

ROLL CALL MATRIX

Meeting Date: 12-3-2013

P	A	Res. Number 2013	253	254	255	256	257	258	259	260	261		
		Unanimous	U	U	U	U	U	U		U			
	X	Cathy Abramson	--	--	--	--	--	--	--	--	--		
	X	Deb Pine		2					A		N		
	X	Denny McKelvie	2				2		1Y		Y		
	X	DJ Malloy						2	Y	1	Y		
	X	Jennifer McLeod				1			Y		Y		
	X	Lana Causley	1	1					Y		N		
	X	Cath Hollowell			2	2			Y		2Y		
	X	Bridgett Sorenson			1				Y	2	1Y		
	X	Keith Massaway					1	1	Y		Y		
	X	Denise Chase							2Y		N		
	X	Darcy Morrow							Y		N		
	X	Joan Anderson							Y		Y		
	X	Aaron Payment											

- 1 = Made Motion
- Y = Voted Yes
- A = Abstained
- S = Sponsored by Board Member
- 2 = Second/Support Motion
- N = Voted No
- U = Unanimous



RESOLUTION NO: 2013-253

**PARTIAL WAIVER OF CONVICTIONS FOR
MR. DARREN BOUSCHOR**

WHEREAS, the Sault Ste. Marie Tribe of Chippewa Indians is a federally recognized Indian Tribe organized under the Indian Reorganization Act of 1934, 25 U.S.C. 467 et seq; and

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WHEREAS, the Board of Directors has enacted Tribal Code Chapter 76: Partial Waiver of Conviction for Gaming License Purpose that allows for a partial waiver of conviction be issued to tribal members who have been convicted of a crime and would be denied a license for employment in a gaming operation pursuant to Chapter 42; and

WHEREAS, Mr. Darren Bouschor, a tribal member who was convicted of:

1. Misdemeanor Larceny - \$200-\$1000 -- 2/2011

WHEREAS, Mr. Darren Bouschor, would be denied a license for employment as a key employee or primary management official because of the criminal conviction; and

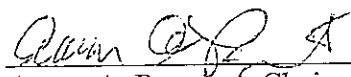
WHEREAS, the Board of Directors has determined that Mr. Darren Bouschor is not likely to engage in any offensive or criminal course of conduct and the public good does not require that she be denied a license as a key employee or primary management official.


NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors, pursuant to Tribal Code Chapter 76 grants a partial waiver to Mr. Darren Bouschor for the convictions of:

1. Misdemeanor Larceny - \$200-\$1000 -- 2/2011

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 3 day of December 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 11 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.


Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians


Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians



RESOLUTION NO: 2013-254

PARTIAL WAIVER OF CONVICTIONS FOR
MR. TRAVIS GARDNER

WHEREAS, the Sault Ste. Marie Tribe of Chippewa Indians is a federally recognized Indian Tribe organized under the Indian Reorganization Act of 1934, 25 U.S.C. 467 et seq; and

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WHEREAS, the Board of Directors has enacted Tribal Code Chapter 76: Partial Waiver of Conviction for Gaming License Purpose that allows for a partial waiver of conviction be issued to tribal members who have been convicted of a crime and would be denied a license for employment in a gaming operation pursuant to Chapter 42; and

WHEREAS, Mr. Travis Gardner, a tribal member who was convicted of:

1. Larceny from a Building – 10/2012

WHEREAS, Mr. Travis Gardner, would be denied a license for employment as a key employee or primary management official because of the criminal conviction; and

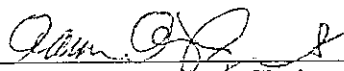
WHEREAS, the Board of Directors has determined that Mr. Travis Gardner is not likely to engage in any offensive or criminal course of conduct and the public good does not require that she be denied a license as a key employee or primary management official.

NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors, pursuant to Tribal Code Chapter 76 grants a partial waiver to Mr. Travis Gardner for the convictions of:

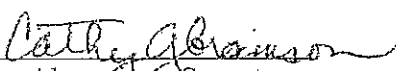
1. Larceny from a Building – 10/2012

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 2 day of December 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 11 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
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Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
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RE-AFFIRMATION OF INTENT TO MAINTAIN THE EPOUFETTE HARBOR SITE AND PROVIDE ACCESS TO THE PUBLIC IN ACCORDANCE WITH TERMS OF THE GREAT LAKES FISHERY TRUST GRANT CONTRACT

WHEREAS, the Sault Ste Marie Tribe of Chippewa Indians (Tribe) approved the submission of a grant application to the Great Lakes Fishery Trust (Trust) for development of a fishing access site on property owned by the Tribe near Epoufette, Michigan (Resolution #2013-179); and

