

**AMENDMENT #5
TO THE
PLAN DOCUMENT / SUMMARY PLAN DESCRIPTION
FOR THE
MONTANA ASSOCIATION OF COUNTIES HEALTH CARE TRUST (MACOHCT)**

Effective January 1, 2008, Montana Association of Counties Health Care Trust (the Plan) is amended as follows:

REVISED MAJOR MEDICAL PLAN OPTIONS				
The Benefit Period is the period for each Member Group as defined in Appendix A – Member Groups Plan Year/ Benefit Period/Open Enrollment Period.				
Deductible per Covered Person/Family	Option 1	Option 2	Option 3	Option 4
	\$200/400	\$500/1000	\$1000/2000	\$2000/4000
*Benefit Percentage	80%	80%	80%	80%
**Out-of-Pocket Maximum	\$1200/2400	\$1500/3000	\$3000/6000	\$4000/8000
*Out-of-Pocket Maximum includes amounts applied toward the Deductible and charges for Eligible Expenses in excess of the Benefit Percentage.				

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: *Cynthia A. Johnson*
TITLE: *Chairman*