

**SUMMARY OF MATERIAL MODIFICATIONS
TO THE
MEDICAL PLAN
JUNIATA COLLEGE**

To: All Plan Participants and Beneficiaries of Juniata College.

This notice, called a "Summary of Material Modifications," advises you of changes to your coverage under the Plan listed above. Please read this notice carefully, and if you have any questions, please contact the Plan Administrator.

Keep this notice with your Plan Document/Summary Plan Description and make a note in your Plan Document/Summary Plan Description as to what sections have been changed so that when you go to look up information you will be reminded that certain information has changed.

Effective June 1, 2014

**AMENDMENT NUMBER TWO
TO THE
JUNIATA COLLEGE EMPLOYEE BENEFIT PLAN**

1. The Section entitled "INTRODUCTION" is hereby amended by the addition of the following:

For Plan Years that begin on or after January 1, 2014, to the extent that an item or service is a covered benefit under the Plan, the terms of the Plan shall be applied in a manner that does not discriminate against a health care Provider who is acting within the scope of the Provider's license or other required credentials under applicable State law. This provision does not preclude the Plan from setting limits on benefits, including cost sharing provisions, frequency limits, or restrictions on the methods or settings in which treatments are provided and does not require the Plan to accept all types of Providers as a Participating Provider.

2. The Section entitled "LEGISLATIVE NOTICES" is hereby amended by the addition of the following:

PATIENT PROTECTION NOTICE

If this Plan generally allows for the designation of a Primary Care Physician (PCP), You have the right to designate any PCP who participates in the Network and who is available to accept You or Your family members. Until You make this designation the Claims Administrator may make one for You. For information on how to select a PCP, and for a list of Participating Primary Care Physicians, contact the Claims Administrator at the Customer Service number printed on Your ID card or visit their website at www.healthamerica.cvty.com.

3. The Section entitled "ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS", sub-section "ELIGIBILITY", number (2) under "Eligible Classes of Dependents" is hereby amended by the deletion of the following:

However, for Plan Years beginning before January 1, 2014, an Employee's Child is not an eligible Child if the Child is eligible to enroll in an employer-sponsored health plan other than the group health plan of a parent of the Child.

4. The Section entitled "MEDICAL BENEFITS", sub-section "MAXIMUM BENEFIT AMOUNT" is hereby amended by the addition of the following:

The Maximum Benefit Amount for Essential Health Benefits will not apply in Plan Years beginning on or after January 1, 2014.

5. The Section entitled "MEDICAL BENEFITS", sub-section "COVERED SERVICES", number (8) (qq) is hereby deleted in its entirety and replaced with the following:

(qq) Spinal Manipulation/Chiropractic services by a health care Provider acting within the scope of his or her license. Covered Charges include initial consultation, x-rays and treatment (including maintenance care), subject to the maximum benefits shown in the Schedule of Benefits.

6. The Section entitled “**PRESCRIPTION DRUG BENEFITS**”, sub-section “**LIMITATIONS & EXCLUSIONS**”, letter (I) is hereby amended by the deletion of the following:

Implantable time-released contraceptives are not Covered Charges.

7. The Section entitled “**PRESCRIPTION DRUG BENEFITS**”, sub-section “**LIMITATIONS & EXCLUSIONS**”, under “The following are not Covered Charges under the Plan”, letter (e) is hereby deleted in its entirety and replaced with the following:

(e) Implantable time-released medication (e.g., Eligard, Zoladex);

8. The Section entitled “**DEFINED TERMS**” is here amended by the addition of the following:

Essential Health Benefits include, to the extent they are covered under the Plan, ambulatory patient services; Emergency Services; hospitalization; maternity and newborn care; Mental Health and substance use disorder services, including behavioral health treatment; Prescription Drugs; rehabilitative and habilitative services and devices; laboratory services; preventive and wellness services and chronic disease management; and pediatric services, including oral and vision care.

9. The Section entitled “**PLAN EXCLUSIONS**”, exclusion number (16) “clinical trials” is hereby deleted in its entirety and replaced with the following:

(16) **Clinical trials**, except as otherwise stated as being covered and only to the extent permitted by Federal law. Routine patient care of a qualified individual participating in a clinical trial, as defined under the Patient Protection and Affordable Care Act of 2010, is covered.

10. The Section entitled “**PLAN EXCLUSIONS**”, exclusion number (36) “Experimental/Investigational or not Medically Necessary” is hereby amended by the addition of the following:

For Plan Years beginning on or after January 1, 2014, this exclusion shall not apply to the extent that the charge is for a qualified individual who is a participant in an approved clinical trial with respect to the treatment of cancer or another life-threatening disease or condition. The Plan shall not deny, limit or impose additional conditions on routine patient costs for items and services furnished in connection with participation in the clinical trial. However, this provision does not require the Plan to pay charges for services or supplies that are not otherwise Covered Charges (including, without limitation, charges which the qualified individual would not be required to pay in the absence of this coverage) or prohibit the Plan from imposing all applicable cost sharing and reasonable cost management provisions. For these purposes, a qualified individual is a Covered Person who is eligible to participate in an approved clinical trial according to the trial protocol with respect to the treatment of cancer or another life-threatening disease or condition, and either: (1) the referring health care professional is a Participating Provider and has concluded that the individual's participation in such trial would be appropriate; or (2) the Covered Person provides medical and scientific information establishing that the individual's participation in such trial would be appropriate.

11. The Section entitled “**PLAN EXCLUSIONS**” is hereby amended by the addition of the following:

(45) **Habilitative services** that are not Medically Necessary, do not meet the medical criteria of the Claims Administrator or that is determined to be long term care where no significant improvement in the Plan Participant's condition is expected, are not covered.

12. The Section entitled “**PRAUTHORIZATION EXHIBIT**” is hereby deleted in its entirety and replaced with the following:

PRAUTHORIZATION EXHIBIT
Administered by
HEALTHAMERICA
Preauthorization phone lines: toll free EPA 1-800-755-1135

SERVICES REQUIRING PRAUTHORIZATION

Preauthorization is the process for authorizing the non-emergency use of facilities, diagnostic testing, and other health

services before care is provided. All Inpatient admissions to a Hospital, Skilled Nursing Facility or Specialty Care Program such as Rehabilitation or Behavioral Health and Substance Abuse will require Preauthorization. For Outpatient services, the most current listing of services requiring Preauthorization may be obtained by contacting Customer Service at the number printed on the back of Your Plan ID card or by visiting the Claims Administrator's website at www.healthamerica.cvtv.com.

13. All other terms, conditions and provisions of the Plan Document and Summary Plan Description for the Juniata College Employee Benefit Plan and its amendments, addendums, attachments and exhibits shall remain in full force and effect.