

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

This Summary of Material Modification describes changes, to the Summary Plan Description of the Vision 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 the vision insurance coverage you select. The following chart shows your cost for coverage.

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

Vision Option	Monthly Rate	Employee Cost
Single	\$ 5.91	\$ 5.91
Employee+1	\$10.63	\$10.63
Family	\$16.54	\$16.54

To access current Participating Provider information (free of charge), go to the following website:

**Davis Vision – [www.davisvision.com](http://www.davisvision.com)**

Upon request, copies of the provider lists will be furnished to you, without charge, as a separate document.