

# SUMMARY PLAN DESCRIPTION OF THE MULTNOMAH BAR ASSOCIATION GROUP HEALTH INSURANCE PLAN AND TRUST

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## Name of Participating Employer

### OVERVIEW OF PLAN

This Plan has been arranged for Multnomah Bar Association (MBA) members with at least one common law employee. Qualified employers may use medical, dental and vision benefits through contracts issued to the Multnomah Bar Association.

Questions regarding this Plan should be directed to its contract third party administrator.

Alliant Insurance Services, Inc.  
P.O. Box 12263 Salem, Oregon 97309  
Attn: Tracey Davis  
(503) 485-2482

Questions regarding the specific benefits should be addressed to the insurance carriers or health maintenance organization chosen to provide benefits. These entities are listed on Exhibit A, which is attached to this summary. A copy of Exhibit A should be completed and given to each person covered under the plan.

### NAME OF PLAN

This Plan is known as the Multnomah Bar Association Group Insurance Plan and Trust

### NAME, ADDRESS AND TELEPHONE NUMBER OF PLAN SPONSOR

The Plan is sponsored by:

Multnomah Bar Association  
621 SW 5<sup>th</sup> Ave., Suite 1220  
Portland, Oregon 97204  
(503) 222-3275

### TYPE OF PLAN

The Plan is an employee welfare benefit plan which provides medical dental and vision benefits through fully insured contracts with insurance carriers identified in Exhibit A.

### TYPE OF ADMINISTRATION

The Plan hires Alliant Insurance Services, Inc. to provide third party administrative services. Benefit related issues are handled by the insurance carriers, health maintenance organizations or other benefit provider which provides the benefits under this Plan. The benefit providers selected are listed on Exhibit A.

### NAME AND ADDRESS OF AGENT FOR LEGAL SERVICES

The Plan Sponsor is designated as the agent for purposes of accepting service of legal process on behalf of the Plan. The address is listed is found on the 1<sup>st</sup> page of this document.

## **CONDITIONS FOR ELIGIBILITY**

To be eligible, employees and dependents must meet the initial and continuing eligibility provisions contained in the employer's Adoption Agreement and have the required premiums timely paid on their behalf. The initial and continuing eligibility requirements are listed on the applicable Adoption Agreement attached to this summary.

Additionally, employees and dependents must meet any eligibility requirements contained in the insurance or health maintenance organization contracts under which they receive benefits.

## **CIRCUMSTANCES WHICH MAY RESULT IN INELIGIBILITY OR DENIAL OF BENEFITS**

An employee or dependent may become ineligible as a result of one or more circumstances:

- Failure to work the required number of hours or otherwise meet eligibility requirements;
- Failure to pay the required contributions in a timely manner or to comply with the terms of the Adoption Agreement;
- Failure to meet any eligibility requirements or observe other conditions established by the insurance or health maintenance organization contract under which benefits are provided;
- Failure to submit timely or accurate claims.

## **SOURCE OF CONTRIBUTIONS TO PLAN**

Contributions to the Plan are paid by the Employer and where applicable through employee self-payments.

## **FUNDING MECHANISM**

Contributions paid by the Employer, and where applicable self-payments from participants, are received by Aldrich Benefits LP, and held in trust pending payment to the applicable insurance carrier and/or health maintenance organization. Payments are used for the sole and exclusive benefit of participants and the payment of reasonable costs of administration.

The insurance carrier or health maintenance organizations provide benefits based on the payment of monthly premiums and are responsible for any claims administration related to the benefits provided. Please see booklets provided by the individual providers for details. The providers to which this Plan pays premiums are identified on the attached Exhibit A.

## **PLAN YEAR**

This Plan uses a Plan Year from 4/1 - 12/31. Benefits are paid on a Calendar year.

## **CLAIM APPEAL PROCEDURES**

The claim appeal procedures participants are to follow are established by the insurers or health maintenance organizations providing the selected benefits. An explanation of procedures and rights of insureds can be found in the insurer's member handbooks.

## **INTERPRETATION OF THE PLAN**

The Employer as Plan Sponsor or its administrative agent may adopt rules, regulations or procedures to ensure the efficient administration of this Plan.

## MATERNITY BENEFITS

Under federal law group health plans may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or less than 96 hours following a cesarean section. However, federal law does not generally prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or newborn earlier than 48 hours (or 96 hours if applicable).

