

(III) PROVIDE NOTICE OF ANY CHANGE TO THE STANDARD BENEFIT PACKAGE TO:

1. EACH MEMBER OF THE PLAN TO WHOM A CERTIFICATE OF COVERAGE PREVIOUSLY HAS BEEN PROVIDED; OR

2. IF DEPENDENTS ARE INCLUDED IN THE COVERAGE, TO EACH FAMILY UNIT TO WHICH A CERTIFICATE OF COVERAGE PREVIOUSLY HAS BEEN PROVIDED.

(D) THE BOARD MAY MAKE A CHANGE TO THE STANDARD BENEFIT PACKAGE ONLY IF:

(1) THE PROPOSED CHANGE IS SUBMITTED IN WRITING TO THE BOARD AT LEAST 15 DAYS BEFORE THE MEETING AT WHICH A VOTE ON THE PROPOSED CHANGE WILL BE TAKEN;

(2) CONSIDERATION OF THE PROPOSED CHANGE IS LISTED AS AN ACTION ITEM ON THE AGENDA FOR THE MEETING;

(3) THE PROPOSED CHANGE IS SET FORTH IN A WRITTEN MOTION THAT:

(I) IDENTIFIES THE SPECIFIC CHANGES TO BE MADE; AND

(II) IS INCLUDED IN THE MINUTES OF THE MEETING OF THE BOARD AT WHICH THE MOTION IS MADE;

(4) THE DELIBERATIONS AND VOTE ON THE PROPOSED CHANGE OCCUR DURING A PUBLIC SESSION OF A MEETING WITH THE BOARD; AND

(5) THE VOTE APPROVING THE PROPOSED CHANGE IS REFLECTED IN THE MINUTES OF THE MEETING OF THE BOARD AT WHICH THE VOTE IS TAKEN.

(E) A CHANGE TO THE STANDARD BENEFIT PACKAGE IS NOT EFFECTIVE UNTIL THE LATER OF:

(1) 30 DAYS AFTER THE DATE THE BOARD ADOPTS THE CHANGE;

(2) THE DATE AN UPDATED MASTER PLAN DOCUMENT REFLECTING THE CHANGE IS FILED WITH THE COMMISSIONER; OR