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AMENDMENT NUMBER ONE (1)

BY THIS AGREEMENT, HUNTINGTON UNIVERSITY GROUP MEDICAL PLAN is hereby amended as follows, effective as of February 1, 2006.

I. In Section *MEDICAL BENEFITS*, page 6;

The following subsection is **DELETED** (*beginning with removal of 2006 carryover*):

Deductible Three-Month Carryover. Covered expenses incurred in, and applied toward the Deductible in October, November, and December will be applied toward the Deductible in the next Calendar Year.

II. In Section *MEDICAL BENEFITS*, page 6;

Subsections *Calendar Year Deductible* and *Calendar Year Maximum Out-of-Pockets Limits* are **DELETED** and replaced with the following:

Calendar Year Deductible. Covered Persons must pay an annual Deductible as outlined below prior to Coinsurance payment for all benefits received from non-network providers or any benefits where it is specifically stated in the Plan that Deductible is applicable.

Plan Deductible (Combined In-Network and Out-of-Network)


Per Covered Person	\$ 600
Per Family Unit	\$1,200

Calendar Year Maximum Out-Of-Pocket Limits. Covered Persons must pay an annual Out-Of-Pocket Maximum as outlined below for any non-network benefits or for benefits specifically stating a Coinsurance limit is applicable. The amounts below do not include annual Deductibles.

	<u>In-Network</u>	<u>Out-of-Network</u>
Per Covered Person	\$1,300	\$2,000
Per Family Unit	\$2,600	\$4,000

III. In Section *BENEFIT AND INFORMATION GRID*, page 10:

The following language **REPLACES** current language:

	IN-NETWORK BENEFIT	OUT-OF-NETWORK BENEFIT	APPLY TO OUT-OF- POCKET MAXIMUM	PRECERT REQUIRED
Calendar Year Deductible	\$600 per Covered Person \$1,200 per Family Unit			
Annual Out-of- Pocket Maximum (Does <i>not</i> include deductible)	\$1,300 per Covered Person \$2,600 per Family Unit	\$2,000 per Covered Person \$4,000 per Family Unit		

IV. In Section **BENEFIT AND INFORMATION GRID**, page 10;

The following language **REPLACES** current language:

<p>Precertification Services</p>	<p><i>Precertify all inpatient admissions to avoid penalties. Further, it is recommended(not required) to certify in advance any durable medical equipment (including all prosthetic, orthotic or orthopedic devices), outpatient chemotherapy, radiation therapy or dialysis, home health care, home IV therapy and first trimester maternity.</i></p> <p>Call (800) 728-0327</p>
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V. In Section **COST CONTAINMENT FOR HOSPITAL & SURGICAL SERVICES**, page 33;

The following language **REPLACES** current language:

Pre-Admission Certification. Pre-admission certification is required for all Hospital admissions. Further, it is recommended to certify in advance any durable medical equipment (including all prosthetic, orthotic or orthopedic Devices), outpatient chemotherapy, radiation therapy or dialysis, home health care, first trimester maternity and home IV therapy. The pre-admission certification is designed to confirm Medical Necessity; appropriateness of requested length of stay and appropriateness of proposed location of care.

VI. In Section **COVERED SERVICES**, page 23;

The following language is **ADDED** to subsection *Organ and Tissue Transplants*:

Eligible human organ and tissue transplants shall be covered under the AIG LIFE Organ & Tissue Transplant Policy, which is hereby incorporated by reference as part of the Huntington University Group Medical Plan document. Eligible employees and their dependents requiring human organ and tissue transplant services will have transplant-related charges covered under this separate policy, according to its terms and conditions, from the time of their evaluation through 365 days post transplant operation. After the specified benefit period has elapsed under the AIG policy, all transplant-related claims shall be processed under this Plan's terms and provisions. A Transplant Case Manager will be assigned to assist and coordinate the employee or dependent's continuing transplant related needs.

Benefits under the AIG Policy are subject to the following terms and conditions, in addition to all other terms and conditions set forth in the insurance policy:

- a. The employee and dependent(s) are eligible for medical benefits under the Huntington University Group Medical Plan document
- b. The employee and dependents(s) meet all the terms and conditions outlined in the AIG LIFE Organ and Tissue Policy.
- c. The employee of dependents(s) do not have a pre-existing condition as defined in the AIG LIFE Organ and Tissue Policy.

Enrolled employees and their dependents who are initially excluded from human organ and tissue transplant coverage under the AIG LIFE Organ and Tissue Transplant Policy (due to a pre-existing condition) may be eligible to receive health care benefits as they relate to transplantation according to the terms and conditions of the Huntington University Group Medical Plan document including, but not limited to this Plan's pre-existing condition and creditable coverage provisions.

IN WITNESS WHEREOF, the Company and Plan Supervisor have executed this HUNTINGTON UNIVERSITY GROUP MEDICAL PLAN Amendment 1 Agreement this 21st day of April, 2006.

BY:

Huntington University

Witness

Thomas W. Ayers
(Printed)

Julie A. Hendon
(Printed)

Thomas W Ayers
(Signature)

Julie A. Hendon
(Signature)