

**PLAN DOCUMENT
SUMMARY PLAN DESCRIPTION**

for the

**HEALTH BENEFIT PLAN
FOR EMPLOYEES OF
ROSEBUD COUNTY**

This booklet describes the Plan Benefits
in effect as of July 1, 2015

The Plan has been established for the benefit of
Eligible Employees and their Dependents of:

ROSEBUD COUNTY

Claims Processed By:

ALLEGIANCE BENEFIT PLAN MANAGEMENT, INC.

2806 South Garfield Street
PO Box 3018
Missoula, MT 59806-3018

Missoula Area Phone Number: (406) 721-2222
Toll-Free Number: (800) 877-1122

COVER/SIGNATURE PAGE

Effective July 1, 2015, Rosebud County restates its self-funded Health Care Plan for the benefit of eligible Employees and their eligible Dependents entitled, **HEALTH BENEFIT PLAN FOR EMPLOYEES OF ROSEBUD COUNTY** (the "Plan").

The purpose of this Plan is to provide reimbursement for Expenses Incurred for covered services, treatment or supplies as a result of Medically Necessary treatment for Illness or Injury of the County's eligible Employees and their eligible Dependents. The County, in conjunction with any required contributions by its Employees, agrees to make payments to the Plan's Trust in order for payments to be made for covered services, treatments or supplies as provided by this Plan.

The County has caused this instrument to be executed as of the day first mentioned above.

ROSEBUD COUNTY

BY:

Deborah A. Mark

TITLE:

Co. Commissioner presiding officer

TABLE OF CONTENTS

INTRODUCTION	1
SCHEDULE OF MEDICAL BENEFITS	2
SCHEDULE OF MEDICAL BENEFITS - OPTIONAL RETIREE PLAN	5
PHARMACY BENEFIT	8
COVERAGE	9
SERVICE OPTIONS	9
PBM Network Prescriptions	9
Member Submit Prescriptions	9
Mail Order Prescriptions	9
DRUG OPTIONS	10
Generic	10
Preferred Brand	10
Non-Preferred Brand	10
PRIMARY COVERAGE UNDER ANOTHER PLAN	10
QUANTITY LIMITS	10
EXCLUSIONS	10
NON-FORMULARY EXCLUSION	11
MEDICAL BENEFIT DETERMINATION REQUIREMENTS	13
ELIGIBLE SERVICES, TREATMENTS AND SUPPLIES	13
DEDUCTIBLE	13
BENEFIT PERCENTAGE	13
OUT-OF-POCKET MAXIMUM	13
MAXIMUM BENEFIT	13
DEDUCTIBLE CARRYOVER PROVISION	14
COMMON ACCIDENT PROVISION	14
APPLICATION OF DEDUCTIBLE AND ORDER OF BENEFIT PAYMENT	14
CHANGES IN COVERAGE CLASSIFICATION	14
MEDICAL BENEFITS	15
NEWBORN INPATIENT NURSERY/PHYSICIAN CARE	22
PREVENTIVE CARE (Not applicable to Optional Retiree Plan)	22
PREVENTIVE CARE - OPTIONAL RETIREE PLAN	23
GENETIC TESTING FOR BRCA1 AND BRCA2 MUTATION	24
RECONSTRUCTIVE BREAST SURGERY/NON-SURGICAL AFTER CARE	24
ROUX-EN-Y DIVIDED GASTRIC BYPASS SURGERY BENEFIT	24
NEW YORK STATE EXPENSES	26
ACCIDENTAL INJURY BENEFIT	27
HOSPITAL ADMISSION CERTIFICATION	28
PRE-ADMISSION CERTIFICATION REVIEW	28
CONTINUED STAY CERTIFICATION	28
EMERGENCY NOTIFICATION/CERTIFICATION	29
PRE-TREATMENT REVIEW	30
MEDICAL BENEFIT EXCLUSIONS	32
VISION BENEFITS	34
PAYMENT OF BENEFITS	34