WHEREAS, said Resolution indicated that the harbor development project would benefit tribal commercial and subsistence fishers, as well as tribal and non-tribal recreational fishers; and

WHEREAS, fishery access site development grants funded by the Trust require maintenance of the site at the owner's expense, and continued accessibility for the public, as defined in grant contracts and Trust policies; and

WHEREAS, Sault Tribe staff received verbal notification on November 13, 2013 that the Trust board of directors had selected the Tribe's Epoufette Harbor proposal for full funding at the Trust's November 12, 2013 meeting; and

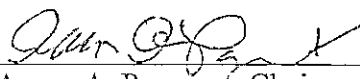
WHEREAS, Trust staff indicated that concerns arose during the November 12 meeting regarding future public accessibility, particularly if the Tribe places the Epoufette Harbor property into federal trust status; and

WHEREAS, the Tribe wishes to alleviate any concerns the Trust might have regarding future public accessibility to the harbor through the adoption of this Resolution.


NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa hereby re-affirms its commitment to adhere to the terms and spirit of Trust's Access Site grant policies to both maintain the Epoufette Harbor site, and to allow public access to the harbor, in accordance with conditions indicated in the grant contract and Trust policies, and regardless as to whether the property is placed into federal trust status in the future.

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 3 day of December 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 11 members for, 0 members against, 2 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
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Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
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RESOLUTION NO: 2013-256

**OPPOSING SALE OR EXCHANGE OF PUBLIC LANDS TO
GRAYMONT**

WHEREAS, Graymont, a company engaged in the production of lime and limestone products, seeks to acquire approximately 11,500 acres of state-owned public land near Rexton in the Eastern Upper Peninsula of Michigan, and proposes to utilize these lands, together with approximately 1,500 acres of private and federal lands, to develop a 13,000 acre limestone mining project that would include both surface and subsurface mining; and

WHEREAS, the sale of state-owned public lands on this massive scale is unprecedented, at least in modern times; and

WHEREAS, the state-owned public lands sought by Graymont are located within the Newberry Moraine, contain large blocks of high quality Mesic Northern Hardwood forest type, and also contain the headwaters of the South Branch of the Carp River, the Black River, and other streams that flow into Lakes Huron, Michigan, and Superior; and

WHEREAS, the environmental impacts of the proposed mining and processing activities have not been identified, published, or discussed with the public; and

WHEREAS, at least 1,200 members of the Sault Tribe are currently licensed to engage in hunting, fishing, gathering, and other treaty protected activities within a 20 mile radius of the proposed project site; and

WHEREAS, the proposed project will result in the closing of existing access roads and will otherwise restrict or eliminate access to large areas of land that are now open to public use, thereby causing a substantial detrimental impact on the rights of tribal members to utilize these lands for treaty hunting, gathering, and recreation activities as provided by the 2007 Consent Decree in *United States v Michigan*, WD Mich, File No 2: 73 CV 26; and

WHEREAS, in addition to the rights assured by the 2007 Consent Decree, the Tribe has the right to require consultation with the State pursuant to the 2002 Government to Government Accord signed by Governor Engler on December 13, 2002, and recently affirmed by Governor Snyder by Executive Directive 2012-2 (August 23, 2012);

NOW, THEREFORE, BE IT RESOLVED, the Board of Directors hereby declares its opposition to the proposed transfer of public lands near Rexton in the Eastern; Upper Peninsula to Graymont; and

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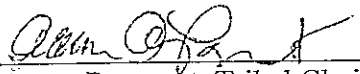
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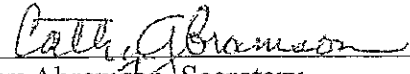
BE IT FURTHER RESOLVED, that the Chairperson and/or appropriate staff are directed to seek formal consultation with the State with respect to this issue.

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly call, notice, convened, and held on the 3 day of December, 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 11 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron Payment, Tribal Chairperson
Sault Ste. Marie Tribe of
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Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
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RESOLUTION NO: 2013-257

**INDIRECT COST
FY 2014 BUDGET MODIFICATION**

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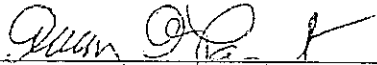
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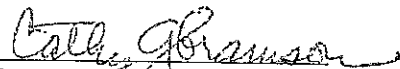
BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the budget modification to the FY 2014 budget for Indirect Cost to reduce Indirect Revenues monies \$157,817 and increase Tribal Support \$157,817.

