

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

The following information, together with the information contained in this booklet, form the Summary Plan Description.

1. PLAN

The name of the Plan is the HEALTH BENEFIT PLAN FOR EMPLOYEES OF ROSEBUD COUNTY, which Plan describes the benefits, terms, limitations and provisions for payment of benefits to or on behalf of eligible Participants.

2. PLAN BENEFITS

This Plan provides benefits for Covered Expenses Incurred by eligible Participants for:

Hospital, Surgical, Medical, Maternity, other eligible medically related, necessary expenses.

3. PLAN EFFECTIVE DATE

This Plan was established effective July 1, 1992, and as restated effective January 1, 2017.

4. PLAN SPONSOR

Name: Rosebud County  
Phone: (406) 346-7318  
Address: P.O. Box 47  
Forsyth, MT 59327

5. PLAN ADMINISTRATOR

The Plan Administrator is the Plan Sponsor.

6. NAMED FIDUCIARY

Name: Rosebud County  
Phone: (406) 346-7318  
Address: P.O. Box 47  
Forsyth, MT 59327

7. PLAN FISCAL YEAR

The Plan fiscal year ends June 30<sup>th</sup>.

8. PLAN TERMINATION

The right is reserved by the Plan Sponsor to terminate, suspend, withdraw, amend or modify the Plan in whole or in part at any time.

9. IDENTIFICATION NUMBER

Plan Number: 501  
Group Number: 0010615  
Employer Identification Number: 81-6001424

10. PLAN SUPERVISOR

Name: Allegiance Benefit Plan Management, Inc.  
Address: P.O. Box 3018  
Missoula, MT 59806

11. ELIGIBILITY

Employees and Dependents of Employees of the Plan Sponsor may participate in the Plan based upon the eligibility requirements set forth by the Plan.

12. PLAN FUNDING

The Plan is funded by contributions from the Employer and Employees.

13. AGENT FOR SERVICE OF LEGAL PROCESS

The Plan Administrator has authority to control and manage the Plan and is the agent for service of legal process.

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