

COLGATE UNIVERSITY



Welfare Benefits Plan

Summary of Material Modification — Effective January 1, 2020

Changes to the Plan and Summary Plan Description (SPD) for Colgate University's Welfare Benefits Plan are described below.

GRANDFATHERED STATUS: This Plan Is A Non-Grandfathered Group Health Plan.

Welfare Benefits Plan (*Plan Number 520*)

Self-Funded Medical/Rx Plan

Annual In-Network Out-of-Pocket Maximum

Single \$1,375 Two Person \$2,750 Family \$2,750

MDLive Telemedicine

\$0 Copay for acute medical treatment

Please refer to your Medical/Rx Carrier Subscriber Summary for a detailed listing of benefits provided along with the applicable Copays/Deductibles/Coinsurance.

This Summary of Material Modification (SMM) describes the changes that affect your benefit plans and updates your plan descriptions. SMM's together with the plan booklets make up your official plan descriptions; please keep them together and refer to them as necessary. We've made every attempt to insure the accuracy of the information in this SMM. However, if there is any discrepancy between this and the insurance contracts, the insurance contracts will always govern.

Plan Administrator Information — The plan Administrator's name, address, and telephone number are:

Colgate University
13 Oak Drive
Hamilton, New York 13346
Telephone: 315-228-7565

The Plan Administrator keeps the records for the Plan and is responsible for the administration of the Plan. The Plan Administrator will also answer any questions you may have about the Plan.

Annual Notices

Patient Protection Disclosure

The Plan generally allows the designation of a primary care provider. You have the right to designate any participating primary care provider who is available to accept you or your family members.

For information on how to select a primary care provider and for a list of participating primary care providers, visit the Plan on-line at www.excellusbcbs.com. For more information, contact the Plan Administrator, Colgate University at 13 Oak Drive, Hamilton, New York 13346 or by calling 315-228-7565. For children, you may designate a pediatrician as the primary care provider.

You do not need prior authorization from the Plan or from any other person, including your primary care provider, in order to obtain access to obstetrical or gynecological care from a health care professional; however, you may be required to comply with certain procedures, including obtaining prior authorization for certain services, following a pre-approved treatment plan, or procedures for making referrals. For a list of participating health care professionals who specialize in obstetrics or gynecology, visit the Plan on-line at the web address noted above or contact your Plan Administrator, Colgate University at 13 Oak Drive, Hamilton, New York 13346 or by calling 315-228-7565, for more information.

To request special enrollment or obtain more information, contact your Plan Administrator Colgate University at 13 Oak Drive, Hamilton, New York 13346 or by calling 315-228-7565.

HIPAA Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

To request special enrollment or obtain more information, contact your Plan Administrator Colgate University at 13 Oak Drive, Hamilton, New York 13346 or by calling 315-228-7565.

COLGATE UNIVERSITY

Women's Health and Cancer Rights Act Enrollment Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- all stages of reconstruction of the breast on which the mastectomy was performed;
- surgery and reconstruction of the other breast to produce a symmetrical appearance;
- prostheses; and
- treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you would like more information on WHCRA benefits, contact your Plan Administrator Colgate University at 13 Oak Drive, Hamilton, New York 13346 or by calling 315-228-7565.

Women's Health and Cancer Rights Act Annual Notice

Do you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all stages of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema? For more information, contact your Plan Administrator Colgate University at 13 Oak Drive, Hamilton, New York 13346 or by calling 315-228-7565.

COLGATE UNIVERSITY

COLGATE UNIVERSITY
EMPLOYEE BENEFITS PLAN

Schedule A— As of January 1, 2020

I. **Group Medical Benefits**

Administrator/Carrier	Contract/Group No.
Excellus BlueCross BlueShield, Utica Region	33569
OptumRX	PURCOLGC

II. **Group Dental Benefits**

Administrator/Carrier	Contract/Group No.
Delta Dental	02504

III. **Group Vision Benefits**

Carrier	Contract/Group No.
The Guardian	00531647

IV. **Group Life/AD&D Benefits**

Carrier	Contract/Group No.
Symetra	01-016960-00

IV. **Group Life/AD&D Benefits (voluntary)**

Carrier	Contract/Group No.
Symetra	01-016960-00

V. **Group Long-Term Disability Benefits**

Carrier	Contract/Group No.
Symetra	01-016960-00

VI. **Group Short-Term Disability Benefits (voluntary)**

Carrier	Contract/Group No.
Symetra	01-016960-00