

Marist College

SUMMARY OF MATERIAL MODIFICATIONS

PPO Plan

This Summary of Material Modifications (“SMM”) amends the terms of your Summary Plan Description (“SPD”), effective April 1, 2009, as follows:

- I. Section 3, entitled “Eligibility And Pre-Existing Conditions, Paragraph 8, entitled “Special Enrollment,” is revised and replaced in its entirety to read as follows:

8. Special Enrollment.

If you and/or your Dependent[s] do not initially enroll or enroll during an open enrollment period, then you and/or your Dependent[s] will in most instances be required to wait until the next open enrollment period before you may enroll (either for yourself or your dependents) for coverage with MVP. However, if you or your Dependent[s] qualify for a special enrollment period then each are eligible to enroll. To qualify for a special enrollment period you must meet one of the following conditions:

A. Loss of eligibility for Coverage

- i. You and/or the Dependent[s] you seek to enroll must have been covered under a group health plan or had other health insurance coverage at the time coverage was previously offered; and
- ii. You must have stated in writing that other coverage was the reason for declining enrollment at the time it was offered. This condition, however, must only be met if the Plan Administrator required that this statement be made in writing and provided you with notice of this requirement (and the consequences of such requirement) at the time coverage was offered; and
- iii. You and/or your Dependent[s] applies for coverage within thirty (30) days after such loss of coverage or termination; and

iv. You and/or your Dependent's coverage was terminated or lost due to one of the following reasons:

1. Coverage was provided in accordance with the continuation coverage required by state or federal law and was exhausted;
2. Legal separation, divorce or annulment;
3. Cessation of dependent status;
4. Death of employee;
5. Termination of employment;
6. Reduction in the number of hours of employment;
7. Any loss of eligibility for coverage after a period that is measured by reference to any
8. Employer contributions towards such coverage were terminated;
9. Loss of coverage because an individual no longer resides, lives, or works in the service area (whether or not within the choice of the individual), and no other benefit package is available to the individual;
10. A situation in which an individual incurs a claim that would meet or exceed a lifetime limit on all benefits; or
11. A situation in which a plan no longer offers any benefits to the class of similarly situated individuals.

B. If you lose eligibility under Medicaid or Children's Health Insurance Program ("CHIP") program

You and/or your Dependent is covered under a state Medicaid or CHIP program and coverage of you or your Dependent under such a plan is terminated as a result of loss of eligibility for such coverage AND you and/or your Dependent applies for coverage within sixty (60) days after the date of termination of such coverage; OR

C. If you become Eligible for Medicaid or Children's Health Insurance Program ("CHIP") program

You and/or your Dependent becomes eligible for group health plan premium assistance under a state Medicaid or CHIP plan AND you and/or your eligible Dependents apply for coverage within sixty (60) days after the date you and/or your dependent is determined to be eligible for such assistance.

If you/and or your Dependent(s) lost the other coverage as a result of failure to pay contributions or your coverage was terminated for cause (such as fraud), you and/or your Dependent(s) do not have special enrollment rights.

When enrolling pursuant to this Paragraph, coverage will begin at 12:01 Eastern Standard Time on the first of the month following the next contribution due date after the qualifying event.

Please keep this Summary of Material Modifications with your Summary Plan Description.

Approved:

Signature

Date