

**AMENDMENT NO. 2
FOR
THE COOPER UNION FOR THE ADVANCEMENT
OF SCIENCE AND ART
HEALTH CARE PLAN**

I. The section “**GRANDFATHERED STATUS DISCLOSURE**” shall be deleted in its entirety.

II. The section “**ELIGIBILITY AND PARTICIPATION**” shall be amended as follows:

The section “**Dependent Coverage**,” shall be deleted in its entirety and the following substituted therefore:

Dependent Coverage

Your eligible Dependents may also participate. Eligible Dependents include your lawful spouse as defined by applicable state law (unless legally separated) and children. Dependent children remain eligible up to attainment age of 26, even if eligible for other coverage.

III. The section “**Schedule of Benefits**” shall be deleted in its entirety and the following substituted therefore:

**COOPER UNION FOR THE ADVANCEMENT OF SCIENCE AND ART
Group #2260
MEDICAL AND PRESCRIPTION DRUG BENEFIT SCHEDULE
Effective September 1, 2011**

NOTE: The information provided in the following tables is neither an offer of coverage nor medical advice. It is only a partial, general description of plan or program benefits and does not constitute a contract.

Deductible and Out-of-Pocket Maximum	Participating Preferred Provider Organization In-Network	Non- Participating PPO Provider Out-of-Network
Calendar Year Deductible	None	\$200 per person ¹ \$400 aggregate per family ¹
Out-of-Pocket Maximum* (including Deductible)	\$500 per person \$1,500 aggregate per family	\$750 per person ¹ \$2,000 aggregate per family ¹
*When the Out-of-Pocket Maximum is reached, Plan payments made at 85% will increase to 100% of UCR. The following expenses do not apply toward your Out-of-Pocket Maximum: your Co-pays, Office Visit (\$12), any benefit reduction for not following Hospital Pre-admission Certification requirements; and non-covered expenses including charges that exceed Usual, Customary and Reasonable charges (to the 95 th percentile).		

¹ Retirees under VSIP 1988 and 1992 – Calendar Year Deductible \$100/person, \$300/family. Out-of-Pocket Maximum \$600/person, \$1,800/family

Provisions and Limitations		
<i>Hospital Utilization Review Services</i>		
Hospital Pre-admission Certification; Concurrent Review; Discharge Planning; Maternity Care Review; and Individual Case Management		
<i>Hospital Pre-admission Certification*</i>		
Benefits Payments reduced by \$250 for non-compliance. The penalty is waived if Hospital expenses are below \$1,000. Notification required within 72 hours for emergency. Notification required 5 days prior to an elective surgery.		
*Penalty is waived for CUFCT members who retired under the early retirement program dated 1988 and 1992.		
Service	Participating PPO Provider	Non-Participating PPO Provider
<i>Hospital Expenses</i>		
Inpatient Room & Board & Ancillary	100% for the first \$100,000 per confinement; 85% thereafter	100% of UCR for the first \$100,000 per confinement; 75% of UCR after the Deductible; thereafter up to out-of-pocket maximum
Outpatient Facility (medical)	85%	75% of UCR after the Deductible
Outpatient Facility (surgical)	85%	75% of UCR after the Deductible
Outpatient Facility (DXL)	85%	75% of UCR after the Deductible
<i>Physicians' and Surgical Expenses</i>		
Inpatient Surgery**	85%	75% of UCR after the Deductible
Inpatient Visits	85%	75% of UCR after the Deductible
Outpatient Surgery(Hosp/ASC)**	85%	75% of UCR after the Deductible
Outpatient Surgery (office)**	85%	75% of UCR after the Deductible
Second and Third Surgical Opinions	100% after \$12 co-pay per visit	80% of UCR after the Deductible
Specialist Office Visits (diagnostic service billed separately)	100% after \$12 co-pay per visit	80% of UCR after the Deductible
Office Visits (diagnostic service billed separately)	100% after \$12 co-pay per visit	80% of UCR after the Deductible

