

Summary of Changes in FlexChoice Coverage

MMA Insurance Company as FlexChoice administrator has prepared this summary on behalf of the Goshen College FlexChoice Account Plan. This summary is provided for informational purposes only. For complete details and information please see your summary plan description.

This summary briefly explains the changes made to the plan effective July 1, 2006. For easy reference, the headings correspond to those listed in your summary plan description.

Enrollment in the Plan

Irrevocability of Elections

Significant Cost Increases (does not apply to medical expense reimbursement benefit)

If the cost of coverage under a group health plan increases significantly, as determined by the plan administrator, you may now change your premium conversion benefit election and salary reduction authorization to:

1. Increase your salary reduction authorization to pay the increased premium for the applicable group health plan on a pretax basis;
2. Cancel coverage under the applicable group health plan (and the corresponding salary reduction authorization), elect coverage on a prospective basis under another group health plan that provides similar coverage (if offered by the employer), and pay the premium for the new coverage on a pretax basis through salary reduction; or
3. Cancel coverage under the applicable group health plan (and the corresponding salary reduction authorization) if no other group health plan providing similar coverage is offered by the employer.

If the cost of coverage for dependent care services increases significantly, you may now change your dependent care reimbursement benefit election and salary reduction authorization to:

1. Increase your dependent care reimbursement benefit election and salary reduction authorization to pay the increased fees for dependent care coverage on a pretax basis;
2. Change dependent care coverage to another dependent care provider providing similar coverage and make a corresponding change in your dependent care reimbursement benefit election and salary reduction authorization; or
3. Terminate dependent care coverage and revoke your dependent care reimbursement benefit election and salary reduction authorization, if no other dependent care provider options are available.

However, an election change **is not** permitted for a change in the cost of coverage by a dependent care provider that is a relative.

Significant Curtailment or Loss of Coverage (does not apply to medical expense reimbursement benefit)

If the employer eliminates a group health plan option in the middle of a plan year which results in a loss of group health plan coverage, you may now change your premium conversion benefit election and salary reduction authorization to:

1. Cancel coverage under the eliminated group health plan (and the corresponding salary reduction authorization), elect to receive coverage on a prospective basis under another group health plan that provides similar coverage (if offered by the employer), and pay the premium for the new coverage on a pretax basis through salary reduction; or
2. Cancel coverage under the eliminated group health plan (and the corresponding salary reduction authorization) if no other group health plan providing similar coverage is offered by the employer.

You may change your dependent care reimbursement benefit election and salary reduction authorization during a plan year if the dependent care coverage changes. Dependent care coverage changes include change in daycare provider and change in the necessary hours of dependent daycare.

Change in Coverage Under Other Employer Plan (does not apply to medical expense reimbursement benefit)

Under this provision, you may also decrease or revoke your dependent care reimbursement benefit election and salary reduction authorization during a plan year if you, your spouse, or your dependent have elected or received corresponding increased dependent care coverage under another employer plan.

How To Request Reimbursement

Submitting a Reimbursement Request

Direct submission of deductible, coinsurance, and copay amounts that the Mennonite Educators Benefit Plan (MEBP) requires you to pay is no longer available. You must submit a *Reimbursement Request* to the FlexChoice administrator with the appropriate documentation attached to be reimbursed for all qualified medical expenses from your Medical Expense Reimbursement Account.

Provision of Protected Health Information to Plan Sponsor

Conditions of Disclosure – Electronic Protected Health Information

The plan will not create, receive, maintain, or transmit any electronic protected health information unless the plan sponsor agrees to:

1. Implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic protected health information that it creates, receives, maintains, or transmits on behalf of the plan.
2. Ensure that the adequate separation between the plan and the plan sponsor (i.e., the firewall), required by 45 CFR §164.504(f)(2)(iii), is supported by reasonable and appropriate security measures.
3. Ensure that any agent, including a subcontractor, to whom it provides electronic protected health information agrees to implement reasonable and appropriate security measures to protect the information.
4. Report to the plan any security incident of which it becomes aware.

Adequate Separation Between the Plan and the Plan Sponsor

The plan sponsor will ensure that reasonable and appropriate security measures are created and implemented to the extent employees create, receive, maintain, or transmit electronic protected health information on behalf of the plan.

Definitions

Electronic protected health information is protected health information that is transmitted by or maintained in any electronic media.

Appendix A – Premium Conversion Benefit

Vision Group Health Plan

A vision group health plan (Vision Service Plan) is now offered through FlexChoice.