograms, pap smears and prostate screening. See also <i>Colonoscopy and Flexible Sigmoidoscopy or Barium Test</i> .
NOTE: Benefits for preventive services may be available and payable at 100% if recommended by a physician and an In-Network provider is used. Additional information is available online at the Federal Government Health Care Reform Site: http://www.healthcare.gov/law/provisions/preventive/index.html . If there is no coverage for a benefit through Health Care Reform, please see your current Plan for possible			

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coverage.			
Colonoscopy (Routine and Diagnostic)	100%	80%	In network deductible waived. Baseline age 50 and older, then each 10 years; under age 50, benefit will be considered for "family history of".
NOTE: Benefits for preventive services may be available and payable at 100% if recommended by a physician and an In-Network provider is used. Additional information is available online at the Federal Government Health Care Reform Site: http://www.healthcare.gov/law/provisions/preventive/index.html . If there is no coverage for a benefit through Health Care Reform, please see your current Plan for possible coverage.			
Flexible Sigmoidoscopy or Barium Test (Routine and Diagnostic)	100%	80%	In network deductible waived. Baseline age 50 and older, then each 5 years.
NOTE: Benefits for preventive services may be available and payable at 100% if recommended by a physician and an In-Network provider is used. Additional information is available online at the Federal Government Health Care Reform Site: http://www.healthcare.gov/law/provisions/preventive/index.html . If there is no coverage for a benefit through Health Care Reform, please see your current Plan for possible coverage.			
Immunizations	100%	No Coverage	Up to age 7. Over age 7 – See Preventive Care
- Human Papillomavirus (HPV) Vaccine	100%	80%	PPO deductible waived.
- Shingles and Hepatitis Vaccine	100%	100%	Deductible waived.
NOTE: Benefits for preventive services may be available and payable at 100% if recommended by a physician and an In-Network provider is used. Additional information is available online at the Federal Government Health Care Reform Site: http://www.healthcare.gov/law/provisions/preventive/index.html . If there is no coverage for a benefit through Health Care Reform, please see your current Plan for possible coverage.			
Physician Services	100%	80%	
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
NOTE: Benefits for preventive services may be available and payable at 100% if recommended by a physician and an In-Network provider is used. Additional information is available online at the Federal Government Health Care Reform Site: http://www.healthcare.gov/law/provisions/preventive/index.html . If there is no coverage for a benefit through Health Care Reform, please see your current Plan for possible coverage.			

Cornell College


(Authorized Signature)

7-22-11
(Date)

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