

YOUR GROUP PLAN

This is your Administrative Service Contract. This Contract contains two parts – the Agreement which describes the financial and administrative services affected and the Appendix which describes the plan of benefits. We feel certain that you will be pleased with the new format of the plan of benefits.

Your Group Contract consists of:

a “shell” containing general provisions; and

a booklet (including the Schedule of Benefits) containing the complete plan of benefits.

As changes in the plan occur, new or replacement pages will be issued and, when necessary, a new or replacement booklet, Schedule of Benefits (SOB) or booklet amendment, which will be attached to a cover amendment to the contract

No. 478821

Appendix I

Plan of Benefits

describing benefits payable in connection with

Administrative Services Agreement No. ASA-478821

An Agreement between

Aetna Life Insurance Company

and

Michigan Technological University

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Section I

Appendix Contents

This Appendix consists of the following only:

The provisions of the Appendix Face Page, the Index, and the following Sections I, II and III; and

The provisions found in the Booklet(s) listed in this Section I.

As used in this Appendix:

The words "you" and "your" in any Booklet included in the Appendix, will mean a covered Employee.

The word "Employer" (initially capitalized) as used in this Appendix means the Customer or any other Employer included in this Agreement.

A "Booklet" consists of:

The Employee Booklet Base document ("Booklet Base") which describes benefits paid from the Customer's funds.

Any Schedule of Benefits ("SOB") and Amendment ("Amend.") issued to support or amend the Booklet Base.

The Booklet(s) included in this Appendix are as follows:

Identification	Issue Date	Effective Date	Eligible Group and/or Type of Coverage
Certificate 1	June 2, 2009	January 1, 2009	Husky Care PPO
SOB 1A	June 2, 2009	January 1, 2009	Husky Care PPO & Husky Care 1 PPO
SOB 1B	June 2, 2009	January 1, 2009	Husky Care 2 PPO
Certificate 2	June 2, 2009	January 1, 2009	PPO Medical
SOB 2A	June 2, 2009	January 1, 2009	PPO Medical
Certificate 3	June 2, 2009	January 1, 2009	Basic Vision
SOB 3A	June 2, 2009	January 1, 2009	Basic Vision
Certificate 4	June 2, 2009	January 1, 2009	PPO Dental - High
SOB 4A	June 2, 2009	January 1, 2009	PPO Dental - High
Certificate 5	June 2, 2009	January 1, 2009	PPO Dental - Low
SOB 5A	June 2, 2009	January 1, 2009	PPO Dental - Low
Certificate 6	June 2, 2009	January 1, 2009	Voluntary PPO Dental - High
SOB 6A	June 2, 2009	January 1, 2009	Voluntary PPO Dental - High

Identification	Issue Date	Effective Date	Eligible Group and/or Type of Coverage
Certificate 7	June 2, 2009	January 1, 2009	Voluntary PPO Dental - Low
SOB 7A	June 2, 2009	January 1, 2009	Voluntary PPO Dental - Low
Certificate 8	June 2, 2009	January 1, 2009	PPO Dental
SOB 8A	June 2, 2009	January 1, 2009	PPO Dental
Certificate 9	June 2, 2009	January 1, 2009	PPO Medical - HDHP
SOB 9A	June 2, 2009	January 1, 2009	PPO Medical - HDHP
Complaint and Appeals Health Rider	June 2, 2009	January 1, 2009	

Section II

Eligibility

Eligible Classes

All classes of employees of an Employer are eligible except those who are:

Part-time;

Temporary;

Substitute; or

In a class for which a Booklet is not listed in Section I of this Appendix.

An employee is eligible only for the coverages shown in the Booklet applicable to his class.

If an Employer is a partnership or proprietorship, each of its natural-person partners, or the proprietor, will be deemed to be an employee. This applies only if the person is actively engaged in and giving his time on a mostly full-time basis to the conduct of the Employer's business.

Section III

Change in Amounts

Employee Coverage

(This section does not apply to any Long Term Disability Coverage or Managed Disability Coverage)

Earnings, Status, Schedule, or Benefit Level Change

If, for any reason and at any time, the employee's rate of earnings, or the employee's status, or any schedule, or the level of any benefit is changed so as to warrant an amount of coverage other than that for which the employee is then covered, the amount of his or her coverage will be changed to the new amount. An increase in any Disability Coverage will be subject to the Active Work Rule.

A retroactive change in an employee's rate of earnings or status will not result in a retroactive change in coverage. Any change in coverage will be effective on the date the change in earnings or status is made.

Active Work Rule

If the employee is ill or injured and away from work on the date any Disability Coverage, if included, would become effective, the effective date of such coverage will be held up until the date he or she goes back to work full-time for one full day.

Change in Amounts (Continued)

Dependent Coverage

Status, Schedule, or Benefit Level Change

If, for any reason and at any time, a dependent's status, any schedule, or the level of any benefit for a dependent is changed so as to warrant an amount of coverage for a dependent other than that then in force, the amount of a dependent's coverage will be changed to the new amount.

Other Changes

Change in Eligibility Date

An increase in any required period of service will apply only to an employee who enters service on or after the effective date of the increase. A decrease in any required period of service will permit an employee to become eligible on the effective date of the decrease if he or she then has worked the new period of service. Otherwise he or she is eligible on the date he or she completes it.

Addition or Deletion of a Disability Expense Benefit

If any Disability Coverage becomes applicable to an employee who is already covered under the Agreement, that person will be eligible for that benefit right away. Coverage will be effective in line with the Eligibility provisions, including the Active Work Rule, described elsewhere in this Agreement.

If any Disability Expense Benefit no longer applies to an employee, coverage for that benefit will stop right away for that person.

Addition or Deletion of a Health Expense Benefit

If any Health Expense Benefit becomes applicable to an employee or a dependent who is already covered under the Agreement, that person will be eligible for that benefit right away. Coverage will be effective in line with the Eligibility provisions described elsewhere in this Agreement.

If any Health Expense Benefit no longer applies to an employee or a dependent, coverage for that benefit will stop right away for that person.