

**AMENDMENT NO. 3
JUNIATA COLLEGE
EMPLOYEE BENEFIT PLAN**

I. The section “**SCHEDULE OF BENEFITS**” shall be amended as follows:

Under the subsection "**Medical Benefits**," the information under the heading “Maximum Benefit Per Covered Person Per Calendar Year” shall be deleted and the following substituted therefore:

Maximum Benefit Per Covered Person Per Calendar Year For:	
Inpatient Mental & Nervous Disorders	30 Days
Outpatient Mental & Nervous Disorders	20 Visits
Outpatient Mental & Nervous Disorders for Serious Mental Illness Diagnosis (see <i>Medical Expense Benefit, Mental & Nervous Disorders</i>)	20 Additional Visits
Inpatient Rehabilitation Services for Chemical Dependency	30 Days
Outpatient Chemical Dependency Care	60 Visits
Chiropractic Care	25 Visits
Preventive Health Care For Adults – age eighteen (18) and older	<i>See Medical Expense Benefit, Preventive Health Schedule For Adults</i>
Well Child Care – through age eighteen (18)	Unlimited

Under the subsection "**Medical Benefits**," the information under the heading "Routine Preventive Care" shall be deleted and the following substituted therefore:

BENEFIT DESCRIPTION	<i>Preferred Provider</i> (% of <i>negotiated rate</i> , if applicable, otherwise % of <i>customary and reasonable amount</i>)	<i>Nonpreferred Provider</i> (% of <i>customary and reasonable amount</i>)
Routine Preventive Care Limitation: age eighteen (19) and over		
Routine Examination Limitation: See <i>Medical Expense Benefit, Preventive Health Schedule For Adults</i>	100% after \$10 <i>copay</i>	80%
Routine Hearing Aids Limitation: \$250 <i>maximum benefit</i> while covered by this <i>Plan</i>	100%	80%
Routine Gynecological Examination and Pap Smear Limitation: See <i>Medical Expense Benefit, Preventive Health Schedule For Adults</i>	100% after \$10 <i>copay</i>	*80%
Routine Mammograms Limitation: See <i>Medical Expense Benefit, Preventive Health Schedule For Adults</i>	100%	*80%
Routine Prostate Examination & PSA Test Limitation: See <i>Medical Expense Benefit, Preventive Health Schedule For Adults</i>	100%	80%
Routine Sigmoidoscopy	100%	80%

* Deductible Waived

II. The section "**MEDICAL EXPENSE BENEFIT**" shall be amended as follows:

The subsection "**Routine Preventive Care**" shall be deleted and the following substituted therefore:

PREVENTIVE HEALTH SCHEDULE FOR ADULTS

	18 to 29	30 to 39	40 to 49	50 to 64	65+
Physical exams/ health guidance	At age 18 and annually thereafter as recommended by physician				
Blood pressure screening	At each physician visit. Minimum of once every two years, annually for those with high blood pressure.				
Pelvic exam	Every year or as recommended by physician				
Breast exam by physician	Every year or as recommended by physician				
DIAGNOSTIC SCREENING					
Glucose testing			For high-risk patients, screenings should start at Age 45 and occur at three-year intervals.		
Lipid panel	High risk: routine screening at age 20	Men: routine screening from age 35			
		Women: routine screening from age 45			
Mammogram	High risk: family history or physician recommended		Every 2 years	Every year	
Pap test	Screenings should occur every year.				
Chlamydia	Annually, if sexually active.				
Bone/mineral density screening (for women)	Routine screening up to once every 2 years if you are at high risk for osteoporosis.				
Prostate cancer screening	Discuss the risks and benefits of prostate cancer screening with your doctor. Testing may include a prostate-specific antigen (PSA) test and/or a digital rectal exam.				
Colorectal cancer screening	High risk: family history or physician recommended			Beginning at age 50, annual screening with fecal occult blood test or screening with flexible sigmoidoscopy or double-contrast barium enema every five years or colonoscopy every 5 years	
Electrocardiogram (EKG)	Every 5 years		Every 3 years	Every year	
Complete Blood Count (CBC)	Every 5 years		Every 3 years	Every year	
Fasting Blood Sugar (FBS)	Every 5 years		Every 3 years	Every year	
Urinalysis, routine (UA)	Every 5 years		Every 3 years	Every year	
IMMUNIZATIONS					
Tetanus injections	Once every 10 years for all adults				
Measles/mumps/rubel la (MMR) vaccine	As recommended by your doctor; two doses for those at high risk				
Pneumococcal vaccine	Once between ages 18 and 64, if you're at high risk for pneumonia				Once after age 65. Consider being revaccinated after 5 years.
Influenza vaccine	Annually between ages 18 and 49, if you're at high risk for the flu			Annually	
Chicken pox vaccine (VZV)	One series of two doses at least one month apart for adults with no history of chicken pox				
Hepatitis A series	High risk: one two-dose series				
Hepatitis B series	High risk: three doses for persons with medical, behavioral, occupational or other indications				
Meningococcal vaccine	High risk: once between ages 18 and 64				

Effective January 1, 2005