

ARTICLE I INTRODUCTION

This is the Plan Document. It also represents what is referred to as a Summary Plan Description. It describes the Benefits to which you and your covered Dependents are entitled, to whom Benefits are payable and other provisions, which govern or control the way in which Benefits are provided.

PLAN SPONSOR. The Plan Sponsor is *Douglas County*. The Plan Sponsor has the authority to control and manage the operation and administration of the Plan; to establish Plan Benefits and provisions; to amend the Plan; to determine its policies; to appoint and remove the Claim Supervisor, and to exercise general administrative authority over the Supervisor.

CLAIM SUPERVISOR. The Claim Supervisor of the Plan is *FMH CoreSource*.

CONTRIBUTIONS TO THE PLAN. The Employer makes contributions to the Plan so that the Plan may make Benefit payments to you and your Dependents. You may also be required to make contributions to the Plan for your coverage or for coverage of your Dependents, or for both you and your Dependents' coverage. For more information concerning the funding of this Plan, see the section titled, *General Information--Funding Method*.

CLAIM PROCEDURES. Claim payments are made based on data furnished by you or your health care provider. In order to collect Benefits under the Plan, you or the provider must first provide information as to the validity of the claim for Benefits. For ease of administration, you may have to file a "claim form" for you and your Dependents. This form contains essential information necessary for the Claim Supervisor to determine the validity of a claim for Benefits. Occasionally, further information may be necessary and you should provide this information to the Claim Supervisor as requested.

CLAIM DETERMINATION. A determination regarding payment of eligible Benefits will normally be made within 30 days from the Claim Supervisor's receipt of all necessary information regarding the claim for Benefits. All interpretations of the Plan's terms regarding Benefits will be made by the Plan Sponsor.

CLAIM FILING DEADLINE. A claim will not be considered unless it is filed within ninety (90) days after the close of the Plan Year in which the expense is incurred. Terminated Employees (and their Dependents) must file all incurred but unfiled claims within ninety (90) days after the close of the Plan Year after the termination of their coverage. In the event of the Plan's termination, you must file all incurred but unfiled claims within ninety (90) days after the close of the Plan Year after the Plan's termination.

See the section of this booklet titled, *Claim Appeal Procedures*, for more information about your rights with respect to claims and appeals of determinations that are made with respect to claims.