



MONTANA ASSOCIATION OF COUNTIES
PO BOX 1966
MISSOULA MT 59806-1966
Phone# (888) 883-3233
Fax# (406)523-3111

To:

Re: Medical Coverage
Group:

Dear

This letter is written at your request to provide proof of medical insurance. As of today's date you are presently covered under the Montana Association of Counties Health Care Trust.

Should you require medical care while out of the United States, you must submit itemized claims that clearly indicate in English the diagnosis, what services were rendered, by whom, and the charge in U.S. currency for each service. Payment should be made at the time the service is rendered. The Montana Association of Counties Health Care Trust will reimburse you in U.S. currency for services determined by the Plan to be medically necessary, at the Usual, Customary, and Reasonable allowance for the type of service received, as long as the service qualifies for reimbursement under Plan provisions.

The Plan strongly recommends, but does not require, for inpatient hospital admissions that the Covered Person pre-certify the inpatient stay or notify the Plan of an emergency admission. All services must be medically necessary for treatment of illness or injury and must meet all Plan provisions for eligibility. Benefits will be provided subject to all Plan provisions and limitations including acceptable standards of care for the United States.

Please obtain a copy of the medical records, in English, at the time services are rendered and submit them with your claim.

The benefits available are conditional on the patient's employment status, plan eligibility, payment of premium, amount of benefits remaining, plan provisions and plan exclusions. The benefits quoted are not guaranteed. Final determination as to benefits paid will be made at the time a claim is submitted for payment with review of the necessary medical records and other information.

If we may be of further service in this matter, please contact Customer Service for assistance.

Sincerely,