COVERED VISION CARE SERVICES	34
Complete Examinations	34
Lenses, Frames and/or Contacts	34
EXCLUSIONS AND LIMITATIONS OF BENEFITS	34
GENERAL PLAN EXCLUSIONS AND LIMITATIONS	35
COORDINATION OF BENEFITS	38
DEFINITIONS	38
ORDER OF BENEFIT DETERMINATION	39
Non-Dependent/Dependent	39
Child Covered Under More Than One Plan	39
Active or Inactive Employee	40
Longer or Shorter Length of Coverage	40
No Rules Apply	40
COORDINATION WITH MEDICARE	40
For Working Aged	40
For Retired Persons	41
For Covered Persons who are Disabled	41
For Covered Persons with End Stage Renal Disease	41
COORDINATION WITH MEDICAID	41
COORDINATION WITH TRICARE/CHAMPVA	42
PROCEDURES FOR CLAIMING BENEFITS	43
CLAIM DECISIONS ON CLAIMS AND ELIGIBILITY	43
APPEALING AN UN-REIMBURSED CLAIM	44
FIRST LEVEL OF BENEFIT DETERMINATION REVIEW	44
SECOND LEVEL OF BENEFIT DETERMINATION REVIEW	45
ELIGIBILITY PROVISIONS	46
EMPLOYEE ELIGIBILITY	46
WAITING PERIOD	46
DEPENDENT ELIGIBILITY	47
PARTICIPANT ELIGIBILITY FOR DEPENDENT COVERAGE	47
DECLINING COVERAGE	47
RETIREE ELIGIBILITY	47
EFFECTIVE DATE OF COVERAGE	48
PARTICIPANT COVERAGE	48
DEPENDENT COVERAGE	48
OPEN ENROLLMENT PERIOD	49
SPECIAL ENROLLMENT PERIOD	49
CHANGE IN STATUS	52
QUALIFIED MEDICAL CHILD SUPPORT ORDER PROVISION	53
PURPOSE	53
DEFINITIONS	53
CRITERIA FOR A QUALIFIED MEDICAL CHILD SUPPORT ORDER	53
PROCEDURES FOR NOTIFICATIONS AND DETERMINATIONS	54
NATIONAL MEDICAL SUPPORT NOTICE	54
FAMILY AND MEDICAL LEAVE	55
DEFINITIONS	55
EMPLOYERS SUBJECT TO FMLA	56
ELIGIBLE EMPLOYEES	56
REASONS FOR TAKING LEAVE	56
ADVANCE NOTICE AND MEDICAL CERTIFICATION	56

PROTECTION OF JOB BENEFITS	56
UNLAWFUL ACTS BY EMPLOYERS	56
ENFORCEMENT	57
TERMINATION OF COVERAGE	58
PARTICIPANT TERMINATION	58
RETIREE TERMINATION	58
DEPENDENT TERMINATION	59
RESCISSION OF COVERAGE	59
CONTINUATION COVERAGE AFTER TERMINATION	60
NOTIFICATION RESPONSIBILITIES	60
ELECTION OF COVERAGE	61
MONTHLY PREMIUM PAYMENTS	61
DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE	61
SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE	62
MEDICARE ENROLLMENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE	62
WHEN COBRA CONTINUATION COVERAGE ENDS	62
QUESTIONS	63
INFORM THE PLAN OF ADDRESS CHANGES	63
COVERAGE FOR A MILITARY RESERVIST	64
COVERAGE FOR A MONTANA NATIONAL GUARD MEMBER	65
FRAUD AND ABUSE	66
MISSTATEMENT OF AGE	66
MISREPRESENTATION OF ELIGIBILITY	66
MISUSE OF IDENTIFICATION CARD	66
REIMBURSEMENT TO PLAN	66
RESCISSION OF COVERAGE	67
RECOVERY/REIMBURSEMENT/SUBROGATION	68
RIGHT TO RECOVER BENEFITS PAID IN ERROR	68
REIMBURSEMENT	68
SUBROGATION	69
RIGHT OF OFF-SET	70
PLAN ADMINISTRATION	71
PURPOSE	71
EFFECTIVE DATE	71
PLAN YEAR	71
PLAN SPONSOR	71
PLAN SUPERVISOR	71
NAMED FIDUCIARY AND PLAN ADMINISTRATOR	71
PLAN INTERPRETATION	71
CONTRIBUTIONS TO THE PLAN	71
PLAN AMENDMENTS/MODIFICATION/TERMINATION	72
TERMINATION OF PLAN	72
SUMMARY PLAN DESCRIPTIONS	72
GENERAL PROVISIONS	73
EXAMINATION	73
PAYMENT OF CLAIMS	73
LEGAL PROCEEDINGS	73

