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 January 1, 2017

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 January 1, 2017, 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: Ed Joiner

TITLE: Rosebud County Commissioner

TABLE OF CONTENTS

INTRODUCTION 1

SCHEDULE OF MEDICAL BENEFITS - TRADITIONAL OPTION 2

SCHEDULE OF MEDICAL BENEFITS - HIGH DEDUCTIBLE HEALTH PLAN OPTION 4

SCHEDULE OF MEDICAL BENEFITS - OPTIONAL RETIREE PLAN 6

PHARMACY BENEFIT 8
- COST SHARING PROVISIONS - TRADITIONAL 8
- COST SHARING PROVISIONS - HIGH DEDUCTIBLE HEALTH PLAN OPTION 9
- COVERAGE 9
- SERVICE OPTIONS 10
  - PBM Network Prescriptions 10
  - Member Submit Prescriptions 10
  - Mail Order Prescriptions 10
- DRUG OPTIONS 11
  - Generic 11
  - Preferred Brand 11
  - Non-Preferred Brand 11
- PRIMARY COVERAGE UNDER ANOTHER PLAN 11
- QUANTITY LIMITS 11
- EXCLUSIONS 11
- NON-FORMULARY EXCLUSION 12

MEDICAL BENEFIT DETERMINATION REQUIREMENTS 14
- ELIGIBLE SERVICES, TREATMENTS AND SUPPLIES 14
- DEDUCTIBLE 14
- BENEFIT PERCENTAGE 14
- OUT-OF-POCKET MAXIMUM 14
- MAXIMUM BENEFIT 14
- DEDUCTIBLE CARRYOVER PROVISION 15
- COMMON ACCIDENT PROVISION 15
- APPLICATION OF DEDUCTIBLE AND ORDER OF BENEFIT PAYMENT 15
- CHANGES IN COVERAGE CLASSIFICATION 15

MEDICAL BENEFITS 16
- NEWBORN INPATIENT NURSERY/PHYSICIAN CARE 23
- PREVENTIVE CARE (Not applicable to Optional Retiree Plan) 23
- PREVENTIVE CARE - OPTIONAL RETIREE PLAN 24
- RECONSTRUCTIVE BREAST SURGERY/NON-SURGICAL AFTER CARE 25
- ROUX-EN-Y DIVIDED GASTRIC BYPASS SURGERY BENEFIT 25
- NEW YORK STATE EXPENSES 27
- GENDER IDENTITY DISORDER/GENDER DYSPHORIA SERVICES 27
- RESIDENTIAL TREATMENT FACILITY 27

ACCIDENTAL INJURY BENEFIT 28

HOSPITAL ADMISSION CERTIFICATION 29
- PRE-ADMISSION CERTIFICATION REVIEW 29
- CONTINUED STAY CERTIFICATION 29
- EMERGENCY NOTIFICATION/CERTIFICATION 30

PRE-TREATMENT REVIEW 31

MEDICAL BENEFIT EXCLUSIONS . . . 33

VISION BENEFITS . . . 35
PAYMENT OF BENEFITS . . . 35
COVERED VISION CARE SERVICES . . . 35
Complete Examinations . . . 35
Lenses, Frames and/or Contacts . . . 35
EXCLUSIONS AND LIMITATIONS OF BENEFITS . . . 35

GENERAL PLAN EXCLUSIONS AND LIMITATIONS . . . 36

COORDINATION OF BENEFITS . . . 39
DEFINITIONS . . . 39
ORDER OF BENEFIT DETERMINATION . . . 40
Non-Dependent/Dependent . . . 40
Child Covered Under More Than One Plan . . . 40
Active or Inactive Employee . . . 40
Longer or Shorter Length of Coverage . . . 40
No Rules Apply . . . 41
COORDINATION WITH MEDICARE . . . 41
For Working Aged . . . 41
For Retired Persons . . . 41
For Covered Persons who are Disabled . . . 42
For Covered Persons with End Stage Renal Disease . . . 42
COORDINATION WITH MEDICAID . . . 42
COORDINATION WITH TRICARE/CHAMPVA . . . 42

PROCEDURES FOR CLAIMING BENEFITS . . . 43
CLAIM DECISIONS ON CLAIMS AND ELIGIBILITY . . . 43
Urgent Care Claims . . . 44
Pre-Service Claims . . . 44
Post-Service Claims . . . 44
Concurrent Care Review . . . 44
APPEALING AN UN-REIMBURSED PRE-SERVICE CLAIM . . . 44
First Level of Benefit Determination Review . . . 45
Second Level of Benefit Determination Review . . . 45
INDEPENDENT EXTERNAL REVIEW FOR A PRE-SERVICE CLAIM . . . 46
APPEALING AN UN-REIMBURSED POST-SERVICE CLAIM . . . 46
First Level of Benefit Determination Review . . . 47
Second Level of Benefit Determination Review . . . 47
INDEPENDENT EXTERNAL REVIEW FOR A POST-SERVICE CLAIM . . . 47

