

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

This Summary of Material Modification describes changes, to the Summary Plan Description of the Dental 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.

- 1. Effective as of January 1, 2017,** the Answer to Question 4 in the Summary Plan Description “What are the special enrollment periods?” is changed as follows:

Generally, the special enrollment periods allow employees who satisfy the eligibility requirements explained in the Answer to Question 1 to enroll in Plan coverage in the following situations:

- The employee initially declined Plan coverage because he had other health care coverage, but he later loses that other coverage through no fault of his own. The employee can enroll himself, his spouse (or eligible domestic partner) and eligible children. He must complete the enrollment form within thirty (30) days after losing the other health care coverage. Note, in order for this special enrollment rule to apply, at the time the employee initially declines Plan coverage he must provide, in writing, his reason for declining it.
- The employee initially declined Plan coverage because he had other health care coverage from another employer, but that employer stops contributing toward the cost of that other coverage. The employee can enroll himself, his spouse (or eligible domestic partner) and eligible children. The employee must complete the enrollment form within thirty (30) days after that employer stops contributing toward the cost of the other coverage. Note, in order for this special enrollment rule to apply, at the time he initially declines Plan coverage he must provide, in writing, his reason for declining it.
- The employee declined Plan coverage and he later acquires a new spouse (or eligible domestic partner) or a new eligible child (through birth or adoption of a child). The employee can enroll himself, his spouse (or eligible domestic partner) and eligible children. The employee must

complete the enrollment form within thirty (30) days after the marriage, birth, adoption or placement for adoption.

- The employee, his spouse (or eligible domestic partner) or eligible children lose eligibility for Medicaid coverage or coverage under a State Children's Health Insurance Program. The employee must complete the enrollment form within sixty (60) days after the loss of that coverage.
- The employee, his spouse (or eligible domestic partner) or eligible children become eligible to participate in a premium assistance program under Medicaid or a State Children's Health Insurance Program. The employee must complete the enrollment form within sixty (60) days after that eligibility determination.

2. **Effective as of January 1, 2017**, the answer to Question and Answer 5 in the Summary Plan Description "How much must participants pay for Plan coverage?" is changed as follows.

You are required to pay for Plan coverage you select. The following chart shows your cost for coverage.

Option	Monthly Rate	Employee Cost
High Option		
Single	\$24.94	\$24.94
Employee+1	\$49.88	\$49.88
Family	\$99.76	\$99.76
Low Option		
Single	\$12.23	\$12.23
Employee+1	\$24.46	\$24.46
Family	\$48.92	\$48.92

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

3. **Effective as of January 1, 2017**, the Question and Answer 12 in the Summary Plan Description "What happens if the Plan pays a benefit for a participant,

spouse, domestic partner, or child relating to an injury, sickness or condition caused by another person?” is changed as follows:

12. “What happens if the Plan pays a benefit for a participant, his spouse, domestic partner or child relating to an injury or illness caused by another person or covered by State workers’ compensation law?”

In that case, the Plan is subrogated to any right the participant, spouse, domestic partner or child (or his legal representative, heirs or beneficiaries) may have to a recovery from the other person or under State workers’ compensation law. This subrogation right is not diminished or otherwise affected if the total recovery obtained by the participant, spouse, domestic partner, or child is less than the amount necessary to make him whole for all of the expenses and other damages related to the injury or illness. Payment of any benefit from the Plan is conditioned upon the participant, spouse, domestic partner or child (and his legal representative, heirs and beneficiaries): (i) immediately notifying the Plan of any legal action against the other person or any State workers’ compensation claim; (ii) promptly responding to Plan requests for information about the status of any such action or claim; (iii) immediately notifying the Plan of any recovery (whether as a result of an award, settlement or otherwise); (iv) promptly providing an accounting of any proceeds recovered; (v) taking other reasonable action requested by the Plan to help secure and enforce the Plan’s subrogation rights (including executing documents, and consenting to the Plan’s intervention in an action against the third party); (vi) not acting in any manner that prejudices the Plan’s subrogation rights; and (vii) if requested by the Plan, participating in an expedited arbitration proceeding to resolve any dispute regarding the Plan’s subrogation rights. The Plan may also offset payment of other benefits payable to the participant, spouse, domestic partner or child by the amount of any such recovery, in which case the Plan will relinquish its right to reimbursement from the recovery by the amount offset.

Acceptance of any benefit from the Plan (directly or by payment to a health care provider) constitutes agreement by the participant, spouse, domestic partner or child (and his legal representative, heirs or beneficiaries) to the terms above. The Plan Administrator may also require the participant, spouse, domestic partner or child (and his legal representative, heirs or beneficiaries) to sign a written agreement acknowledging the Plan subrogation rights and these terms and conditions before paying a benefit. However, the Plan’s subrogation rights are not diminished if the Plan does not require such written agreement.

4. The explanation of COBRA Continuation Coverage beginning on page 19 of the Summary Plan Description in the Answer to Question 16 “What additional rights does a participant have?” is changed as follows:

COBRA Continuation Coverage

This section has important information about your right to COBRA continuation coverage, which is a temporary extension of coverage under the Plan. **It explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect your right to get it.** When you become eligible for COBRA, you may also become eligible for other coverage options that may cost less than COBRA continuation coverage.

The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you and other members of your family when group health coverage would otherwise end. For more information about your rights and obligations under the Plan and under federal law contact the Plan Administrator.

