



## Hyalite Rural Fire District Board Meeting Synopsis Approval Form

The written synopsis of the April 16, 2019 Hyalite Rural Fire District (HRFD) Board of Trustees meeting was approved by motion of the HRFD Board of Trustees on May 21, 2019.

Eugene M. Geddes, III  
Chair Signature

Eugene M. Geddes, III  
Printed Name

N. Shrauger  
Secretary Signature

Chuck Tate NICK SHRAUGER  
Printed Name

**HYALITE RURAL FIRE DISTRICT  
BOARD OF TRUSTEES PUBLIC MEETING  
SYNOPSIS**

DATE: APRIL 16, 2019      TIME: 7:00 p.m.  
LOCATION: Sourdough Fire Station, 4541 S. 3<sup>rd</sup> Rd., Bozeman, MT

*In compliance with [MCA 2017 2-3-212](#) and the Hyalite Rural Fire District Bylaws, the minutes of HRFD Board of Trustees open public meetings are comprised of an audio recording and a written synopsis. The audio recording is designated as the official record of a meeting. The written synopsis serves to assist the public in accessing portions of the audio recording and is a good faith attempt to provide the public with another method to be informed about the actions of the Board. The minutes are available to the public at [www.hyalitefire.org/board-meeting-minutes/](http://www.hyalitefire.org/board-meeting-minutes/) or at the Hyalite Rural Fire District Administrative Offices, 4541 S. 3<sup>rd</sup> Rd., Bozeman, MT, during its standard business hours.*

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**TRUSTEES IN ATTENDANCE:**

Pete Geddes, Chair  
Chuck Tate, Vice Chair and Secretary  
Walt Zidack, Treasurer  
Nick Shrauger, Trustee  
Justin Miller, Trustee

**STAFF IN ATTENDANCE:**

Jason Revisky, Fire Chief  
Brian Nickolay, Assistant Fire Chief  
Lonna Braverman, Administrative Assistant

**PUBLIC IN ATTENDANCE:**

Larry Thomas  
Jack Harper

<b>0:00:00</b>	
<b>0:00:00</b>	<b>CALL TO ORDER OF HYALITE RURAL FIRE DISTRICT</b> Chair Geddes called the meeting to order and reminded the public that the meeting was being recorded.
<b>0:00:09</b>	<b>HYALITE CONSENT AGENDA</b> Chair Geddes asked for motion to approve the Consent Agenda.  <b>Motion:</b> Trustee Zidack made motion to approve consent agenda as presented. <b>Second:</b> Trustee Tate seconded the motion. <b>Vote:</b> Approved  [See Board Packet for the Consent Agenda items approved.]

<b>0:00:22</b>	<b>REGULAR AGENDA</b>
<b>0:00:23</b>	<p><b>Rationale for Denial of Inclusion of an Agenda Item – Conference Room Sound System</b></p> <p>Chair Geddes indicated he had presented his rationale for denying the inclusion of the Conference Room Sound System agenda item (in the Board Packet), then asked if there was a motion to place the Conference Room Sound System on the next meeting agenda.</p> <p>Lonna Braverman indicated Bob Ogren, a district member, had submitted his comment on this matter via email, and she had provided a copy of the email to the Board members.</p> <p>Chair Geddes asked if, consistent with Board policy, is there a motion to overturn his decision and place the item on the agenda next month.</p> <p><b>Motion:</b> Trustee Shrauger made motion to place Conference Room Sound System item on the agenda at the next board meeting.</p> <p><b>Second:</b> Trustee Miller seconded the motion.</p> <p><b>Vote:</b> Approved</p> <p>Chair Geddes asked for public comment. Larry Thomas stated it is hard to hear in the room, especially last month during Ms. Barndt’s presentation. He stated some other members of public had said they don’t go to meetings because they cannot hear clearly. He suggested that speakers bring their voice up louder. He appreciated that the Board was not spending his tax dollars on an expensive PA system.</p>
<b>0:2:56</b>	<p><b>Discussion and Decision – Proposal for Addition of Part-Time Maintenance Staff</b></p> <p>Chief Revisky proposed adding a part-time (20 hours per week) to assist Chris Eaton, the Maintenance Captain. This is most cost effective way to deal with the amount of work. We could fill it from within the volunteer ranks. There would be no health insurance for the position, but cost would include Medicare, FURS, and Unemployment contributions by HRFD. The total cost to the District for the fiscal year would be \$21,745.</p> <p>There was discussion on potential candidates, possibility of outsourcing some of the needed work, and availability of person to go on calls.</p> <p>Chair Geddes asked for public comment. Larry Thomas stated it sounded pretty cost effective to him.</p> <p><b>Motion:</b> Trustee Zidack made motion to direct the staff to fill the position presented at the proposed salary.</p> <p><b>Second:</b> Trustee Tate seconded the motion.</p> <p><b>Vote:</b> Approved</p> <p><i>[See Board Packet for cost summary for new employee.]</i></p>

