

**CHIP REINACTMENT OF HIPAA COMPLIANCE AMENDMENT
TO THE
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION
FOR THE
MONTANA ASSOCIATION OF COUNTIES HEALTH CARE TRUST(MACoHCT)**

Effective April 1, 2009, the Montana Association of Counties Health Care Trust (MACoHCT) is amended as follows:

Within the “**ELIGIBILITY PROVISIONS**” section, the “DEPENDENT ELIGIBILITY” subsection is replaced as follows:

DEPENDENT ELIGIBILITY

An eligible Dependent includes any person who is a citizen, resident alien, or is otherwise legally present in the United States or in any other jurisdiction that the related Participant has been assigned by the Member Group, and who is either:

1. The Participant's legal spouse of the opposite sex, according to the marriage laws of the state where the marriage was first solemnized or established.

An eligible Dependent does not include a spouse who is legally separated or divorced from the Participant and has a court order or decree stating such from a court of competent jurisdiction.

2. The Participant's Adult Dependent, provided all of the following “Required Eligibility Conditions” are met:
 - A. The Participant and Adult Dependent are both eighteen (18) years of age or older and each has the capacity to enter into a contract; and
 - B. The Participant and Adult Dependent has had joint ownership or joint tenancy of a resident together for at least the most recent twelve (12) consecutive months, and the jointly-owned or jointly-leased residence has served as the primary placed residence for each of them during the same period; and
 - C. The Adult Dependent does not meet the MACoHCT eligibility requirements of a spouse or a Dependent child; and
 - D. The Adult Dependent does not have a parental relationship with the Participant; and
 - E. The Adult Dependent is not related to the Participant by blood or marriage; and
 - F. The Adult Dependent has a financially-interdependent relationship with the Participant as evidenced by at least three (3) of the following:
 - 1) Joint ownership or lease of a motor vehicle;
 - 2) At least one joint liability such as a loan or credit card;
 - 3) Mutually-granted powers of attorney or mutually-granted health care powers fo attorney;
 - 4) Designation of each other as primary beneficiary in wills, life insurance policies, or retirement annuities.

3. The Participant's or Adult Dependent's unmarried Dependent child who meets all of the following "Required Eligibility Conditions":
 - A. Is a natural child; step-child; legally adopted child; a child who has been Placed with the Participant for adoption and for whom as part of such placement the Participant has a legal obligation for the partial or full support of such child, including providing coverage under the Plan pursuant to a written agreement; a person for whom the Participant has been appointed the legal guardian by a court of competent jurisdiction prior to the person attaining nineteen (19) years of age; and
 - B. Is less than twenty-five (25) years of age. This requirement is waived if the Participant's child is mentally handicapped/challenged or physically handicapped/challenged, provided that the child is incapable of self-supporting employment and is chiefly dependent upon the Participant for support and maintenance. Proof of incapacity must be furnished to the Plan Administrator upon request, and additional proof may be required from time to time; and
 - C. Is not an employee eligible for coverage under a group health plan offered by the Dependent child's employer for which the child's premium contribution amount is greater than the premium amount for coverage as a Dependent under this Plan.
 - D. Is not a named subscriber, insured, enrollee, or covered individual under any other individual health insurance coverage;
 - E. Is not entitled to benefits under Medicare.

Dependents on active military duty for more than thirty-one (31) consecutive days are not eligible.

Within the "EFFECTIVE DATE OF COVERAGE" section, the "SPECIAL ENROLLMENT PERIOD" subsection is replaced as follows:

SPECIAL ENROLLMENT PERIOD

In addition to other enrollment time allowed by this Plan, certain persons may enroll during the Special Enrollment Periods described below. An eligible person who makes a special enrollment request during any such applicable Special Enrollment Period will not be considered a Late Enrollee.

"Special Enrollment Period" means a period of time allowed under this Plan, other than the eligible person's Initial Enrollment Period or an Open Enrollment Period, during which an eligible person can request coverage under this Plan as a result of certain events that create special enrollment rights.

Coverage will become effective on the date of the event if the Employee makes a special enrollment request, verbally or in writing, #within thirty (30) days of any special enrollment event and application for such coverage is made on the Plan's enrollment form within sixty (60) days of the event.

1. An eligible Employee who is not enrolled and eligible Dependents, including step children, who are acquired under the following specific events may enroll and become covered:
 - A. Marriage to the Employee;
 - B. Birth of the Employee's child; or
 - C. Adoption of a child by the Employee, provided the child is under the age of 19; or
 - D. Placement for Adoption with the Employee, provided such Employee has a legal obligation for the partial or full support of such child, including providing coverage under the Plan pursuant to a written agreement and the child is under the age of 19.

