

CORRECTED AMENDMENT #11
TO THE
PLAN DOCUMENT / SUMMARY PLAN DESCRIPTION
FOR THE
MONTANA ASSOCIATION OF COUNTIES HEALTH CARE TRUST (MACOHCT)

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

As a result of a clerical error, the following portion of the amendment on Page 13 is replaced to correct the Benefit Period:

Within the “**MEDICAL PLAN COVERAGE OPTIONS**”, “**HSA COMPATIBLE OPTION COST SHARING**” is deleted and replaced as follows:

HSA COMPATIBLE OPTION COST SHARING				
The Benefit Period is the period for each Member Group as defined in Appendix A – Member Groups Plan Year/Benefit Period/Open Enrollment Period.				
Single Coverage Deductible per Benefit Period	Family Coverage Deductible per Benefit Period	Benefit Percentage	Single Coverage Out-of-Pocket Maximum per Benefit Period*	Family Coverage Out-of-Pocket Maximum per Benefit Period*
\$1,200	\$2,400	80%	\$3,600	\$7,200
\$3,000	\$6,000	80%	\$5,000	\$10,000
<i>\$2,000</i>	<i>\$4,000</i>	<i>80%</i>	<i>\$4,000</i>	<i>\$8,000</i>

Single Coverage means only the Employee is covered under the Plan.
Family Coverage means the Employee and Dependent(s) are covered under the Plan.

The Deductible applies to Eligible Expenses Incurred during each Benefit Period, unless specifically waived. After satisfaction of the Single Coverage Deductible, no further Deductible will apply during that Benefit Period.

The Family Coverage Deductible applies to Eligible Expenses Incurred by every covered family member (Employee and Dependents) during each Benefit Period, unless specifically waived. A single family member or a combination of family members can meet the family deductible. After satisfaction of the Family Coverage Deductible, no further Deductible will apply to any member of that Family during that Benefit Period. No benefits, except those specifically waived, will be payable until satisfaction of the Family Coverage Deductible.

***Out-of-Pocket Maximum includes amounts applied toward the Deductible and charges for Eligible Expenses in excess of the Benefit Percentage. The Out-of-Pocket Maximum can be met by an individual family member or a combination of family members. Family includes employee/spouse, employee/children, or family.**

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: _____