0:11:20	<p><b>Discussion – Preliminary FY2020 Budget</b></p> <p>Trustee Zidack presented the proposed FY2020 budget. Major changes from FY2019 budget include additional \$15K Personnel Services and additional \$5K for Insurance. The projection shows Total Expenses \$194,262.51 under the Total Income – this excess (rounded up to \$200K) would be allocated to Capital Reserves.</p> <p>Unless issues are brought forward to him on this budget, Trustee Zidack would bring this budget forward at the next meeting for Board approval.</p> <p>Trustee Geddes asked for public comment. There was no public comment. Trustee Geddes asked for staff comment. There was no staff comment.</p> <p>Trustee Zidack presented proposal for providing dental insurance coverage to the 3 full-time employees, costing \$1,400 per year. Chair Geddes suggested it be included in the FY2020 budget to be approved at the next Board meeting.</p> <p><i>[See Attachment A for draft preliminary budget and dental insurance proposal.]</i></p>
0:31:36	<p><b>Discussion and Decision – Policies</b></p> <p><u>Public Records Request Policy</u></p> <p>Trustees Geddes and Shrauger met as a subcommittee of the Board. The Public Records Request Policy was reviewed and modified by outside Counsel [Gallatin County Attorney’s Office]. The subcommittee recommends that no changes be made and that it be approved by the Board. Chair Geddes provided some background and history on the policy. Trustee Zidack indicated that personal/private information would be protected as needed, by redacting that information from released reports.</p> <p>Chair Geddes asked for public comment. There was no public comment.</p> <p><b>Motion:</b> Trustee Zidack made motion to approve the HRFD Public Records Request Policy as presented.  <b>Second:</b> Trustee Miller seconded the motion.  <b>Vote:</b> Approved</p> <p><i>[See Attachment B for the approved HRFD Public Records Request Policy.]</i></p>
0:34:30	<p><u>Governance Policy</u></p> <p>Policy subcommittee discussed this policy. They agreed the policy subcommittee will do some drafting of a revised policy. Specifically, after discussion with Steve White, they will likely remove the Executive Limitations section. Focus will be on what the Board does and let public know what the purpose of Board is. It should not contain department operational focus.</p> <p><b>Action Item:</b> Lonna to distribute the example of Gallatin County Commission mission statement and goals to all Trustees. Then Trustees should</p>

	<p>communicate their high level thinking on what should be in an HRFD Governance Policy to the policy subcommittee.</p>
0:42:20	<p><b>Discussion and Decision – Updated Signage for HRFD Buildings</b></p> <p>Lonna Braverman presented 2 proposals for updated building signage on the 3 fire stations – SignSolutions at \$11,864 and Signs of Montana at a minimum of \$13,766. Two other bids from Beartooth Signs and Johnson Metalworks are expected.</p> <p>There was discussion about a marquee-type sign that could advertise department events and incidents—interaction with the public. Board decided to focus this discussion on the building signage—department branding.</p> <p>Chair Geddes asked if the Board could see a mockup of the proposed signage. Trustee Zidack asked for the specs and a mockup. There was further discussion of the specs. It was agreed that each station should have “Hyalite Fire Department”, with the station names at Rae and Cottonwood – Rae Station and Cottonwood Station.</p> <p><b>Motion:</b> Chair Geddes made motion to get price quote for “Hyalite Fire Department” at all 3 stations (with cost per character); smaller letters for “Rae Station” and “Cottonwood Station” ; and updating the existing logo at the Sourdough station.</p> <p><b>Second:</b> Trustee Miller seconded the motion.</p> <p><b>Vote:</b> Approved</p> <p>Chair Geddes called for public comment. Larry Thomas stated he doesn’t think we need “Rural” in the names, since the area is not going to be rural much longer.</p> <p><b>Action Item:</b></p> <ul style="list-style-type: none"> <li>• Agenda Item at Next Meeting--Improving Public Engagement <ul style="list-style-type: none"> <li>○ Acoustics in meeting room</li> <li>○ Marquee sign</li> <li>○ Public interactions at department events</li> </ul> </li> </ul>
1:06:17	<p><b>Discussion and Decision – Publicizing Annual May Meeting</b></p> <p>Trustee Shrauger would like to target May annual meeting to tax payer district members. We should continue working to reach out to public and encouraging attendance. We should put up signs/banners and provide cake &amp; coffee.</p> <p>Chief Revisky suggested getting one banner for 19<sup>th</sup> and Goldenstein hay bales</p> <p><b>Motion:</b> Trustee Miller made motion to spend up to \$500 to advertise the May meeting and provide cake and coffee at the meeting.</p> <p><b>Second:</b> Trustee Zidack seconded the motion.</p> <p><b>Vote:</b> Approved</p>

