

AMENDMENT #1
TO THE
PLAN DOCUMENT / SUMMARY PLAN DESCRIPTION
FOR THE
MONTANA ASSOCIATION OF COUNTIES HEALTH CARE TRUST (MACOHCT)

Effective November 1, 2006, Montana Association of Counties Health Care Trust (MACoHCT) (the Plan) is amended as follows:

Within the “**COMPREHENSIVE MEDICAL SCHEDULE OF BENEFITS**”, “PREVENTIVE CARE” is deleted and replaced as follows:

COMPREHENSIVE MEDICAL PLAN LIMITED MEDICAL BENEFITS	Benefit Limits
<u>PREVENTIVE CARE</u> (2 years of age or older)	
Physician Charges and Diagnostic Screening Tests	
Deductible Waived, Benefit Percentage 100%	
Maximum Benefit per Benefit Period.....	\$250
Mammogram, once per Benefit Period	
Deductible Waived, Benefit Percentage 100%	
Maximum Benefit per Benefit Period.....	\$125
Pap Test (Pathology only, excluding office visit charges), once per Benefit Period	
Deductible Waived, Benefit Percentage 100%	
Maximum Payable up to UCR	
Immunizations	
Deductible Waived, Benefit PercentageApplies	
IMMUNIZATIONS OBTAINED THROUGH PROVIDERS OTHER THAN ANY COUNTY HEALTH DEPARTMENT APPLY TOWARD THE ROUTINE CARE LIMITATIONS AND MAXIMUMS.	
IMMUNIZATIONS OBTAINED AT ANY COUNTY HEALTH DEPARTMENT DO NOT APPLY TOWARD THE WELL-CHILD OR PREVENTIVE CARE LIMITATIONS AND MAXIMUMS AND ARE PAYABLE AT 100%, DEDUCTIBLE WAIVED.	

Within the “**REVISED MEDICAL SCHEDULE OF BENEFITS**”, “PREVENTIVE CARE” is deleted and replaced as follows:

REVISED MEDICAL PLAN LIMITED MEDICAL BENEFITS	Benefit Limits
<u>PREVENTIVE CARE</u> (2 years of age or older)	
Physician Charges and Diagnostic Screening Tests	
Deductible Waived, Benefit Percentage 100%	
Maximum Benefit per Benefit Period.....	\$250
Mammogram, once per Benefit Period	
Deductible Waived, Benefit Percentage 100%	
Maximum Benefit per Benefit Period.....	\$125
Pap Test (Pathology only, excluding office visit charges), once per Benefit Period	
Deductible Waived, Benefit Percentage 100%	
Maximum Payable up to UCR	
Immunizations	
Deductible Waived, Benefit PercentageApplies	
IMMUNIZATIONS OBTAINED THROUGH PROVIDERS OTHER THAN ANY COUNTY HEALTH DEPARTMENT APPLY TOWARD THE ROUTINE CARE LIMITATIONS AND MAXIMUMS.	
IMMUNIZATIONS OBTAINED AT ANY COUNTY HEALTH DEPARTMENT DO NOT APPLY TOWARD THE WELL-CHILD OR PREVENTIVE CARE LIMITATIONS AND MAXIMUMS AND ARE PAYABLE AT 100%, DEDUCTIBLE WAIVED.	

Within the “**BASIC MEDICAL SCHEDULE OF BENEFITS**”, “COLON CANCER SCREENING” is deleted and replaced as follows:

BASIC MEDICAL PLAN OPTION LIMITED MEDICAL BENEFITS	
<u>PREVENTIVE CARE (2 years of age or older)</u>	
Physician Charges and Diagnostic Screening Tests	
Deductible Waived, Benefit Percentage	100%
Maximum Benefit per Benefit Period.....	\$250
Mammogram, once per Benefit Period	
Deductible Waived, Benefit Percentage	100%
Maximum Benefit per Benefit Period.....	\$125
Pap Test (Pathology only, excluding office visit charges), once per Benefit Period	
Deductible Waived, Benefit Percentage	100%
Maximum Payable up to UCR	
Immunizations	
Deductible Waived, Benefit Percentage	Applies
IMMUNIZATIONS OBTAINED THROUGH PROVIDERS OTHER THAN ANY COUNTY HEALTH DEPARTMENT APPLY TOWARD THE ROUTINE CARE LIMITATIONS AND MAXIMUMS.	
IMMUNIZATIONS OBTAINED AT ANY COUNTY HEALTH DEPARTMENT DO NOT APPLY TOWARD THE WELL-CHILD OR PREVENTIVE CARE LIMITATIONS AND MAXIMUMS AND ARE PAYABLE AT 100%, DEDUCTIBLE WAIVED.	

