DAWSON COUNTY
BENEFIT SUMMARY
Effective July 1, 2020

IT'S ALL ABOUT TRUST

MACo HEALTH CARE TRUST
MARKETING
Pam Walling 406-366-6893
Shelley Murphy 406-422-7162

MACo HEALTH CARE TRUST
ADMINISTRATION
2717 Skyway Drive, Suite D
Helena, MT 59602
(Ph) 406-443-8102
(F) 406-443-8103
www.mtcoundies.org/hct

MACo HEALTH CARE TRUST
CLAIMS
P.O. Box 1966
Missoula, MT 59806
888-883-3233
Preventive Benefits - included in every plan!
MACoHCT is compliant with PPACA preventive benefit requirements as mandated by Federal Health Care Reform. Here’s just some of the numerous preventive benefits covered by all MACoHCT medical plans:
- Well-child care following the American Academy of Pediatrics recommended schedule
- CDC recommended immunizations
- Preventive annual pap test
- Preventive annual mammogram
- Preventive colon cancer screenings including fecal occult blood test, sigmoidoscopy and colonoscopy
- Diabetic screening and education
- Consumer Directed Healthcare (CDH) Preventive Medications covered on ALL plans
- Free, confidential annual wellness screenings, education, challenges and participation incentives

Allegiance Care Management Maternity Management Program for Expectant Mothers
MACoHCT medical plan members are eligible for the free and confidential services of Maternity Management, a pro-active benefit for expectant mothers. Maternity Management registered nurses provide answers to member’s questions, pregnancy wellness information, support services to complement the provider’s care, and assistance with special needs. 877-792-7827

Allegiance Care Management Case Management
MACoHCT works in partnership with Allegiance Care Management to provide free and confidential Case Management services to identify and assist with plan members’ immediate and ongoing medical issues. Case Management Nurse Managers work with members families, caregivers and payers to arrange the most appropriate and cost-effective treatment possible. 877-792-7827

Admission Pre-Notification
Pre-notification with Allegiance Care Management is recommended before admission on all scheduled outpatient procedures and inpatient hospital stays. Emergency admissions should be reported within 72 hours. Pre-notification is not a guarantee of benefits. 800-342-6510

Pre-Treatment Review
A pre-treatment review is strongly recommended before incurring expenses for any outpatient or inpatient service, medication, supply or on-going treatment for: bariatric surgery, commercial or private transportation, outpatient rehabilitative care, surgery that could be considered cosmetic, any procedure or service that could be considered experimental or investigational, surgical treatment of TMJ, rental or purchase of durable medical equipment, home health care services and organ or tissue transplant. 888-883-3233

Pre-Determination of Benefits Review
A Pre-Determination of Benefits Review request can be submitted to the MACoHCT Claims Department by a member or provider prior to any medical procedure. A Pre-Determination of Benefits Review estimate outlines charges that are eligible and excluded by the MACoHCT plan. A Pre-Determination of Benefits Review is strongly encouraged whenever medical necessity is in question, but it is not required. 888-883-3233

Healthcare Bluebook
MACoHCT members enrolled in a medical plan have free access to Healthcare Bluebook. This on-line and mobile application allows members to shop for care, compare facilities, view quality ratings and save money on healthcare services.

HIPAA Privacy Information
MACoHCT is fully compliant with the privacy provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

COBRA Administration
MACoHCT administers COBRA, the Consolidated Omnibus Reconciliation Act of 1985 (temporary health insurance continuation) for all of our member groups.
### MEDICAL BENEFITS

<table>
<thead>
<tr>
<th></th>
<th>REVISED MAJOR MEDICAL PLAN (RM)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Maximum Lifetime Limit</strong></td>
<td>None</td>
</tr>
<tr>
<td><strong>Deductible - Individual</strong></td>
<td>$2000</td>
</tr>
<tr>
<td><strong>Deductible - Family</strong></td>
<td>$4000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max - Individual</strong></td>
<td>$4000</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Max - Family</strong></td>
<td>$8000</td>
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<tr>
<td><strong>Co-Insurance</strong></td>
<td>80/20%</td>
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<tr>
<td><strong>First Dollar Medical Benefit</strong></td>
<td>N/A</td>
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<tr>
<td><strong>Life Insurance</strong></td>
<td>$25,000</td>
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### Accident Benefit
- **Deductible Waived/100%**
- **Maximum Benefit per Accident** $500 within 90 days of accident

### Inpatient Hospital Services
- Deductible Applies/Co-Insurance Applies

### Physician Office Visit
- Deductible Waived/Co-Insurance Applies
- Includes Telemedicine

### Diagnostic X-ray & Labs
- First $600 Waived/Co-Insurance Applies

### Chiropractic/Acupuncture
- **Deductible Waived/100%**
- **Maximum Payment/Visit** $30
- **Maximum Visits/Year** 25 Combined

### Chiropractic X-rays
- Deductible Waived/Co-Insurance Applies
- **Maximum Benefit Per Benefit Period** $100

### Chemical Dependency

#### Outpatient
- First 3 outpatient visits paid at 100%
- Deductible Waived/Co-Insurance Applies

#### Inpatient & Residential
- Deductible Applies/Co-Insurance Applies

### Mental Illness

#### Outpatient
- First 3 outpatient visits paid at 100%
- Deductible Waived/Co-Insurance Applies

#### Inpatient & Residential
- Deductible Applies/Co-Insurance Applies

### Autism Spectrum Disorder
- Deductible Applies/Co-Insurance Applies

### Rehabilitation/Cardiac Therapy
- Deductible Applies/Co-Insurance Applies

### Home Health/Hospice Care
- Deductible Applies/Co-Insurance Applies

### Skilled Nursing Facility
- Deductible Applies/Co-Insurance Applies

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All benefits payable are subject to the applicable plan exclusions, procedure based maximum expense (PBME), plan maximum limits and medical necessity.
<table>
<thead>
<tr>
<th><strong>HIGH DEDUCTIBLE HEALTH PLAN</strong> (HD)</th>
<th><strong>BASIC MEDICAL PLAN</strong> (BP)</th>
</tr>
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<tbody>
<tr>
<td>None</td>
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<tr>
<td>$3000</td>
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<td>70/30%</td>
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<tr>
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<td>$300</td>
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<tr>
<td>$25,000</td>
<td>$25,000</td>
</tr>
</tbody>
</table>

**Deductible Applies/100%**

- $500 within 90 days of accident

**Deductible Waived/100%**

- $300 within 90 days of accident

- Deductible Applies
- Deductible Applies/Co-Insurance Applies
- Deductible Applies
- Deductible Applies/Co-Insurance Applies
- Deductible Applies/Co-Insurance Applies
- Deductible Applies/Co-Insurance Applies
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- Deductible Applies/Co-Insurance Applies
- Deductible Applies/Co-Insurance Applies
- Deductible Applies/Co-Insurance Applies
- Deductible Applies/Co-Insurance Applies

**First 3 outpatient visits paid at 100%**

- Deductible Applies/Co-Insurance Applies
- Deductible Applies/Co-Insurance Applies
- Deductible Applies/Co-Insurance Applies

All benefits payable are subject to the applicable plan exclusions, procedure based maximum expense (PBME), plan maximum limits and medical necessity.