	Chair Geddes asked for public comment. Larry Thomas suggested donuts.
<b>1:14:42</b>	<p><b>Discussion – Policies Ready for Review</b></p> <p>Lonna Braverman reported the following policies are ready for policy subcommittee review: Job descriptions for Chief, Assistant Chief, and Maintenance Captain. She also indicated that very shortly the following will be ready for policy subcommittee review: Volunteer Handbook, Resident Handbook, and Resident-Renter Handbook</p> <p>Chair Geddes asked for public comment. There was no public comment.</p>
<b>1:15:41</b>	<p><b>Fire Chief's Report</b></p> <p>Chief Revisky reported these primary issues to supplement his written report:</p> <ul style="list-style-type: none"> <li>• New Comand 6-2 is waiting for light bar and radios to be switched from old Command 6-2. Work for schedule for April 26.</li> <li>• On April 6, there was significant flooding at Sourdough station due to snow melt and piles of snow diverting water from the south, causing water to flow across parking lot. It inundated the fire vault, the septic system, and saturated the septic drain field. There was no damage to the building. We may need to consider resealing the collar on the first septic tank this summer as well as some dirt berming.</li> <li>• The new Rescue-6 truck has some issues due to assembly errors. Pierce will replace cross members with arched members, and will install missing spacers in the leaf springs. Work will be done by Best Rate Diesel, with Pierce's mechanic (Sean) being on site for that work. Chief Revisky is negotiating with Pierce to extend the warranty to 3 years because of these issues and documentation that lifetime frame warranty is still in effect after the repairs.</li> <li>• Rezoning notice from Gallatin County, which does not affect our property.</li> </ul> <p>Chair Geddes asked for public comment. There was no public comment.</p> <p><i>[See Board Packet for Chief's Report.]</i></p>
<b>1:27:47</b>	<p><b>Trustees' Activities</b></p> <p>Trustee Zidack needs another Trustee to sign checks on 4/19 and 5/10. Lonna will make arrangements with Trustee Shrauger or Trustee Miller.</p>
<b>1:29:18</b>	<p><b>Announcements</b></p> <p>Next meeting will be Tuesday May 21 at 7:00pm.</p>
<b>1:30:08</b>	<b>ADJOURNMENT</b>

# **Attachment A**

**Draft FY2020 Preliminary Budget**

**&**

**Employee Dental Insurance Proposal**

# DRAFT 4/11/2019

## BUDGET WORKSHEET FOR FY2020 (Preliminary)

	FY 2019 Budget	Actual Jul '18 - Feb '19 (67% of FY 2019)	\$ Over Budget	Est of FY 2020	FY 2019 budget vs FY 20 estimate	FY 2019 % of Budget	Comments
Ordinary Income/Expense							
Income							** No expected changes to mill rate.
310000 · Taxes	\$985,430.02	\$984,262.51	(\$1,167.51)	\$984,262.51	(\$1,167.51)		** FY2020 based on previous year. 1,226,487.51 total oper and restricted rev.
316000 · Entitlement Share	\$36,000.00	\$36,838.82	\$838.82	\$36,000.00	\$0.00		
360000 · Miscellaneous Revenues	\$4,000.00	\$23,872.97	\$19,872.97	\$4,000.00	\$0.00		One time rev. in FY2019 such as MPERA refund that will not occur in FY2020
365000 · Contributions and Donations	\$100.00	\$631.92	\$531.92	\$500.00	\$400.00		
370000 · Investment Earnings	\$20,000.00	\$10,628.29	(\$9,371.71)	\$20,000.00	\$0.00		Interest earned in County Funds should remain consistant
Total Income	\$1,045,530.02	\$1,056,234.51	\$10,704.49	\$1,044,762.51	(\$767.51)		
Expense							
420000 · Public Safety Expenses	\$40,000.00	\$15,580.27	(\$24,419.73)	\$40,000.00	\$0.00	38.95%	
420100 · Personnel Services	\$350,000.00	\$182,081.59	(\$167,918.41)	\$365,000.00	\$15,000.00	52.02%	** Board decision regarding half-time maintenance employee?
420200 · Supplies	\$22,000.00	\$21,178.20	(\$821.80)	\$22,000.00	\$0.00	96.26%	
420220 · Meals/Incentives	\$11,000.00	\$7,676.09	(\$3,323.91)	\$11,000.00	\$0.00	69.78%	
420240 · Fuel	\$36,000.00	\$10,778.95	(\$25,221.05)	\$36,000.00	\$0.00	29.94%	
420310 · Election Costs	\$7,000.00	\$0.00	(\$7,000.00)	\$7,000.00	\$0.00	0.00%	** no election costs in 2019. Trustees appointed by County Commissioners.
420320 · Professional Subscription/Dues	\$4,000.00	\$3,424.98	(\$575.02)	\$4,000.00	\$0.00	85.62%	
420330 · Community Outreach/Education	\$10,000.00	\$1,882.34	(\$8,117.66)	\$10,000.00	\$0.00	18.82%	
420340 · Utility Services	\$52,000.00	\$30,169.58	(\$21,830.42)	\$52,000.00	\$0.00	58.02%	
420350 · Professional Services	\$40,000.00	\$17,584.75	(\$22,415.25)	\$40,000.00	\$0.00	43.96%	** Audit = \$6,400, Accounting = \$24,000, Legal contingency = \$7,000.
420390 · Firefighter Physicals	\$15,000.00	\$1,428.00	(\$13,572.00)	\$15,000.00	\$0.00	9.52%	
420400 · Training/Travel - Trustees	\$3,000.00	\$948.04	(\$2,051.96)	\$3,000.00	\$0.00	31.60%	
420420 · Facilities	\$35,000.00	\$9,732.64	(\$25,267.36)	\$35,000.00	\$0.00	27.81%	
420500 · Insurance	\$65,000.00	\$72,500.71	\$7,500.71	\$70,000.00	\$5,000.00	111.54%	
420930 · Safety Equipment	\$70,000.00	\$34,941.07	(\$35,058.93)	\$70,000.00	\$0.00	49.92%	
420940 · Apparatus	\$70,000.00	\$25,275.75	(\$44,724.25)	\$70,000.00	\$0.00	36.11%	
66910 · Other Charges	\$500.00	\$161.81	(\$338.19)	\$500.00	\$0.00	32.36%	
Total Expense (operations)	\$830,500.00	\$435,344.77	(\$395,155.23)	\$850,500.00	\$20,000.00	52.42%	
420970 · Capital outlay		\$46,418.68					
Total Expense (oper. and capital outlay)		\$481,763.45					
Operation Over/Under			\$194,262.51				
Restricted Income							
110200 · Debt Service Property Tax	\$242,225.00	\$242,225.00	\$0.00	\$241,975.00	(\$250.00)		
320000 · Firefighter fundraising event (net)	\$2,500.00	\$2,371.54	(\$128.46)	\$2,500.00	\$0.00		
Grants							
Transfer to Cap. Res. (building)	\$50,000.00	\$29,973.32	(\$20,026.68)	\$0.00	(\$50,000.00)		
Transfer to Cap. Res. (apparatus)	\$165,000.00	\$200,000.00	\$35,000.00	\$200,000.00	\$35,000.00		
Transfer to Cap. Res. (improvement)				\$0.00			
Total							
Restricted Expenses							
490100 · Debt Services	\$242,225.00	\$33,612.50	(\$208,612.50)	\$241,975.00	(\$250.00)		
Grant Liability							
Capital Reserve (building)				\$0.00	\$0.00		
Capital Reserve (apparatus)	\$50,000.00	\$46,418.68	(\$3,581.32)	\$0.00	(\$50,000.00)		Command vehicle
Capital Reserve (improvement)				\$0.00	\$0.00		