## CERTIFICATE OF CREDITABLE COVERAGE

If a participant's coverage under this Plan stops, the participant and any covered dependents will receive a certificate that shows the period of coverage under this Plan. The participant or dependent may need to furnish the certificate if they become eligible under another group health plan if it excludes coverage for certain medical conditions which exist before enrollment. A participant or dependent may also need the certificate to buy an individual insurance policy that does not exclude coverage for medical conditions which exist before enrollment. Participants and dependents may also request additional certificates within 24 months of losing coverage under this Plan. Such requests should be made directly to the insurance carrier providing coverage.

## CONTINUATION OF COVERAGE - COBRA

This notice is for individuals who have become covered under one of the group health plans made available by the Multnomah Bar Association (MBA). The notice contains important information about your right to COBRA continuation, which is a temporary extension of coverage under the Plan. **This notice generally explains COBRA continuation coverage, when it may become available to you and your family, and what you need to do to protect the right to receive it.**

The right to COBRA continuation was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Description or contact the Plan Administrator.

*Because the MBA group plan is considered a single large employer, all participating employers meet these requirements and are subject to COBRA. Employees can extend coverage for themselves and their covered dependents as described below:*

### WHAT IS COBRA CONTINUATION COVERAGE?

COBRA continuation coverage is a continuation of Plan coverage when coverage would otherwise end because of a life event known as a *"qualifying event."* Specific qualifying events are listed later in this notice. After a qualifying event, COBRA continuation must be offered to each person who is a *"qualified beneficiary."* You, your spouse and your dependent children could become qualified beneficiaries if coverage under the Plan is lost because of the qualifying event. Under the Plan, qualified beneficiaries who elect COBRA continuation coverage must pay for COBRA continuation coverage.

If you are an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because either one of the following events happen:

1. Your hours of employment are reduced, or
2. Your employment ends for any reason other than gross misconduct.

If you are the spouse of an employee, you will become a qualified beneficiary if you lose your coverage under the Plan because any of the following qualifying events happens:

1. Your spouse dies;
2. Your spouse's hours of employment are reduced;
3. Your spouse's employment ends for any reason other than his or her gross misconduct;
4. Your spouse becomes entitled to Medicare benefits (under Part A, Part B, or both); or
5. You become divorced or legally separated from your spouse.

Your dependent children will become qualified beneficiaries if they lose coverage under the Plan because any of the following qualifying events happens:

1. The parent-employee dies;
2. The parent-employee's hours of employment are reduced;
3. The parent-employee's employment ends for any reason other than his or her gross misconduct;
4. The parent-employee becomes entitled to Medicare benefits (Part A, Part B, or both);
5. The parents become divorced or legally separated; or
6. The child stops being eligible for coverage under the Plan as a "dependent child."

### WHEN IS COBRA COVERAGE AVAILABLE?

The Plan will offer COBRA continuation coverage to qualified beneficiaries only after the Plan Administrator (**Alliant Insurance Services, Inc.**), has been notified that a qualifying event has occurred. When the qualifying event is the end of employment or reduction of hours employment, death of the employee or the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), the employer must notify the Plan Administrator (**Alliant Insurance Services, Inc.**), of the qualifying event.

### YOU MUST GIVE NOTICE OF SOME QUALIFYING EVENTS

For the other qualifying events (divorce or legal separation of the employee and spouse or a dependent child's losing eligibility for coverage as a dependent child), you must notify the Plan Administrator (Aldrich Benefits), within 60 days after the qualifying event occurs. You must provide this notice to Alliant Insurance Services, Inc. P.O. Box 5253, Portland, Oregon 97208.

### HOW IS COBRA COVERAGE PROVIDED?

Once the Plan Administrator receives notice that a qualifying event has occurred, COBRA continuation coverage will be offered to each of the qualified beneficiaries. Each qualified beneficiary will have an independent right to elect COBRA continuation coverage. Covered employees may elect COBRA continuation coverage on behalf of their spouses, and parents may elect COBRA continuation coverage on behalf of their children.

COBRA continuation coverage is a temporary continuation of coverage. When the qualifying event is the death of the employee, the employee's becoming entitled to Medicare benefits (under Part A, Part B, or both), your divorce or legal separation, or a dependent child's losing eligibility as a dependent child, COBRA continuation coverage lasts for up to **36 months**.

