Plan Document Amendment/
Summary of Material Modifications and Notice to Participants
Catastrophe Major Medical Plan
Group CMM Plan - Policy # CMMI - 004
Sponsored by the Board of Trustees of the New York State United Teachers Member Benefits Catastrophe Major Medical Insurance Trust; EIN No.: 47-7358956

This document summarizes changes made to your Catastrophe Major Medical Plan ("Plan") Plan Document. Please keep this summary with your copy of the Plan Document.

The following changes were made to the Plan:

In May 2017, J. Philippe Abraham was appointed as the new Chairperson of the NYSUT Member Benefits CMM Insurance Trust.

The current list of Trustees of the NYSUT Member Benefits CMM Insurance Trust includes:

J. Philippe Abraham, Chairperson
Emily Samuels, Secretary
Donald Carlisto
Sandra Carner-Shafran
Jeffrey Hartnett
Arthur Pepper
Roderick P. Sherman

The following changes were made to the Plan, effective retroactively to January 1, 2018:

1. The description of Out-of-Network benefits for Charges for Home Health Care in the **SUMMARY OF BENEFITS** on page 9 of the Plan Document is replaced with the following:

   Plan pays 20% of the Covered Charge (less payment made by Basic Plan) and you pay 80% coinsurance up to the maximum benefit

   An Out-of-Network provider is one that is not certified by Medicare or licensed or certified by a state's regulatory authority

2. Under the heading **COVERED CHARGES**, the first bullet point of the second paragraph of Point 12 on page 25 of the Plan Document is amended as follows:

   Benefits are payable when a plan of care is provided for home health care and care is:

   - Provided by a Home Health Care Agency that is Medicare-certified or licensed or certified by a state department of health or other state regulatory authority responsible for licensing or certifying Home Health Care Agencies.

3. The description of Out-of-Network benefits for Charges for convalescent/custodial care in a Convalescent Home, Custodial Care Facility, Nursing Home, Assisted Living Facility or Skilled Nursing Facility in the **SUMMARY OF BENEFITS** on page 9 is replaced with the following:

   No benefits for an Out-of-Network facility (An Out-of-Network facility is one that is not a Medicare-certified facility or, in the case of an Assisted Living Facility, is not licensed to operate under the laws of the state in which it is located)

4. Under the heading **COVERED CHARGES**, the first paragraph of Point 11 on page 24 of the Plan Document is amended as follows:

   Covered Charges for confinement for convalescent/custodial care made by a Medicare-certified Convalescent Home, Custodial Care Facility, Nursing Home or Skilled Nursing Facility, and Covered Charges for confinement for convalescent/custodial care made by an Assisted Living Facility that is licensed to operate under the laws of the state in which it is located: Up to $72 per day benefit with a maximum lifetime benefit of $80,000.

5. In the **DEFINITIONS** section, the definition of Assisted Living Facility is amended as follows:

   Assisted Living Facility means a facility that satisfies all of the following:
   - Provides 24-hour-per-day care and services sufficient to assist clients with needs that result from the inability to perform activities of daily living;
   - Whose residents are not related to the owner or manager of the facility;
   - Has a minimum of six residents;
   - Uses aides trained or certified to provide needed assistance in accordance with any laws applicable to the provision of such care;
   - Provides 24-hour supervision of clients by a trained and awake staff;
   - Has formal arrangements for emergency medical care;
   - Maintains written records of services provided to each client;
   - Provides clients with three meals per day; and
   - Has appropriate methods and procedures to assist in administering prescribed drugs where allowed by law.

   Residents in Assisted Living Facilities often live in their own room or apartment within a building or group of buildings and have some or all of their meals together. Social and recreational activities are usually provided. Some of these facilities have health services on site.

   Assisted Living Facility does not mean a place, or part of one, that is used mainly for:
   - The aged;
   - People with substance use/abuse (alcohol/drug) disorders; or
   - People with mental, nervous or emotional disorders.

6. In the **CLAIMS** section, the following information is added on page 38 after the section **PAYMENT OF CLAIMS**:

BENEFITS PAYABLE TO DECEASED PARTICIPANTS

Benefits due to a deceased participant that have been assigned to the provider will be paid to the provider.

If benefits are due to a deceased participant who is a dependent of the Group Member and the benefits have not been assigned to the provider, the Plan will pay the benefits to the Group Member.

If benefits are due to a deceased participant who is the Group Member and the benefits have not been assigned to the provider, the Plan will pay the benefits to the executor or administrator of the participant's estate. If no estate has been created and no estate is in the process of being created, the Plan will determine the beneficiary according to the following order:

1. Your spouse or domestic partner;
2. Your child(ren), in equal shares, if there is no surviving spouse or domestic partner;
3. Your parent(s), in equal shares, if there is no surviving child;
4. Your sibling(s), in equal shares, if there is no surviving parent.

However, if the deceased participant is the Group Member and benefits are unassigned, the Plan will not pay benefits totaling more than $10,000 without a court order or appointment of an executor or administrator.

Any payment by the Plan to a beneficiary in good faith in accordance with the rules set forth above will discharge the Plan's liability.

If a beneficiary is a minor or incompetent to receive payment, the Plan will pay that person's legal guardian for the benefit of the beneficiary.

[END OF DOCUMENT]