<i>Mental Health Treatment Expenses</i>		
Inpatient	100% for the first \$100,000 per confinement; 85% thereafter	100% of UCR for the first \$100,000 per confinement; 75% of UCR after the Deductible; thereafter up to out-of-pocket maximum
Outpatient Visits	100% after \$12 co-pay per visit	80% of UCR after the Deductible
Partial Stay	100% for the first \$100,000 per confinement; 85% thereafter	100% of UCR for the first \$100,000 per confinement; 75% of UCR after the Deductible; thereafter up to out-of-pocket maximum
**Anesthesia is paid at the same level as Surgery		
Covered Medical Expenses		
Service	Participating PPO Provider	Non-Participating PPO Provider
<i>Substance Abuse</i>		
Inpatient Rehab	100% for the first \$100,000 per confinement; 85% thereafter	100% of UCR for the first \$100,000 per confinement; 75% of UCR after the Deductible; thereafter up to out-of-pocket maximum
Inpatient Detox	100% for the first \$100,000 per confinement; 85% thereafter	100% of UCR for the first \$100,000 per confinement; 75% of UCR after the Deductible; thereafter up to out-of-pocket maximum
Outpatient Rehab Visits	100% after \$12 co-pay per visit	80% of UCR after the Deductible
Outpatient Detox Visits	100% after \$12 co-pay per visit	80% of UCR after the Deductible
Partial Stay	100% for the first \$100,000 per confinement; 85% thereafter	100% of UCR for the first \$100,000 per confinement; 75% of UCR after the Deductible; thereafter up to out-of-pocket maximum
<i>Emergency Care</i>		
Emergency Room (Hospital)	85%	85% of UCR after the Deductible
Emergency Room Physician	85%	85% of UCR after the Deductible
Emergency Room Diagnostic	85%	85% of UCR after the Deductible
Non-Emergency Use of ER	85%	75% of UCR after the Deductible
Out of Area ER	85%	85% of UCR
Supplemental Accident Benefit	100% up to \$300; 85% thereafter	100% of UCR up to \$300; 85% of UCR after the Deductible thereafter
Urgent Care Facility	85%	75% of UCR after the Deductible

Service	Participating PPO Provider	Non-Participating PPO Provider
<i>Preventive Care Expenses</i>		
Immunization (adult-age 6 and older)	100%	80% of UCR after the Deductible
Immunization (child-birth to age 6)	100%	80% of UCR after the Deductible
Routine Annual Physical Exam(age 6 and older),	100%	80% of UCR after the Deductible
Routine Diagnostic Procedures	100%	80% of UCR after the Deductible
Routine Gynecological Procedure	100%	80% of UCR after the Deductible
Routine Mammography If sponsored by the Employer, covered at 100%	100%	80% of UCR after the Deductible
Routine Colorectal Screenings (beginning at age 50 and older)	100%	80% of UCR after the Deductible
Flu Shots (all covered members, one per year)	100%	100% of UCR
Well-Child Care (birth to age 6)	100%	80% of UCR after the Deductible
<i>Therapies</i>		
Cardiac Rehab	85%	75% of UCR after the Deductible
Chemotherapy/Radiation Therapy	85%	75% of UCR after the Deductible
Dialysis	85%	75% of UCR after the Deductible
Occupational Therapy	85%	75% of UCR after the Deductible
Physical Therapy	85%	75% of UCR after the Deductible
Respiratory Therapy	85%	75% of UCR after the Deductible
Speech Therapy (Restorative purposes only)	85%	75% of UCR after the Deductible
<i>Other Covered Expenses</i>		
Acupuncture (administered by a Licensed provider)	85%	75% of UCR after the Deductible
Ambulance Service	85%	75% of UCR after the Deductible
Allergy Injections	85%	75% of UCR after the Deductible
Allergy Testing	85%	75% of UCR after the Deductible
Allergy Serum	85%	75% of UCR after the Deductible
Covered Medical Expenses		
Service	Participating	Non-Participating

	PPO Provider	PPO Provider
Chiropractic Treatment	85%	75% of UCR after the Deductible
Diagnostic, X-ray and Lab	85%	75% of UCR after the Deductible
Durable Medical Equipment	85%	75% of UCR after the Deductible
Home Health Care	85%	75% of UCR after the Deductible
Hospice Care	85%	75% of UCR after the Deductible
Pre-Admission Testing	100%	100% of UCR
Private Duty Nursing	85%	75% of UCR after the Deductible
Prosthetics	85%	75% of UCR after the Deductible
Skilled Nursing Facility	85%	75% of UCR after the Deductible
Temporomandibular Joint (TMJ) and Myofascial Pain Dysfunction (MPD) Treatment	85%	75% of UCR after the Deductible
Contraceptive Management (including Prescribed devices and injectables)	80%	80% of UCR after the Deductible
All Other Eligible Medical Expenses	85%	75% of UCR after the Deductible
<i>Infertility</i>		
Infertility Diagnostic	80%	80% of UCR after the Deductible
Infertility/AI-IVF	Not Covered	Not Covered
<i>Prescription Drugs (Including Oral contraceptives)</i>		
Prescription	Coinsurance/Co-pay	
Retail Pharmacy Generic (up to 90 days)	80% of UCR after the Deductible	
Retail Pharmacy Brand Name (Up to 90 days)	80% of UCR after the Deductible	
Mail Order Generic (Up to 90 days)	\$10 Co-pay per prescription	
Mail Order Brand Name (Up to 90 days)	\$10 Co-pay per prescription	

Effective Date: September 1, 2011.