NO WAIVER OR ESTOPPEL	73
VERBAL STATEMENTS	73
FREE CHOICE OF PHYSICIAN	74
WORKERS' COMPENSATION NOT AFFECTED	74
CONFORMITY WITH LAW	74
MISCELLANEOUS	74
FACILITY OF PAYMENT	74
PROTECTION AGAINST CREDITORS	74
PLAN IS NOT A CONTRACT	74
 GENERAL DEFINITIONS	 75
RETIREMENT OF PUBLIC EMPLOYEES	89
SPOUSE AND DEPENDENT CHILDREN COVERAGE	89
 NOTICES	 90
HIPAA PRIVACY AND SECURITY STANDARDS	91
DEFINITIONS	91
PRIVACY CERTIFICATION	91
SECURITY CERTIFICATION	92
 PLAN SUMMARY	 93

INTRODUCTION

Effective July 1, 1992, Rosebud County, hereinafter referred to as the "County" or "Employer", established the benefits, rights and privileges, and as restated effective January 1, 2015, which will pertain to participating Employees, referred to as "Participants," and the eligible Dependents of such Participants, as defined, and which benefits are provided through a fund established by the County and referred to as the "Plan." This booklet describes the Plan in effect as of July 1, 2015.

Coverage provided under this Plan for Employees and their Dependents will be in accordance with the Eligibility, Effective Date, Qualified Medical Child Support Order, Termination, Family and Medical Leave Act and other applicable provisions as stated in this Plan.

Rosebud County, (the Plan Sponsor) has retained the services of an independent Plan Supervisor, experienced in claims processing, to handle health claims. The Plan Supervisor for the Plan is:

Allegiance Benefit Plan Management, Inc. (Allegiance)
P.O. Box 3018
Missoula, MT 59806-3018

We recommend that you read this booklet carefully before incurring any medical expenses. If you have specific questions regarding coverage or benefits, you are urged to refer to the Plan Document which is available for your review in the Personnel Office or at the office of the Plan Supervisor. If you wish, you may call or write to Allegiance regarding any detailed questions you may have concerning the Plan.

This Plan is not intended to, and cannot be used as workers compensation coverage for any Employee or any covered Dependent of an Employee. Therefore, this Plan generally excludes claims related to any activity engaged in for wage or profit including, but not limited to, farming, ranching, part-time and seasonal activities. See Plan Exclusions for specific information.

The information contained in this Plan Document/Summary Plan Description is only a general statement regarding FMLA, COBRA, USERRA, and QMCSO's. It is not intended to be and should not be relied upon as complete legal information about those subjects. Covered Persons and Employers should consult their own legal counsel regarding these matters.

Pre-certification or Pre-treatment Review by the Plan is strongly recommended for certain services. If you choose not to pre-cert or obtain Pre-treatment Review, the charge could be denied if the service, treatment or supply is not found to be Medically Necessary or found to be otherwise excluded by the Plan when the claim is submitted.