# Plans for Small Businesses

## **Benefits solutions for: Hyalite Rural Fire District**

State: Montana

Effective Date: 5/1/2019

Presented by: Frist West Insurance

Underwritten by: Delta Dental PPO — Delta Dental Insurance Company

Contact: Jim Dole

Email: [jdole@delta.org](mailto:jdole@delta.org)

Telephone: 1-800-775-0523 ext. 1118

# Why choose Delta Dental?

Think an attractive dental plan is out of scope for your small business? With a Delta Dental<sup>1</sup> plan, your benefits goals are within reach — and they may be more affordable than you think.

Whether your strategy is to attract top talent or keep your workforce healthy and productive — or all of the above — we have a plan for that.

## Let's put the *fit* in dental *benefits*.

Benefits that fit your budget:

- Compare a few plans to strike a balance between your budget and employee satisfaction.
- Choose a plan (and rate) that meets your benefits strategy.

Benefits that fit your busy schedule:

- Enjoy easy plan management with an administrator who specializes in managing plans just like yours.
- Leave employee support to us — we've got online tools and dedicated customer service lines.

Benefits that fit your needs:

- Enjoy consistency with steady rates year after year.
- Avoid surprises with no hidden fees — you'll know what to expect from enrollment to claims processing.
- Dodge the bundled benefits balancing act. You'll pay for dental and only dental, without cost shifting to other lines of coverage.

Thanks for considering Delta Dental as part of your benefits strategy. You'll find rates and a summary of benefits information in the following pages. If you have any questions, please contact your broker.

<sup>1</sup> Delta Dental of California, Delta Dental of New York, Inc., Delta Dental of Pennsylvania, Delta Dental Insurance Company and our affiliated companies.

# Delta Dental PPO<sup>SM</sup> checks all your boxes.

Get to know our PPO.

Freedom to visit any licensed dentist	✓
Choice to switch dentists at any time	✓
Coinsurance (pay a percentage of the contracted fee)	✓
Copayments <sup>1</sup> (pay set copay amounts for predictable costs)	✓
Low or no coinsurance for preventive care	✓
Deductible waived for preventive care	✓
No claim forms <sup>2</sup> (enrollees only pay coinsurance at time of treatment)	✓
Continue active orthodontic treatment with current orthodontist	✓

<sup>1</sup> Under the PPO Copay Plan, enrollees pay set copayments for in-network treatment. We will cover out-of-network treatment up to the table of allowance fee, and the enrollee will pay the difference.

<sup>2</sup> Claim forms may apply to PPO plans for services provided by a non-Delta Dental dentist.

