

**SUMMARY OF MATERIAL MODIFICATION  
TO THE SUMMARY PLAN DESCRIPTION  
OF THE MEDICAL BENEFITS UNDER THE  
UTICA COLLEGE HEALTH BENEFITS PLAN**

This Summary of Material Modification describes changes to the Summary Plan Description for the Medical Benefits under the Utica College Health Benefits Plan (the “Plan”). After reading it, you should attach it to your copy of the Summary Plan Description.

**Effective as of January 1, 2014**, the answer to Question 1 of the Summary Plan Description “Who is eligible to become a participant in the Plan?” is as follows.

A full-time employee of the Employer who works 30 hours per week is eligible to become a participant.

Notwithstanding the above, a person providing services to the Employer through a temporary agency or employee leasing organization, or as an independent contractor, is not eligible to participate even if that person is later classified as an employee of the Employer for employment tax, unemployment insurance, or other purpose, by a government agency or a court.

**Effective as of January 1, 2014**, the answer to Question 7 of the Summary Plan Description “How much must I pay for health insurance?” is as follows.

If there are ordinary increases or decreases in the premium, your payroll deductions will automatically be adjusted to reflect any change in your cost. Following is the current cost for this coverage. The Employer will provide participants with advance written notice of any changes to their cost.

Medical Option	Monthly Rate	Employer Share	Employee Cost
Single	471.98	377.58	94.40
Employee+1	943.98	755.18	188.80
Family	1,302.20	1,041.76	260.44

**Effective as of January 1, 2014**, the answer to Question 11 of the Summary Plan Description “What happens when I retire?” is as follows.

Retirement is treated as the termination of your employment and your health insurance coverage under the Plan will end as described above (See Question 9 “When does my health insurance coverage end?”) unless you meet the requirements as described below.

Retirees under the age of 65 may continue their enrollment in the medical plan available to active employees at the prevailing contributory rate.

Retirees aged 65 through 69 will be covered by the College’s Medicare Advantage plan under the following conditions and at no cost to the employee:

- (1) The employee must have been enrolled in the plan at age 65.
- (2) Federal Medicare benefits will be applied as an offset to the plan.
- (3) Such coverage is also available to spouse/domestic partners of such retirees who meet the eligibility requirements of the plan.

Retirees 70 or older should contact the Office of Human Resources for details concerning continuing their coverage on a full payment basis.

Retirees residing outside of the Excellus BCBS Medicare Coverage area for more than six months in a calendar year who purchase a Medicare supplement plan that supplements Medicare A, B, and D will receive monthly premium reimbursement up to the current amount of the College’s contribution to the premium cost of the College’s Medicare Advantage plan for in-state residents.