

Butler Health Plan – Group # A08103

PLAN ENDORSEMENT #2009-04

Effective Date of Change: April 1, 2009

All wording in the Summary Plan Description is updated to accommodate the following changes:

This Plan shall permit an employee who is eligible, but currently not enrolled for coverage under the terms of the Plan (or a dependent of such an employee if the dependent is eligible, but not enrolled for coverage under such terms) to enroll for coverage under the terms of the Plan if either of the following conditions is met:

- (i) **TERMINATION OF MEDICAID OR CHILDREN'S HEALTH INSURANCE (CHIP) COVERAGE** - The employee or dependent is covered under a Medicaid plan or under a state CHIP program, and coverage of the employee or dependent under such a plan/program is terminated as a result of loss of eligibility for such coverage, and the employee requests coverage in writing under this Plan not later than 60 days after the date of termination of such coverage;
- (ii) **ELIGIBILITY FOR EMPLOYMENT ASSISTANCE UNDER MEDICAID OR CHIP** - The employee or dependent becomes eligible for a premium assistance subsidy under Medicaid or a state CHIP program with respect to this Plan, and the employee requests coverage in writing under this Plan within 60 days after the date the employee or dependent is determined eligible for the premium assistance.

All other provisions of the Plan remain unchanged.