## Services available\*

### Diagnostic

- Oral exams
- Full mouth x-rays
- Space maintainers

### Preventive

- Prophylaxis (cleanings)
- Fluoride treatment

### Basic

- Sealants
- Fillings
- Denture repairs

### Major

- Crowns, jackets
- Cast restorations
- Prosthodontics (dentures, bridges and implants)

### Endodontic/Periodontic

- (treatment to the gums and supporting structures of the teeth)
- Pulpal therapy
  - Root canal therapy

### Oral Surgery

- Extractions
- Oral surgery procedures including pre- and postoperative care
- General anesthesia (oral surgery only)

### Orthodontic (if included)

- Orthodontic coverage options available

## How plan payments work

We calculate reimbursement for **PPO plan** claims based on the contracted PPO fee for all dentist visits. Enrollees pay their share of coinsurance, plus any balance billing (if applicable) from Delta Dental Premier<sup>®</sup> dentists (up to their Premier fees) or non-Delta Dental dentists.

We calculate reimbursement for **PPO plus Premier plan** claims based on: the contracted PPO fee for PPO dentists; Premier fees for Premier dentists; and the plan contract allowance for non-Delta Dental dentists. Enrollees pay their share of coinsurance, plus any balance billing (if applicable) from non-Delta Dental dentist visits.

\* Not all services are available for all plans. Please consult your quote for information specific to your plan.

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DDIC\_PPO #108843A (rev. 10/17)

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# Small Business Program Rates

<b>Group:</b>	Hyalite Rural Fire District	<b>Date of Quote:</b>	04/09/2019	<b>County:</b>	Gallatin
<b>Broker:</b>	Frist West Insurance	<b>Effective Date:</b>	05/01/2019	<b>SIC Code:</b>	9224
<b>Prior Coverage: (Takeover)</b>	No	<b>State/ZIP:</b>	MT 597	<b>Group Size:</b>	3

	Quote 1	Quote 2	Quote 3	Quote 4	Quote 5
Plans	Plan A	Plan A			
Plan / Fee Basis	PPO in/MPA out	PPO in/MPA out			
Diagnostic & Preventive	100%	100%			
Basic	80%	80%			
Major	50%	50%			
Endo / Perio	Basic	Basic			
Oral Surgery	Basic	Basic			
Deductible	\$50/\$150	\$50/\$150			
waived on D & P	Yes	Yes			
Annual Max	\$1,000	\$1,500			
waived on D & P	Yes	Yes			
Child Ortho Life Benefit	Not a benefit	Not a benefit			
Contribution	75% to 100%	75% to 100%			
Waiting Period*	none	none			
<b>2 Tier Rates</b>					
Enrollee	\$36.06	\$39.31			
Enrollee + Family	\$88.68	\$96.66			
<b>3 Tier Rates</b>					
Enrollee	\$36.06	\$39.31			
Enrollee + 1	\$66.01	\$71.95			
Enrollee + 2 or more	\$104.37	\$113.76			
<b>4 Tier Rates</b>					
Enrollee	\$36.06	\$39.31			
Enrollee + Spouse	\$68.55	\$74.72			
Enrollee + Child(ren)	\$65.12	\$70.98			
Enrollee, Sp & Children	\$106.61	\$116.20			

\* Waiting period applies to the voluntary plans only. For Vol 1 & Vol 2 plans, it applies to major and orthodontic services if covered. For Vol 3 plans, it applies to endo, perio, oral surgery, major and orthodontic services if covered. The waiting period is waived for all employees with continuous coverage under this employer's prior comprehensive dental plan.

## Informational Purposes

This proposal is for informational purposes only and is not a contract. Rates quoted are based on the information provided at the time the quotation was released. Rates are not valid unless accompanied by plan benefits and limitations and exclusions. Rates quoted are for a two-year contract period.

# Delta Dental Small Business Program

## Underwriting guidelines

### Group size

2-99 eligible employees (plus 100-299 eligible employees without claims experience also eligible)

### Eligible industries

See eligible industries page for a complete list of eligible/ineligible industries.

### Eligible employees

Full-time, permanent employees. Contract employees (category 1099) are not eligible. Employer must submit documentation to verify employer/employee relationship. A group of two cannot be comprised of a dependent relationship (e.g., husband and wife).

### Eligible dependents

Spouse (or domestic partner, if offered by group) and dependent children up to age 26. Dependents in military service are not eligible.

### Eligible retirees

Retiree coverage is available in an active employee plan if there is no break in coverage and employer contribution is identical. Coverage must be available to all retirees.

### Out-of-state enrollees

No restrictions for enrollees seeking treatment out of the contract state.

### Employer contribution (used to determine participation requirements)

Employer may choose to pay 50-100% of the premium under the employer paid plans or 0-49% for voluntary plan selection. Employee contribution must be paid through pre-tax payroll deductions.

Under Plan G with the Buy-Up option, the employer contributes 50-100% of the Core employee-only premium and the employee contributes the remaining amount dependent upon the benefit option and enrollment tier selected.

## Participation requirements

All plans — If employer contributes 100% of the cost, all eligible employees must enroll. If employer contributes 100% of the cost for dependents, all eligible dependents must be enrolled.