Within the “**HSA COMPATIBLE (HDHP) SCHEDULE OF BENEFITS**”, “PREVENTIVE CARE” is deleted and replaced as follows:

HSA COMPATIBLE MEDICAL PLAN LIMITED MEDICAL BENEFITS	
<u>PREVENTIVE CARE (2 years of age or older)</u>	
Physician Charges and Diagnostic Screening Tests	
Deductible Waived, Benefit Percentage	100%
Maximum Benefit per Benefit Period /	\$250
Mammogram, once per Benefit Period	
Deductible Waived, Benefit Percentage	100%
Maximum Benefit per Benefit Period /	\$125
Pap Test (pathology only, excluding office visit charges), once per Benefit Period	
Deductible Waived, Benefit Percentage	100%
Maximum Payable up to UCR	
Immunizations	
Deductible Waived, Benefit Percentage	Applies
IMMUNIZATIONS OBTAINED THROUGH PROVIDERS OTHER THAN ANY COUNTY HEALTH DEPARTMENT APPLY TOWARD THE ROUTINE CARE LIMITATIONS AND MAXIMUMS.	
IMMUNIZATIONS OBTAINED AT ANY COUNTY HEALTH DEPARTMENT DO NOT APPLY TOWARD THE WELL-CHILD OR PREVENTIVE CARE LIMITATIONS AND MAXIMUMS AND ARE PAYABLE AT 100%, DEDUCTIBLE WAIVED.	

Within the **"MEDICAL BENEFITS"**, "PREVENTIVE CARE" is deleted and replaced as follows:

PREVENTIVE CARE

Charges are payable as specifically stated and limited in the Schedule of Medical Benefits for "Preventive Care" for Covered Persons two (2) years of age or older.

"Preventive Care" means routine treatment or examination provided when there is no objective indication or outward manifestation of impairment of normal health or normal bodily function, which is not provided as a result of any Injury or Illness.

Coverage under this benefit includes the following routine services, subject to the following limitations:

1. **Physician Charges and Diagnostic Screening Tests.** Physician charges for a physical examination and selected diagnostic screening tests, including, but not limited to: x-ray and laboratory charges for electrocardiogram, complete blood count, urinalysis, prostate examination up to the maximum benefit stated in the Schedule of Medical Benefits.
2. **Mammogram.** Limited to once per Benefit Period up to the maximum benefit stated in the Schedule of Medical Benefits.
3. **Pap Test.** Pathology charges only, limited to once per Benefit Period up to UCR.
4. **Colon Cancer Screening.** Subject to the following limitations:
 - A. Fecal Occult Blood Test, limited to one per Benefit Period for 50 years or older;
 - B. Flexible Sigmoidoscopy, limited to one every 5 Benefit Periods for 50 years or older; or
 - C. Colonoscopy (including facility and physician services), limited to one every 10 Benefit Periods for 50 years or older.

Colon Cancer testing performed more frequently or earlier than 50 years, regardless of diagnosis, is payable under the regular Medical Benefits of this Plan.

5. **Immunizations.** *According to the schedule of immunizations which is recommended by the Immunization Practices Advisory Committee of the United States Department of Health and Human Services.*

IMMUNIZATIONS OBTAINED THROUGH PROVIDERS OTHER THAN ANY COUNTY HEALTH DEPARTMENT APPLY TOWARD THE ROUTINE CARE LIMITATIONS AND MAXIMUMS.

IMMUNIZATIONS OBTAINED AT ANY COUNTY HEALTH DEPARTMENT DO NOT APPLY TOWARD THE WELL-CHILD OR PREVENTIVE CARE LIMITATIONS AND MAXIMUMS AND ARE PAYABLE AT 100%, DEDUCTIBLE WAIVED.

Expenses payable under this Preventive Care benefit will not be subject to the Medical Necessity provisions of this Plan.

Charges for treatment of an active Illness or Injury are subject to the Deductible and Benefit Percentage and other plan provisions, limitations and exclusions and are not eligible in any manner under Preventive Care.

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 CLAIMS

BY: _____ BY: _____
TITLE: _____ TITLE: _____