ELIGIBILITY PROVISIONS . . . 48
EMPLOYEE ELIGIBILITY . . . 48
WAITING PERIOD . . . 48
DEPENDENT ELIGIBILITY . . . 49
PARTICIPANT ELIGIBILITY FOR DEPENDENT COVERAGE . . . 49
DECLINING COVERAGE . . . 49
RETIREE ELIGIBILITY . . . 49

EFFECTIVE DATE OF COVERAGE . . . 50
PARTICIPANT COVERAGE . . . 50
DEPENDENT COVERAGE . . . 50
OPEN ENROLLMENT PERIOD . . . 51
SPECIAL ENROLLMENT PERIOD . . . 51
CHANGE IN STATUS . . . 54

QUALIFIED MEDICAL CHILD SUPPORT ORDER PROVISION 55
PURPOSE 55
DEFINITIONS 55
CRITERIA FOR A QUALIFIED MEDICAL CHILD SUPPORT ORDER 55
PROCEDURES FOR NOTIFICATIONS AND DETERMINATIONS 56
NATIONAL MEDICAL SUPPORT NOTICE 56

FAMILY AND MEDICAL LEAVE 57
DEFINITIONS 57
EMPLOYERS SUBJECT TO FMLA 58
ELIGIBLE EMPLOYEES 58
REASONS FOR TAKING LEAVE 58
ADVANCE NOTICE AND MEDICAL CERTIFICATION 58
PROTECTION OF JOB BENEFITS 58
UNLAWFUL ACTS BY EMPLOYERS 58
ENFORCEMENT 59

TERMINATION OF COVERAGE 60
PARTICIPANT TERMINATION 60
RETIREE TERMINATION 60
DEPENDENT TERMINATION 61
RESCISSION OF COVERAGE 61

CONTINUATION COVERAGE AFTER TERMINATION 62
NOTIFICATION RESPONSIBILITIES 62
ELECTION OF COVERAGE 63
MONTHLY PREMIUM PAYMENTS 63
DISABILITY EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE 63
SECOND QUALIFYING EVENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE 64
MEDICARE ENROLLMENT EXTENSION OF 18-MONTH PERIOD OF CONTINUATION COVERAGE 64
WHEN COBRA CONTINUATION COVERAGE ENDS 64
QUESTIONS 65
INFORM THE PLAN OF ADDRESS CHANGES 65

COVERAGE FOR A MILITARY RESERVIST 66

COVERAGE FOR A MONTANA NATIONAL GUARD MEMBER 67

FRAUD AND ABUSE 68
MISSTATEMENT OF AGE 68
MISREPRESENTATION OF ELIGIBILITY 68
MISUSE OF IDENTIFICATION CARD 68
REIMBURSEMENT TO PLAN 68
RESCISSION OF COVERAGE 69

RECOVERY/REIMBURSEMENT/SUBROGATION 70
RIGHT TO RECOVER BENEFITS PAID IN ERROR 70
REIMBURSEMENT 70
SUBROGATION 71
RIGHT OF OFF-SET 72

PLAN ADMINISTRATION 73
PURPOSE 73
EFFECTIVE DATE 73
PLAN YEAR 73
PLAN SPONSOR 73

PLAN SUPERVISOR . . . 73
NAMED FIDUCIARY AND PLAN ADMINISTRATOR . . . 73
PLAN INTERPRETATION . . . 73
CONTRIBUTIONS TO THE PLAN . . . 73
PLAN AMENDMENTS/MODIFICATION/TERMINATION . . . 74
TERMINATION OF PLAN . . . 74
SUMMARY PLAN DESCRIPTIONS . . . 74

GENERAL PROVISIONS . . . 75
EXAMINATION . . . 75
PAYMENT OF CLAIMS . . . 75
LEGAL PROCEEDINGS . . . 75
NO WAIVER OR ESTOPPEL . . . 75
VERBAL STATEMENTS . . . 75
FREE CHOICE OF PHYSICIAN . . . 76
WORKERS' COMPENSATION NOT AFFECTED . . . 76
CONFORMITY WITH LAW . . . 76
MISCELLANEOUS . . . 76
FACILITY OF PAYMENT . . . 76
PROTECTION AGAINST CREDITORS . . . 76
PLAN IS NOT A CONTRACT . . . 76

GENERAL DEFINITIONS . . . 77

RETIREMENT OF PUBLIC EMPLOYEES . . . 91
SPOUSE AND DEPENDENT CHILDREN COVERAGE . . . 91

NOTICES . . . 92

HIPAA PRIVACY AND SECURITY STANDARDS . . . 93
DEFINITIONS . . . 93
PRIVACY CERTIFICATION . . . 93
SECURITY CERTIFICATION . . . 94

PLAN SUMMARY . . . 95

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, 2017, 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 January 1, 2017.

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

Please read this booklet carefully before incurring any medical expenses. For specific questions regarding coverage or benefits, please refer to the Plan Document. The Plan Document is available in the Personnel Office, at the office of the Plan Supervisor, or call or write to Allegiance Benefit Plan Management, Inc. regarding any detailed questions 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 Pre-certification or Pre-treatment Review is not obtained, 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.