If employer contributes:

0-49% (voluntary) — A minimum of five eligible employees must enroll (two for groups with 2-4 employees). If enrolling less than 5 use the 2-4 rates.

50-74% — A minimum of 50% of all eligible employees or five (two for groups with 2-4 employees), whichever is greater, must enroll. If enrolling less than 5 use the 2-4 rates.

75-99% — At least 75% of all eligible employees or five (two for groups with 2-4 employees), whichever is greater, must enroll. If enrolling less than 5 use the 2-4 rates.



## Underwriting guidelines (continued)

### Waiving coverage

Employees who contribute toward the cost of the premium for themselves and/or their dependents and employees/dependents with coverage elsewhere can waive coverage.

### Open enrollment

Employees who contribute toward the cost of coverage for themselves and/or their dependents, using pretax dollars, may enroll, terminate, change dependent status or switch plans, if dual choice is offered.

### Termination

Dental coverage will end on the last day of the month when the primary enrollee is no longer eligible. Dependent coverage ends when a dependent is no longer eligible, or when the primary enrollee's coverage ends.

### Changing benefits

Groups can only change benefits at the policy anniversary (renewal).

### Waiting period

Applies only to PPO Voluntary plans:

- VOL 1 and VOL 2 plans: 12-month waiting period for all major and orthodontic services, if covered.
- VOL 3 plan: 12-month waiting period for all endodontic, periodontal, oral surgery, major and orthodontic services, if covered.
- Initial primary enrollees and their dependents may have the waiting period waived with proof of coverage in employer's prior comprehensive dental plan with no break in coverage (copy of group's prior EOC and last bill required).
- New hires and their dependents cannot have the waiting period waived.

### Transferring into the Small Business Program

Existing Delta Dental clients, outside of the Small Business Program, cannot transfer into the Small Business Program. Exceptions require Delta Dental underwriting approval.

# Delta Dental PPO™

## Limitations and exclusions

This benefit information is only a summary and not intended or designed to replace or serve as the plan contract. Please contact your general agent for complete contract information.

### Limitations

- Routine oral examinations and cleanings, including periodontal cleanings, are limited to two in a calendar year while enrolled under any Delta Dental program.
- Full-mouth x-rays or panoramic x-rays are limited to one every five years while enrolled under any Delta Dental program.
- Bitewing x-rays are limited to one in a calendar year for adults and two in a calendar year for dependent children.
- Topical application of fluoride is limited to enrollees under age 19.

### Sealant benefit limitations:

- Sealant benefits are available to dependent children through age 15.
- Sealants are limited to application to permanent molars with no caries (decay), without restorations and with the occlusal surface intact.
- Sealant benefits do not include the repair or replacement of a sealant on any tooth within two years of its application.

### Limitations on crowns, jackets and cast restorations:

- Delta Dental will not pay to replace any crown, jacket inlays or cast restoration which the patient enrollee received in the previous five years under any Delta Dental program.

### Limitations on prosthodontic benefits:

- Delta Dental will not pay to replace prosthodontic appliances including, but not limited to, fixed bridges and partial or complete dentures, until five years have elapsed following any prior provision of such appliance under any Delta Dental program or dental care program provided by the employer, except when Delta Dental determines that there is such extensive loss of remaining teeth or change in supporting tissues that the existing appliance cannot be made satisfactory.
- Replacement of a prosthodontic appliance not covered under a Delta Dental or any dental care program provided by the employer shall be

covered only if the appliance is unsatisfactory and cannot be made satisfactory.

- Delta Dental limits benefits for dentures to a standard partial or complete denture. A “standard” partial or complete denture means a removable appliance to replace missing natural, permanent teeth that is made from acceptable materials by conventional means.

### Limitations on orthodontic benefits; if covered:

- The maximum amount, purchased by the employer, is a lifetime maximum per person.
- All payments will be on a monthly basis. The obligation of Delta Dental to make periodic payments for an orthodontic treatment plan begun prior to the date the patient becomes covered will commence with the first payment due following the date the patient's coverage is effective.
- The obligation of Delta Dental to make periodic payments for orthodontic treatment will terminate on the payment due-date next following the date the dependent or primary enrollee loses coverage, or upon termination of the contract, whichever occurs first.
- Delta Dental will not make any payment for repair or replacement of an orthodontic appliance furnished, in whole or in part, while enrolled under this program.
- Orthodontic benefits are limited to dependent child enrollees.
- X-rays or extractions are not subject to the orthodontic maximum.
- Surgical procedures are not subject to the orthodontic maximum.

### Optional services

- If an eligible person selects a more expensive plan of treatment than is customarily provided, or chooses specialized techniques rather than standard procedures, Delta Dental will pay benefits for the least costly procedure. The enrollee is responsible for the remainder of the dentist's fee (Examples: electing a crown where an amalgam filling would restore the tooth; a

## Limitations (Continued)

precision denture where a standard denture would suffice; a composite restoration instead of an amalgam restoration on posterior teeth).

