

AMENDMENT #22

**TO THE
PLAN DOCUMENT/SUMMARY PLAN DESCRIPTION**

**HEALTH BENEFIT PLAN
FOR THE EMPLOYEES OF
MISSOULA COUNTY PUBLIC SCHOOLS - Group #2000209**

Effective March 1, 2014, the Health Benefit Plan for Employees of Missoula County Public Schools (Traditional Option Health Plan) is amended as follows:

Within the **"SCHEDULE OF MEDICAL BENEFITS"**, the **"OFFICE VISIT BENEFIT - OTHER THAN COSTCARE"** section, as amended, is replaced as follows:

OFFICE VISIT BENEFIT - OTHER THAN COSTCARE (Copayment is not payable by the Plan)

1st Visit of any Benefit Period:

Deductible Waived, Copayment	\$15
PPO and Non-PPO Benefit Percentage	100%
Charges in excess of \$65 apply toward satisfaction of the Deductible and Out-of-Pocket Maximum.	

2nd and Subsequent Visits of any Benefit Period:

Deductible	Applies
PPO Benefit Percentage	80%
Non-PPO Benefit Percentage	60%

The Office Visit Copayment applies only to those charges billed for the provider's office visit services (the consultation and examination in the physical presence of the provider in an office, clinic or other outpatient setting). **The Office Visit Copayment does not apply to additional charges for Lab, x-ray and other diagnostic miscellaneous testing, which may be subject to the Medical Benefits Annual Deductible and Benefit Percentage. The Office Visit Copayment does not apply to those benefits specifically stated and limited in the Schedule of Medical Benefits.**

Office Visit Copayments do serve to satisfy the Out-of-Pocket Maximum and Copayments will be waived after satisfaction of the Out-of-Pocket Maximum.

Within the **"SCHEDULE OF MEDICAL BENEFITS"**, the **"OFFICE VISIT BENEFIT - COSTCARE WALK-IN MEDICAL CLINIC"**, as amended, is replaced as follows:

OFFICE VISIT BENEFIT - COSTCARE WALK-IN MEDICAL CLINIC*

Deductible Waived, Copayment per Office Visit	\$15
PPO and Non-PPO Benefit Percentage	100%

*CostCare Walk-In-Medical Clinic specifically refers to the walk-in medical clinics located in Missoula, MT who are operating under the business name "CostCare".

The Copayment applies to all charges for services provided in the office by the provider, including charges for evaluation and management and any additional charges for lab, x-ray and other diagnostic miscellaneous testing except as stated below. **The Copayment does apply toward the Out-of-Pocket Maximum and will be waived after the Out-of-Pocket Maximum is satisfied.**

This benefit includes charges made by CostCare Walk-In Medical Clinic in Missoula, MT for the Office visit and certain basic and common laboratory services and medical supplies only when initially ordered by a CostCare provider. This benefit also includes specialized laboratory charges ordered as part of treatment by a CostCare provider. **However, this benefit does not include laboratory charges and/or services or testing ordered by other providers, even if obtained through CostCare, specialized procedures such as PET Scans, CT Scans, MRIs, radiation therapy, nuclear scans, Durable Medical Equipment including but not limited to CPAPs, wheelchairs, crutches, or medical devices and supplies such as IUDs, Norplant, and any similar items. Such services will be subject to the regular benefit provisions, including but not limited to the Annual Deductible and Benefit Percentage.**

Within the "**ELIGIBILITY PROVISIONS**" section, the "RETIREE ELIGIBILITY" subsection is replaced as follows:

RETIREE ELIGIBILITY

A Retiree is considered eligible for coverage under this Plan only if the Retiree was covered under this Plan as a Participant on his or her last day of Active Service for the Employer prior to retirement, and subject to the terms of 2-18-704 MCA. A Retiree's dependents and surviving dependents upon the death of the Retiree is also eligible if the Retiree was eligible for coverage and covered under this Plan, subject to the terms of 2-18-704, MCA.

If a Retiree or a Retirees eligible Dependents waives or declines coverage under this Plan or coverage is subsequently terminated, enrollment under this Plan for a Retiree or a Retiree's Dependents will be forever barred.

Within the "**EFFECTIVE DATE OF COVERAGE**" section, the "OPEN ENROLLMENT/LATE ENROLLMENT" subsection, as amended, is replaced as follows:

OPEN ENROLLMENT/LATE ENROLLMENT

The Open Enrollment Period begins at 12:01 AM on the first Monday in November and concludes at 12:00 AM fifteen days after it begins during which an Employee and the Employee's eligible Dependents, who are not covered under this plan, may request Participant or Dependent coverage. Coverage must be requested on the Plan's enrollment form. A person who enrolls during an Open Enrollment Period will be considered a Late Enrollee, except for individuals eligible for the first time or whose initial eligibility coincides with the Open Enrollment Period.

Coverage requested during any Open Enrollment Period will begin on January 1st following the Open Enrollment Period.

A Retiree or a Retiree's Dependents are not eligible to enroll during the Open Enrollment Period.

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

MISSOULA COUNTY PUBLIC SCHOOLS

BY:



TITLE: Plan Administrator