When the qualifying event is the end of employment or reduction of employee's hours of employment, and the employee became entitled to Medicare benefits less than 18 months before the qualifying event, COBRA continuation coverage for qualified beneficiaries other than the employee lasts until **36 months** after the date of Medicare entitlement. For example, if a covered employee becomes entitled to Medicare 8 months before the date on which his employment terminates, COBRA continuation coverage for his spouse and children can last up to 36 months after the date of Medicare entitlement, which is equal to 28 months after the date of the qualifying event (36 months minus 8 months).

Other wise, when the qualifying event is the end of employment or reduction of the employee's hours of employment, COBRA continuation coverage generally lasts for only up to a total of **18 months**. There are two ways in which this 18 month period of COBRA continuation coverage can be extended.

1. ***Disability extension of 18 month period of continuation coverage.***

If you or anyone in your family covered under the Plan is determined by the Social Security Administration to be disabled and you notify the Plan Administrator in a timely fashion, you and your entire family may be entitled to receive up to an additional 11 months of COBRA continuation coverage for a total maximum of 29 months. The disability would have to have started at some time before the 60<sup>th</sup> day of COBRA continuation coverage and must last at least until the end of the 18 month period of continuation coverage.

2. ***Second qualifying event extension of 18 month period of continuation coverage***

If your family experiences another qualifying event while receiving 18 months of COBRA continuation coverage, the spouse and dependent children of your family can get up to 18 additional months of COBRA continuation coverage, for a maximum of 36 months, if the notice of the second qualifying event is properly given to the Plan Administrator. This extension may be available to the spouse and any dependent children receiving continuation coverage if the employee or former employee dies, becomes entitled to Medicare benefits (under Part A, Part B, or both), or gets divorced or legally separated, or if the dependent child stops being eligible under the Plan as a dependent child, but only if the event would have caused the spouse or dependent child to lose coverage under the Plan had the first qualifying event not occurred.

## **IF YOU HAVE QUESTIONS**

Questions concerning your Plan or your COBRA continuation coverage rights should be addressed to the contact or contacts identified below. For more information about your rights under ERISA, including COBRA, the Health Insurance Portability and Accountability Act (HIPAA), and other laws affecting group health plans, contact the nearest Regional or District Office of the U.S. Department of Labor's Employee Benefits Security Administration (EBSA) in your area or visit the EBSA website at [www.dol.gov/ebsa](http://www.dol.gov/ebsa).

## KEEP YOUR PLAN ADMINISTRATOR INFORMED OF ADDRESS CHANGES

In order to protect your family's rights, you should keep the Plan Administrator informed of any changes in the addresses of family members. You should also keep a copy, for your records, of any notices you send to the Plan Administrator.

### Plan Administrator Contact Information:

Alliant Insurance Services, Inc.  
P.O. Box 12263 Salem, Oregon 97309  
(503) 485-2482

## CONTINUATION COVERAGE FOR A SURVIVING, DIVORCED OR SEPARATED SPOUSE AGE 55 OR OLDER UNDER OREGON STATE CONTINUATION COVERAGE

The surviving divorced or legally separated spouse age 55 or older and their covered dependents may continue group coverage upon the death of the employee, dissolution of marriage or legal separation from the employee. Any coverage offered to the group, including medical, dental, vision and prescription drug may be continued.

Their right to continue coverage will cease upon any of the following:

1. All of the MBA health benefit programs are terminated;
2. The qualified beneficiary fails to pay the applicable premium;
3. The qualified beneficiary becomes covered under another group health plan unless the new plan has pre-existing conditions limitations;
4. Qualified beneficiary remarries and becomes covered under another group health plan;
5. The qualified beneficiary becomes entitled to federal Medicare coverage except when you are on continuation because of Chapter 11 bankruptcy or as an ESRD (End Stage Renal Disease) patient.