## Exclusions:

Delta Dental does not pay benefits for:

- Treatment of injuries or illness covered by or paid under workers' compensation or employers' liability laws as follows:

**In Alabama, Montana, Utah, Georgia, Louisiana and Nevada:** Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.

**In Florida:** Treatment of injuries or illness paid under workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, unless this exclusion is prohibited by law.

**In Texas:** Treatment of injuries or illness covered by workers' compensation or employers' liability laws; services received without cost from any federal, state or local agency, except for services covered by the Medical Assistance Act of 1967, as amended (Article 695j-1, Vernon's Texas Civil Statutes). Delta Dental will reimburse the Texas Department of Human Services for the cost of services paid by the Department under the said Act to the extent such costs are for services which are Benefits under this Contract. If the Texas Department of Human Services is paying the benefits pursuant to Chapters 31 and 32 of the Human Services Code (financial and medical assistance programs administered pursuant to the Human Services code) and a parent who is covered by the group policy has possession or access to a child pursuant to a court order, or is entitled to access or possession of a child and is required by the court to pay the child support, then all benefits paid on behalf of the child or children must be paid to the Texas Department of Human Services.

- Services for congenital (hereditary) or developmental (following birth) malformations as follows:

**In Alabama, Louisiana and Utah:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn children for cleft lip or cleft palate.

**In Florida:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate (unless services for cleft palate are provided to a covered child under the age of 18), upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn dependent children for medically diagnosed congenital defects, birth abnormalities or prematurity.

**In Georgia:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services provided to newborn or adopted children (under the age of 18) for medically diagnosed congenital defect or abnormalities.

**In Montana:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except for newborn children eligible at birth, children placed for adoption and adopted children so long as such eligible children continue to be enrolled. When services are not excluded under this provision congenital defects or anomalies includes individuals born with cleft lip or cleft palate, and other limitations and exclusions of this section shall specifically apply.

**In Nevada:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), except those services for cleft lip or cleft palate provided to newborn children eligible at birth, children placed for adoption and adopted children so long as the children remain eligible.

**In Texas:** Services for congenital (hereditary) or developmental (following birth) malformations, including but not limited to cleft palate, upper and lower jaw malformations, enamel hypoplasia (lack of development), fluorosis (a type of discoloration of the teeth) and anodontia (congenitally missing teeth), unless the service is provided to a newborn or adopted dependent child for treatment of a medically diagnosed



## Exclusions (Continued)

congenital defect. Services for restoring tooth structure lost from wear, erosion or abrasion or rebuilding or maintaining chewing surfaces due to teeth out of alignment or occlusion, or for stabilizing the teeth. Such services include but are not limited to equilibration, occlusal adjustment and periodontal splinting.

- Any single procedure started prior to the date the enrollee became eligible for such services under the contract.
- Prescribed drugs, medication or analgesia.
- Experimental procedures.
- Charges by any hospital or other surgical or treatment facility and any additional fees charged by the dentist for treatment in any such facility.
- Charges for anesthesia, other than general anesthesia and IV sedation administered by a licensed dentist in connection with covered oral surgery or selected endodontic and periodontal surgical procedures.
- Extra oral grafts (grafting of tissues from outside the mouth to oral tissues).
- Diagnosis or treatment of any condition related to the temporomandibular (jaw) joint or associated musculature, nerves and other tissues (MPD-TMJ).
- Services performed by any person other than a dentist (DDS, DMD) or auxiliary personnel legally authorized to perform services under the supervision of a dentist.
- Orthodontic services (except as provided under the Orthodontic Benefits section, if applicable)

# **Attachment B**


## **Approved HRFD Public Records Request Policy**



## Hyalite Rural Fire District Document Approval Form

Document Name:	HRFD Public Record Request Policy
Document Type:	Board Policy
Document Number:	2019-001
Version Number:	1.0
Date Approved:	April 16, 2019

- ☒ Approved by motion of the Hyalite Rural Fire District Board of Trustees, as reflected in the Board Meeting minutes of April 16, 2019.

  
Chair Signature

Eugene M. Geddes, III

Printed Name

OR

- ☐ Approved by the Hyalite Rural Fire District Fire Chief.

\_\_\_\_\_  
Fire Chief Signature

Jason Revisky

Printed Name

## **DOCUMENT INFORMATION**

<b>Document Type:</b>	Board Policy
<b>Document Number:</b>	2019-001

## **VERSION CONTROL**

<b>Version</b>	<b>Approved By</b>	<b>Approved Date</b>	<b>Summary of Changes</b>
1.0	Board of Trustees	April 16, 2019	New document, document number assigned. Incorporates review by Office of Gallatin County Attorney.

## **POLICY**

The purpose of this Public Records Request Policy is to provide guidance on how Hyalite Rural Fire District (HRFD) is to properly coordinate and respond to public records requests from any individual or entity, in accordance with [Title 2, Chapter 6, Part 10, Montana Code Annotated \(MCA\)](#).

