Amendment No. 1

Bowdoin College
Preferred Provider Organization
And
Preferred Provider Organization-HSA
Health Plans

Your Bowdoin College Health Plans are changed as stated in this amendment.

Section Two, Eligibility, Termination and Continuation of Coverage, is changed as follows:

The "Who is an Eligible Plan Participant?", "Qualifying Life Events", and "Special Enrollment" sections are deleted in their entirety and replaced with the following:

Who is an Eligible Plan Participant?
1. The Plan Participant;
2. The Plan Participant’s legal spouse (For information on spousal eligibility please contact the Employer);
3. The Plan Participant’s/spouse’s children under age 26:
   a. Newborn children
   b. Biological Children, adopted children or children placed for adoption, stepchildren or legally placed foster children who live with the Plan Participant or children for which the Plan Participant is a legal guardian;
4. The Plan Participant’s/spouse’s unmarried children aged 26 and older if they are mentally or physically disabled. The disability must have begun before the child’s 26th birthday, and the child must have been covered by us on and continuously since his or her 26th birthday.
5. Under Age 65 Retirees of Bowdoin College and their eligible dependents (For information on retiree eligibility please contact the Employer).

To be eligible to enroll as a Dependent, you must be listed on the enrollment form completed by the Plan Participant, and meet all Dependent eligibility criteria established by the Employer.

Nondiscrimination No person who is eligible to enroll will be refused enrollment based on health status, health care needs, genetic information, previous medical information, disability, sexual orientation or identity, gender, or age.

Please note: Spouses of married dependent children are not eligible for coverage.

If an employee and spouse are both eligible for employee coverage, only one will be eligible for coverage with respect to dependents. In addition, the spouse may be deemed to be a dependent and not an employee with respect to the parts of this Plan which provide both employee and dependent coverage.
Bowdoin College will determine the effective date of coverage for the Plan Participant and other eligible family members. If your coverage has changed or you are unsure of your effective date, please call the number on your Identification Card.

The Plan Administrator reserves the right to verify continued eligibility for all Members.

**Qualifying Life Events** After initial eligibility, applications may also be submitted within 30 days of certain qualifying life events. Ineligibility caused by fraud or misrepresentation does not qualify. Qualifying life events include:

- Marriage;
- Divorce or legal separation
- Death of a spouse or Dependent child;
- Birth, adoption, or placement for adoption;
- Termination or commencement of spouse's employment;
- Change in employment of the employee or spouse, from full-time to part-time status or part-time to full-time status;
- The taking of an unpaid leave of absence by the employee or his/her spouse;
- Termination of the Plan;
- A court order requires that coverage be provided for the employee's spouse or the minor child of the employee or the employee's spouse;
- A court order is issued changing custody of a child. The effective date of coverage is the date of the court order;
- You have exhausted your Consolidated Omnibus Budget Reconciliation Act (COBRA) Benefits;
- A Dependent satisfying or ceasing to satisfy the requirements for unmarried Dependents;
- Loss of Medicaid.

The Contract Holder can tell you when enrollment for added family members is allowed under this Plan.

**Special Enrollment**

If you decline coverage for yourself or your Dependents (including your spouse) because you and your Dependents are covered under other health insurance coverage, you may in the future be able to enroll yourself or your Dependents, provided you meet each of the applicable conditions outlined below, and you request enrollment within the applicable number of days (30 days in most cases) after your other coverage ends. 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, provided that you request enrollment within 30 days of the marriage, birth, adoption or placement for adoption.

**Conditions required for enrollment:**

1. The employee has declined enrollment in writing stating that coverage under other health insurance coverage was the reason for declining coverage;
2. When the employee declined enrollment in employee and/or Dependent coverage, the employee and/or Dependent had COBRA continuation coverage under other health insurance and COBRA continuation coverage under that other insurer has since been exhausted; or
3. If the other coverage that applied to the employee and/or Dependent when coverage was
deprecated was not COBRA continuation coverage, the other coverage has been terminated as a
result of:
a. loss of eligibility as a result of legal separation, divorce, death, termination of employment,
or reduction in the number of hours of employment, and any loss of eligibility after a
period that is measured by reference to any of the foregoing;
b. Employer contributions towards the other coverage have been terminated; or
c. loss of coverage under the Cub Care or other children’s health insurance program.
d. the Member no longer resides in such coverage’s permitted service area provided that no
other coverage under the plan is available to the Member;
e. Benefits are no longer offered to a class of similarly situated individuals. For example, if a
Plan terminates health coverage for all part-time workers, the part-time workers incur a loss
of eligibility for coverage, even if the Plan continues to provide coverage to other
employees;
f. the application of the lifetime maximum benefit through another carrier’s coverage;
g. a dependent loses eligible dependent status. An employee who is already enrolled in a
benefit option may enroll in another option under the Plan due to a dependent losing
eligible dependent status; or
h. a dependent who has other coverage loses eligibility under that coverage.

You are not required to elect and exhaust COBRA coverage under another plan to enroll in this
Plan during a special enrollment period. If you do elect COBRA coverage under another plan,
however, you must exhaust your COBRA coverage under that plan before you can elect to
participate in this Plan. Special enrollment rights do not apply if you lose other coverage because
you failed to pay your COBRA premiums.

Under the Children’s Health Insurance Program Reauthorization Act of 2009, effective April 1,
2009, two new special enrollment opportunities to elect coverage have been created under your
group health plan. These are in addition to the special enrollment opportunities already described
in your benefit plan documents:

A special enrollment period of 60 days will be allowed under two additional circumstances:

- If your or your eligible dependent’s coverage under Medicaid or the state Children’s
  Health Insurance Program (SCHIP) is terminated as a result of loss of eligibility; or
- If you or your eligible dependent become eligible for premium assistance under a state
  Medicaid or SCHIP plan.

Under these two circumstances, the special enrollment period must be requested within 60 days
of the loss of Medicaid/SCHIP coverage or of the determination of eligibility for premium
assistance under Medicaid/SCHIP.

**Section Four, Covered Services, is changed by adding the following:**

**Gender Reassignment Surgery**  The Plan provides Benefits for specific gender reassignment
surgeries (GRS) and related clinician visits and medications that are medically necessary and
prescribed or recommended for eligible plan participants diagnosed with Gender Dysphoria.
The Plan also provides Benefits for retrieval, cryopreservation, and storage (up to one year) of sperm or eggs when documentation confirms an eligible plan participant with Gender Dysphoria will be undergoing gender reassignment treatment that is likely to result in infertility.

Prior authorization is required for gender reassignment services.

**Sterilizations** The Plan provides Benefits for sterilization services for women and vasectomies for men. Please see the Preventive Care section for details on women's services.

Section Five, Exclusions, is changed by deleting the following:

**Sex Changes** The Plan does not provide Benefits for any services related to any transsexual operation.

**Sterilizations and Reverse Sterilizations** The Plan does not provide benefits for any services to reverse voluntarily induced sterility, except as required under federal law.

Section Seven, Definitions, is changed by deleting the “Dependent” definition and replacing it with the following:

**Dependent** The eligible employee’s lawful spouse, children and others as outlined in the “Eligibility, Termination and Continuation of Coverage” section of this Benefit Booklet.

All other terms, conditions, limitations and exclusions of your Bowdoin College Preferred Provider Organization Health Plan apply to this amendment and are not changed.

Bowdoin College Authorized Representative

Date

Anthem, BlueCross BlueShield

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