AMENDMENT #2

To revise Summary Plan Description of January 1, 2014
For
Bartholomew Consolidated School Corporation
The following change is effective January 1, 2015

Benefits for the above Non-Grandfathered Plan are hereby amended as follows:

Under Eligibility, Funding, Effective Date and Termination Provisions, page 3, the following will be added:

IX.   OPEN ENROLLMENT

Every 4th Quarter, the annual open enrollment period, covered Employees and their covered Dependents will be able to change some of their benefit decisions based on which benefits and coverages are right for them.

Every 4th Quarter, the annual open enrollment period, Employees and their Dependents who are Late Enrollees will be able to enroll in the Plan.

Benefit choices made during the open enrollment period will become effective January 1st and remain in effect until the next January unless there is a Special Enrollment event or a change in family status during the year (birth, death, marriage, divorce, adoption) or loss of coverage due to loss of a Spouse's employment. To the extent previously satisfied coverage Waiting Periods and Pre-Existing Conditions Limits will be considered satisfied when changing from one benefit option under the Plan to another benefit option under the Plan.

Benefit choices for Late Enrollees made during the open enrollment period will become effective January 1st.

A Plan Participant who fails to make an election during open enrollment will automatically retain his or her present coverages.

Plan Participants will receive detailed information regarding open enrollment from their Employer.

This amendment complies with Federal Civil Rights Legislation involving benefits for employees and dependents. Nothing contained in this amendment shall be considered to alter or affect any of the terms of the Summary Plan Description of Bartholomew Consolidated School Corporation other than as specifically stated in the amendments.

IN WITNESS WHEREOF, The Plan has executed the Amendment #2 on the ___day of _____, 2014.

_____   _____
Signature   Official Title

_____   _____
Date   Witness