

**AMENDMENT #13**  
 TO THE  
 PLAN DOCUMENT / SUMMARY PLAN DESCRIPTION  
 FOR THE  
MONTANA ASSOCIATION OF COUNTIES HEALTH CARE TRUST (MACOHCT)

Effective January 1, 2010, Montana Association of Counties Health Care Trust (the Plan) is amended as follows:

Within the “**COMPREHENSIVE MEDICAL SCHEDULE OF BENEFITS**”, the following is added under “COMPREHENSIVE MEDICAL PLAN LIMITED MEDICAL BENEFITS” following “PROPHYLACTIC OOPHORECTOMY/HYSTERECTOMY”:

<b>COMPREHENSIVE MEDICAL PLAN LIMITED MEDICAL BENEFITS</b>	<b>Benefit Limits</b>
<b><u>PRESCRIPTION CONTRACEPTIVES OBTAINED THROUGH COUNTY HEALTH DEPARTMENT</u></b> Deductible Waived, Benefit Percentage ..... Applies	

Within the “**REVISED MEDICAL SCHEDULE OF BENEFITS**”, the following is added under “COMPREHENSIVE MEDICAL PLAN LIMITED MEDICAL BENEFITS” following “PROPHYLACTIC OOPHORECTOMY/HYSTERECTOMY”:

<b>REVISED MEDICAL PLAN LIMITED MEDICAL BENEFITS</b>	<b>Benefit Limits</b>
<b><u>PRESCRIPTION CONTRACEPTIVES OBTAINED THROUGH COUNTY HEALTH DEPARTMENT</u></b> Deductible Waived, Benefit Percentage ..... Applies	

Within the “**BASIC MEDICAL SCHEDULE OF BENEFITS**”, the following is added under “COMPREHENSIVE MEDICAL PLAN LIMITED MEDICAL BENEFITS” following “PROPHYLACTIC OOPHORECTOMY/HYSTERECTOMY”:

<b>BASIC MEDICAL PLAN LIMITED MEDICAL BENEFITS</b>	<b>Benefit Limits</b>
<b><u>PRESCRIPTION CONTRACEPTIVES OBTAINED THROUGH COUNTY HEALTH DEPARTMENT</u></b> Deductible Waived, Benefit Percentage ..... Applies	

Within the “**MEDICAL BENEFITS**” section, under “GENERAL MEDICAL BENEFITS”, item 6, 14 and 16, as amended, are replaced as follows:

6. The services of a legally qualified Physician or Licensed Health Care Provider for medical care and/or treatments, including office, home visits, Hospital Inpatient care, Hospital Outpatient visits/exams, clinic care and surgical opinion consultations.

Charges are eligible for drugs intended for use in a physician’s office or settings other than home use that are billed during the course of an evaluation or management encounter. **However, specifically identified oral or injectable drugs, except for contraceptives, that can be self-administered in a non-facility or non-office setting must be obtained through the Pharmacy Benefit Manager’s Specialty Pharmacy. These drugs are excluded for coverage under the Medical Benefits. The list of drugs can be obtained from the Plan Supervisor or can be found on the MACoHCT website.**

13. Charges for drugs requiring the written prescription of a licensed Physician or a Licensed Health Care Provider and Medically Necessary for the treatment of an Illness or Injury. Coverage also includes prescription contraceptives regardless of Medical Necessity. **However, specifically identified oral or injectable drugs, except for contraceptives, that can be self-administered in a non-facility or non-office setting must be obtained through the Pharmacy Benefit Manager’s Specialty Pharmacy. These drugs are excluded for coverage under the Medical Benefits. The list of drugs can be obtained from the Plan Supervisor or found on the MACoHCT website.**

**Conditions of coverage for outpatient prescription drugs and supplies available through the Pharmacy Benefit are as stated in the Schedule of Benefits and Pharmacy Benefit sections of the Plan.**

**Note: Coverage for drugs requiring the written prescription of a licensed Physician are not eligible under the Basic Medical Plan Option.**

15. Charges for radiation therapy or treatment and chemotherapy. **However, any oral or injectable drug, except for contraceptives, that can be administered in a non-facility or non-office setting must be obtained through the Pharmacy Benefit, unless there is a documented medical reason for administration of the drug in an office or outpatient setting.**

Nothing in this amendment is deemed to change any other provision of the Plan Document of which it becomes a part.

**MONTANA ASSOCIATION OF COUNTIES HEALTH CARE TRUST**

BY: \_\_\_\_\_

TITLE: \_\_\_\_\_