### **Public Records**

Public records of HRFD means information prepared, owned, used, or retained by HRFD relating to the transaction of official business, regardless of form – paper, electronic, or other format. Public records exclude confidential information – information that is accorded confidential status or is prohibited from disclosure per applicable law. Examples of confidential information are confidential criminal justice information and attorney-client communications.

Except for confidential information, all records kept by HRFD are public information. The public has the right to examine and obtain a copy of all public records held by HRFD.

### **Safety & Security Exception**

Pursuant to [§ 2-6-1003\(2\), MCA](#), HRFD may withhold public records from release regarding individual or public safety or the security of public facilities that, if released, would jeopardize the safety of facility personnel or the public.

Before disclosing public records, HRFD personnel shall determine if release of the information will jeopardize the safety of facility personnel or the public, or the security of public facilities. If the release will so jeopardize safety or security, the HRFD shall redact such information from the public records requested. The HRFD should not withhold from release any more information than is necessary to

protect individual or public safety or the security of public facilities. HRFD personnel may consult with the County Attorney's office to determine the extent of the information to be withheld or redacted.

### **Individual Privacy Interest Exception**

HRFD also may withhold public records from release to protect an individual's privacy. Such information may be personal information (SSN, DOB, addresses, medical information, etc.) of its employees or volunteers, or members of the public.

When a request is made that concerns a person's privacy interest, HRFD shall examine the public documents responsive to the request and make an initial determination as to whether the public information should be disclosed. This determination must take into consideration the subject matter of the records and the nature of the information sought.

HRFD shall then contact the individual in question, inform them of the information requested, inform the individual of its decision, and ask whether the person is asserting their right of privacy over the information. If the individual does wish to assert their right of privacy, HRFD must further determine if the individual's privacy interest outweighs the interests of public disclosure. If the HRFD makes a final determination to disclose the information, it should provide the subject individual with at least two weeks advance notice prior to the disclosure. If the individual does not wish to assert their privacy interest, HRFD shall disclose the information as requested.

HRFD may consult with the County Attorney's Office to determine what privacy information may be withheld or disclosed.

### **Requests and Fees**

The person(s) making a public records request should make the request in writing to HRFD, indicating the information they want produced. HRFD must respond within five business days, in writing, with an estimate of how long it will take to produce the information and any fee associated with producing the information. In accordance with [§ 2-6-1006\(3\), MCA](#), "the fee may not exceed the actual costs directly incident to fulfilling the request in the most cost efficient and timely manner possible." HRFD may require payment of the estimated fee prior to identifying and gathering the requested information.

HRFD will not honor "standing" public records requests that demand future copying or production (i.e., "please forward all future meeting minutes..."). HRFD is also not required to alter or customize public information, such as the format of the information, to meet a public record request. However, should HRFD agree to customize format for a requester, the cost of the customization may be included in the fees charged for the request.

### **Records Request Redactions and Denials**

If the HRFD redacts or denies all or any portion of a public records request, the HRFD shall provide a written explanation for the redaction or denial as required by [§ 2-6-1009, MCA](#). The response shall: (1) provide a general description of the records withheld from production or redacted; and (2) explain the basis for the redaction or denial.

### **Records Manager**

Pursuant to [§ 2-6-1002\(14\), MCA](#), the HRFD Fire Chief is designated as the Records Manager, responsible for coordinating the efficient and effective management of the agency's public records and information. The Records Manager will confer with the Gallatin County Attorney's Office to clarify any questions or issues pertaining to responding to a public information request.

## **PROCEDURE**

When HRFD receives a public records request, the following procedures shall be followed:

1. The HRFD employee receiving the public records request will:
  - a. Capture as much information as possible about the request, such as contact information, what documents are being requested, and any specific information such as dollar amount threshold, delivery expectations, time expectations, etc. (NOTE: While a public records request does not have to be in writing as a prerequisite for completing a request, a written request is preferable.)
  - b. Forward the request to the HRFD Administrative Assistant.
2. The Administrative Assistant will:
  - a. Confer with the Records Manager and other appropriate personnel to determine effort, resources, and time needed to meet the request and any fees associated with meeting the request. This determination should consider how any confidential information and any safety and security information will be handled.
  - b. Respond within five business days, in writing, to the requester with what information will be produced, what information is not being produced and why, what format the information will be in, an estimate of how long it will take to produce the information, and any fee associated with producing the information.
  - c. Arrange for payment of any fees due from the requester, if needed.
  - d. File hard and electronic copies of the original request and the initial response in HRFD files.
  - e. If needed, coordinate communication with individuals regarding their privacy information, and retain documentation of communication to and from the individual.
  - f. If needed, consult with the County Attorney's Office to determine if any information needs to be redacted regarding individual or public safety and security, or privacy information.
  - g. Coordinate compilation and review of the information.
  - h. Perform any necessary redaction of confidential information.
  - i. Obtain the approval of the Records Manager to release the compiled information.
  - j. Provide the compiled information to the requester with a final response identifying the information that is produced. If any information is not produced or redacted, generally identify the category of records excluded from production and explain why the records are not being produced or were redacted.
  - k. File hard and electronic copies of the compiled information, final response, and associated correspondence in HRFD files.