

**SUMMARY OF MATERIAL MODIFICATION
TO THE
UTICA COLLEGE LIMITED-PURPOSE FLEXIBLE SPENDING ACCOUNT
SUMMARY PLAN DESCRIPTION**

This Summary of Material Modification describes changes to the Summary Plan Description for the Utica College Limited-Purpose Flexible Spending Account (the “Plan”). After reading it, you should attach it to your copy of the Summary Plan Description.

Definition of “Dependent”

The Plan definition of “dependent” has been changed to make it consistent with a change in federal tax law. In accordance with the change, as of January 1, 2011, a participant can make contributions to the Plan, on a pre-tax basis, to pay for health coverage for his child through the end of the calendar year in which the child reaches age 26, even if the child does not qualify as the participant’s tax dependent, provided:

- the coverage is coverage which participants can normally pay for through the Plan; and
- the child satisfies all of the other Plan conditions and rules for coverage.

Similarly, as of January 1, 2011, the Plan will pay or reimburse a participant for health care expenses, as described in the Summary Plan Description (other than health coverage) incurred for his child until the end of the Plan Year in which the child reaches age 26, even if the child is not his tax dependent, provided:

- the expense is incurred on or after January 1, 2011; and
- all the other Plan conditions and rules for payment or reimbursement are satisfied (e.g., a proper claim for the expense is timely submitted, and there is a sufficient amount in the participant’s Plan account to cover the expense).

Over-the-Counter Medicines and Drugs

Consistent with a change in federal law, the Plan will not pay or reimburse participants for over-the-counter medicine or drug expenses incurred on or after January 1, 2011 unless the medicine or drug is insulin or is a “prescribed” medicine or drug. Whether a medicine or drug is “prescribed” will be determined in accordance with regulations and other guidance issued by the Internal Revenue Service. Keep in mind that, even if an

over-the-counter medicine or drug qualifies for payment or reimbursement by the Plan under this new rule, all of the other Plan conditions and rules for payment or reimbursement must be satisfied (e.g., the expense must be for the type of medicine or drug which the Plan otherwise covers, a proper claim for the expense must be timely submitted, and there must be a sufficient amount in the participant's Plan account to cover the expense).

Annual Limit on Participant Contributions

Effective for Plan Years beginning on or after **January 1, 2013**, federal law limits the amount a participant can elect to contribute to the Plan for payment or reimbursement of health care expenses, as described in the Summary Plan Description. The limit is \$2,500 per Plan Year.