You may have other options available to you when you lose group health coverage. For example, you may be eligible to buy an individual plan through the Health Insurance Marketplace. By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse’s plan), even if that plan generally doesn’t accept late enrollees.

What is COBRA continuation coverage?

COBRA continuation coverage is a continuation of Plan coverage when it would otherwise end because of a life event. This is also called a “qualifying event.” Specific qualifying events are listed below. After a qualifying event, COBRA continuation coverage must be offered to each person who is a “qualified beneficiary.” You, your spouse, and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you're an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- (1) Your hours of employment are reduced; or
- (2) Your employment ends for any reason other than your gross misconduct.

If you're the spouse of an employee, you'll become a qualified beneficiary if you lose your coverage under the Plan because of the following qualifying events:

- (1) Your spouse dies;
- (2) Your spouse's hours of employment are reduced;
- (3) Your spouse's employment ends for any reason other than his or her gross misconduct;
- (4) Your spouse becomes enrolled in Medicare (Part A, Part B, or both); or
- (5) You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because of the following qualifying events:

- (1) The parent-employee dies;
- (2) The parent-employee's hours of employment are reduced;
- (3) The parent-employee's employment ends for any reason other than his or her gross misconduct;
- (4) The parent-employee becomes enrolled in Medicare (Part A, Part B, or both);
- (5) The parents become divorced or legally separated; or
- (6) The child stops being eligible for coverage under the Plan as a "dependent child."

When is COBRA continuation coverage available?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator has been notified that a qualifying event has occurred. The Employer must notify the Plan Administrator of the following qualifying events.

- The end of employment or reduction of hours of employment;
- Death of the employee; or

- The employee's becoming entitled to Medicare benefits (under Part A, Part B, or both).

For all other qualifying events (divorce or legal separation of the employee and spouse or a child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator within 60 days after the qualifying event occurs. You must provide this notice to: Compensation & Benefits Manager, Utica College, 1600 Burrstone Road, Utica, New York, 13502. The notice must be in writing, and must contain your name and address, the name and address of any affected persons, a description of the qualifying event, and the date of the qualifying event. You may be asked to provide additional documentation or information after you have submitted the notice.

How is COBRA continuation coverage provided?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each qualified beneficiary. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage that generally lasts for 18 months due to employment termination or reduction of hours of work. Certain qualifying events, or a second qualifying event during the initial period of coverage, may permit a beneficiary to receive a maximum of 36 months of coverage.

There are also ways in which this 18-month period of COBRA continuation coverage can be extended:

Disability extension of 18-month period of continuation coverage

If you or anyone in your family covered under the Plan is determined by the Social Security Administration ("SSA") to be disabled and you provide proper and timely notice of the SSA determination, you and your entire family may be entitled to get up to an additional 11 months of COBRA coverage, for a maximum of 29 months. The disability would have to have started at some time before the 60th day of COBRA continuation coverage and must last at least until the end of the 18-month period of COBRA continuation coverage. You must provide this notice to the

Compensation & Benefits Manager, Utica College, 1600 Burrstone Road, Utica, New York, 13502 within 60 days of the date of the SSA determination and before the end of the 18-month period of COBRA continuation coverage. The notice must be in writing, and must contain your name and address, the name and address of the disabled qualified beneficiary, and the date the disability was determined to have begun. You must also attach a copy of the SSA determination. You may be asked to provide additional documentation or information after you have submitted the notice.

Second qualifying event extension of 18-month period of continuation coverage

If your family experiences another qualifying event during the 18 months of COBRA continuation coverage, the spouse and dependent children in your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the Plan is properly notified of the second qualifying event. This extension may be available to the spouse and any dependent children getting COBRA continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both); gets divorced or legally separated; or if the child stops being eligible under the Plan as a dependent child. This extension is only available if the second qualifying event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred. You must provide this notice to the Compensation & Benefits Manager, Utica College, 1600 Burrstone Road, Utica, New York, 13502 within 60 days after the second qualifying event. The notice must be in writing, and must contain your name and address, the name and address of any affected persons, a description of the second qualifying event, and the date of the second qualifying event. You may be asked to provide additional documentation or information after you have submitted the notice.

Are there other coverage options besides COBRA continuation coverage?

Yes. Instead of enrolling in COBRA continuation coverage, there may be other coverage options for you and your family through the Health Insurance Marketplace, Medicaid, or other group health plan coverage options (such as a spouse's plan) through what is called a "special enrollment period." Some of these options may cost less than COBRA continuation coverage. You can learn more about many of these options at www.healthcare.gov.

If You Have Questions

Questions concerning your Plan or your COBRA continuation coverage rights

should be addressed to the contact or contacts identified below. For more information about your rights under the Employee Retirement Income Security Act (ERISA), including COBRA, the Patient Protection and Affordable Care Act, and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit www.dol.gov/ebsa. (Addresses and phone numbers of Regional and District EBSA Offices are available through EBSA's website.) For more information about the Marketplace, visit www.HealthCare.gov.

Keep your Plan informed of address changes

To protect your family's rights, let the Plan Administrator know about any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

Plan contact information

Information about the Plan and COBRA continuation coverage can be obtained from:

Utica College Health Benefits Plan
Benefits Coordinator
Utica College
1600 Burrstone Road
Utica, New York 13502
(315) 792-3276

To access current Participating Provider Information free of charge, go to the following website:

Delta Dental – www.deltadentalins.com

Or you may contact the Benefits Coordinator to request a copy of the Participating Provider List, free of charge.