2. A Participant may enroll eligible Dependents, including step children, who are acquired under the following specific events:
 - A. Marriage to the Participant;
 - B. Birth of the Participant's child; or
 - C. Adoption of a child by the Participant, provided the child is under the age of 19; or
 - D. Placement for Adoption with the Employee, provided such Employee has a legal obligation for the partial or full support of such child, including providing coverage under the Plan pursuant to a written agreement and the child is under the age of 19.

3. The spouse of a Participant (Covered Employee), or the spouse of a Retiree who is covered at the time of the Special Enrollment event, may enroll and will become covered on the date of the following specific events:
 - A. Marriage to the Participant or Retiree;
 - B. Birth of the Participant's or Retiree's child; or
 - C. Adoption of a child by the Participant or Retiree, provided the child is under the age of 19; or
 - D. Placement for Adoption with the Employee, provided such Employee has a legal obligation for the partial or full support of such child, including providing coverage under the Plan pursuant to a written agreement and the child is under the age of 19.

4. A Retiree who is covered at the time of a special enrollment event may enroll his/her eligible Dependents, including step children who are acquired under the circumstances below:
 - A. Marriage to the Retiree;
 - B. Birth of the Retiree's child; or
 - C. Adoption of a child by the Retiree, provided the child is under the age of 19; or
 - D. Placement for Adoption with the Retiree, provided such Retiree has a legal obligation for the partial or full support of such child, including providing coverage under the Plan pursuant to a written agreement and the child is under the age of 19.

5. The following individuals may enroll and become covered when coverage under another health care plan or health insurance is terminated due to loss of eligibility or if employer contributions to the other coverage have been terminated (Loss of Coverage), subject to the following:
 - A. If the eligible Employee loses coverage, the eligible Employee who lost coverage and any eligible Dependents of the eligible Employee may enroll and become covered.
 - B. If an eligible Dependent loses coverage, the eligible Dependent who lost coverage and the eligible Employee may enroll and become covered.
 - C. If an eligible Dependent of a Retiree loses coverage, the eligible Dependent who lost coverage may enroll and become covered.

Further, Loss of Coverage means only one of the following:

- A. COBRA Continuation Coverage under another plan and the maximum period of COBRA Continuation Coverage under that other plan has been exhausted; or
- B. Group or insurance health coverage that has been terminated as a result of termination of Employer contributions** towards that other coverage; or
- C. Group or insurance health coverage (includes other coverage that is Medicare that has been terminated only as a result of a loss of eligibility for coverage for any of the following:
 - 1) Legal separation or divorce of the eligible Employee;
 - 2) Cessation of Dependent status;
 - 3) Death of the eligible Employee;
 - 4) Termination of employment of the eligible Dependent;
 - 5) Reduction in the number of hours of employment of the eligible Dependent;
 - 6) Termination of the eligible Dependent's employer's plan; or
 - 7) Any loss of eligibility after a period that is measured by reference to any of the foregoing; or
 - 8) Any loss of eligibility for individual or group coverage because the eligible Employee or Dependent no longer resides, lives or works in the service area of the HMO or other such plan; or
 - 9) Any loss of eligibility for coverage because the eligible Employee or Dependent incurs a claim for benefits that would meet or exceed the lifetime maximum of benefits for all causes.

**Employer contributions include contributions by any current or former employer that was contributing to the other non-COBRA coverage.

A loss of eligibility for coverage does not occur if coverage was terminated due to a failure of the Employee or Dependent to pay premiums on a timely basis or coverage was terminated for cause.

- 6. *Individuals may enroll and become covered when coverage under Medicaid or any state children's insurance program recognized under the Children's Health Insurance Program Reauthorization Act of 2009 is terminated due to loss of eligibility, subject to the following:*
 - A. *A request for enrollment must be made either verbally or in writing within sixty (60) days after this special enrollment event, and written application for such coverage must be made within ninety (90) days after such event.*
 - B. *If the eligible Employee loses coverage, the eligible Employee who lost coverage and any eligible Dependents of the eligible Employee may enroll and become covered.*
 - C. *If an eligible Dependent loses coverage, the eligible Dependent who lost coverage and the eligible Employee may enroll and become covered.*
 - D. *If an eligible Dependent of a Retiree loses coverage, the eligible Dependent who lost coverage may enroll and become covered.*

7. *Individuals who are eligible for coverage under this Plan may enroll and become covered on the date they become entitled to a Premium Assistance Subsidy authorized under the Children's Health Insurance Program Reauthorization Act of 2009. The date of entitlement shall be the date stated in the Premium Assistance Authorization entitlement notice issued by the applicable state agency (CHIP or Medicaid). A request for enrollment, either verbal or in writing, must be made within sixty (60) days after this special enrollment event, and written application for such coverage must be made in writing within ninety (90) days after such event.*

For any Special Enrollment event, the Participant may also elect to change Coverage Options to any Coverage Option offered by the Member Group. The Deductible Option for the Dependent must be the same as the Participant.

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 (MACoHCT)

BY: *Harold Blad*
TITLE: *Trust Secretary*