## STATEMENT OF ERISA RIGHTS

As a participant in this ERISA regulated plan, participants are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 ("ERISA"). United States Department of Labor Regulations describes these rights and protections substantially as follows:

ERISA provides that all plan participants shall be entitled to:

1. Examine, without charge, at the administrative office of the plan and other specified locations, all documents under which the plan is maintained, including insurance contracts, collective bargaining agreements and copies of all documents filed by the plan with the United States Department of Labor, such as detailed annual reports and plan descriptions.
2. Retain copies of all plan documents and other plan information upon written request to the Plan Sponsor. The Plan Sponsor will make reasonable charge for the copies.
3. Receive a summary of the plan's annual financial report. The Plan Sponsor is required by law to furnish each participant with a copy of this summary financial report.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the plan. People who operate this plan, called “fiduciaries” of the plan, have a duty to do so prudently in the interest of plan participants and beneficiaries.

No one may fire or otherwise discriminate against a participant in any way to prevent from obtaining a health and welfare benefit under the plan or exercising rights under ERISA.

If a claim for a health and welfare benefit is denied in whole or in part, a participant must receive a written explanation of the reasons for the denial. A participant has the right to have the plan review and reconsider your claim.

Under ERISA, there are steps a participant can take to enforce the above rights. For instance, if a participant requests materials from the plan and does not receive them within 30 days, he or she may file suit in the Federal court. In such case, the court may require the plan administrator to provide the materials and pay the participant up to \$100 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the plan administrator. If a claim for benefits is denied or ignored in whole or in part and the participant has exhausted the plans’ appeal procedures, a participant may file suit in a state or Federal court. If it should happen that plan fiduciaries misuse the Plan’s money, or if a participant is discriminated against for asserting rights, the participant may seek assistance from the U.S. Department of Labor, or may file suit in a Federal court. The court will decide who should pay court costs and legal fees. If a participant is successful, the court may order the person sued to pay these costs and fees.

If a participant has any questions about this statement or his other rights under ERISA, he should contact the nearest office of the Pension and Welfare Benefit Administration, U.S. Department of Labor listed in a telephone directory or the Division of technical Assistance and Inquiries, Pension and Welfare Benefit Administrations, U.S. Department of Labor, 200 Constitution Avenue NW, Washington DC 20210.

# EXHIBIT A

(A Copy Should Be Given To Each Person Enrolled)

## SUMMARY PLAN DESCRIPTION OF THE MULTNOMAH BAR ASSOCIATION GROUP HEALTH INSURANCE PLAN AND TRUST

### NAME AND ADDRESS OF PARTICIPATING EMPLOYER

_____	Employer Name
_____	Address
_____	Phone
_____	Employer Tax ID #

EFFECTIVE DATE OF COVERAGE: \_\_\_\_\_

### PLANS OFFERED TO EMPLOYEES:

#### Medical

- |                                  |                                    |
|----------------------------------|------------------------------------|
| _____ Providence Gold            | _____ Providence Silver            |
| _____ Providence H.S.A. 6650     | _____ Providence H.S.A. 1650       |
| _____ Providence Gold CONNECT    | _____ Providence Platinum CONNECT  |
| _____ Providence Gold Choice     | _____ Providence Platinum Choice   |
| _____ Providence Gold Extend PPO | _____ Providence Silver Extend PPO |
| _____ Kaiser Gold PPO            | _____ Kaiser Gold                  |
| _____ Kaiser Silver              | _____ Kaiser Bronze                |
| _____ Kaiser H.S.A.              |                                    |

**Kaiser** 500 N.E. Multnomah, Suite 100, Portland, Oregon 97232  
Phone number 1-800-813-2000

**Providence** 3601 SW Murray Blvd., Beaverton, Oregon 97005  
Phone number 1-800-878-4445

#### Dental and Vision Coverage

- \_\_\_\_\_ Dental (MODA)
- \_\_\_\_\_ Vision (VSP)
- \_\_\_\_\_ Dental (Kaiser) and Vision (Kaiser)
- \_\_\_\_\_ Willamette Dental

**MODA** 601 SW 2<sup>nd</sup> Ave., Portland, Oregon 97204  
Phone number 1-800-852-5195

**VSP** 4380 SW Macadam, Suite 310, Portland, Oregon 97239  
Phone number 1-800-334-9201

**Kaiser** 500 N.E. Multnomah, Suite 100, Portland, Oregon 97232  
Phone number 1-800-813-2000

**Willamette Dental** 6950 NE Campus Way  
Hillsboro, Oregon 97214



1-855-4DENTAL

Monthly Premiums at Time of Effective Date Are Subject to Change at Plan Renewal Which Occurs January 1<sup>st</sup> Of Each Year