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 3 day of December 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 11 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians



Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
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RESOLUTION NO: 2013-258

**ST. IGNACE ELDER MEALS
FY 2014 BUDGET MODIFICATIONS**

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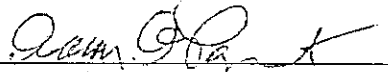
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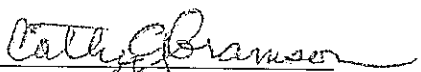
BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians here by approves the FY 2014 budget modification to St. Ignace Elder Meals decreasing Tribal Support \$3,678.58 to reflect the change in positions budgeted.

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 3 day of December 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 11 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians



Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
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RESOLUTION NO: 2013-259

2014 TRAVEL BUDGET FOR THE TRIBAL CHAIRPERSON

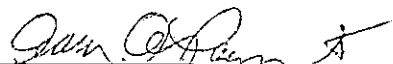
WHEREAS, it is necessary and appropriate for the Tribal Chairperson to represent the Tribe in various meetings and gatherings from time to time; and

WHEREAS, it is in the best interests of the Tribe to assure sufficient funds have been allocated and budgeted for this purpose.


NOW, THEREFORE, BE IT RESOLVED, that the Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians hereby directs the establishment of a travel budget for the Tribal Chairperson in the amount of \$10,000 for calendar year 2014, to be funded from tribal support provided that (1) any expenditure of such these funds must comply with all applicable tribal policies related to travel and (2) these funds shall be expended only as a last resort when other funds are not available to cover the travel expenses of the Chairperson.

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly called, noticed, convened, and held on the 3 day of December 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 10 members for, 0 members against, 1 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron A. Payment, Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians



Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
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RESOLUTION NO: 2013-260

OPPOSITION TO "FRACKING"

WHEREAS the Sault Ste. Marie Tribe of Chippewa Indians is a federally recognized Indian Tribe with some forty thousand members living throughout the State of Michigan; and

WHEREAS thousands of members of the Sault Ste. Marie Tribe of Chippewa Indians depend upon groundwater as their sole source of drinking water; and

WHEREAS the members of the Sault Ste. Marie Tribe of Chippewa Indians enjoy a usufructuary treaty right to hunt, gather, fish and trap as provided by the 2007 Consent Decree in *United States v Michigan*, WD Mich, File No 2: 73 CV 26 and the overall health of the environment has direct impact on the viability of that treaty right; and

WHEREAS the Tribe has a stewardship role over the land, air, water and all the natural resources within its reservation boundaries; and

WHEREAS the hydraulic fracturing ("fracking") of underground shale is being utilized to commercially extract natural gas in Michigan and is being contemplated implemented around the Sault Ste. Marie Tribe of Chippewa Indians reservations, around member's homes, and around land upon which members enjoy their usufructuary treaty rights; and

WHEREAS "fracking" of underground geologic formations is accomplished by injecting a complex mixture of fluids and chemicals, including large volumes of water, on average 4.5 million gallons per well in some geographic areas, under very high pressure to create fractures in gas bearing geologic formations; and

WHEREAS large mining apparatus with increased related traffic are necessary to "fracking," as is the transport, high-pressure use and collection of large amounts of toxic chemicals which also pose a risk of air, land and water pollution; and

WHEREAS credible news sources and anecdotal evidence suggest that widespread environmental and human health impacts have resulted from documented spills, blowouts, leaking wells and other environmental accidents due to the practice of "fracking"; and

WHEREAS in 2005, over objections of health care, scientific, environmental and conservation communities, Congress passed the Energy Policy Act, which exempted regulation of "fracking" fluids under the Safe Drinking Water Act, thereby allowing oil and gas companies to use these substances without federal oversight or standards; and

WHEREAS "fracking" is exempt from several other major federal regulations, including the Clean Water Act and the Clean Air Act, and the oil and gas industries are not required by federal law to publicly disclose chemical formulas of hydraulic fracturing fluids; and

WHEREAS in 2011, Congress considered but failed to enact H.R. 1084: Fracturing Responsibility and Awareness of Chemical Act ("FRAC Act"), which would have repealed the exemption of "fracking" from the Safe Drinking Water Act and require disclosure of chemicals used in fracking, as well as H.R. 1204: the Bringing Reductions to Energy's Airborne Toxic Health Effects Act ("BREATHE Act"), which would have repealed the exemption under the Clean Air Act for aggregation of emissions from oil and gas development sources; and

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WHEREAS the U.S. Environmental Protection Agency issued regulations in 2012 that will require fracking operators to reduce harmful emissions that cause air pollution and the Bureau of Land Management has proposed regulations that would require fracking operators to disclose the chemicals used in operations conducted on public land and Indian land; and

WHEREAS several states, including Wyoming, Indiana, and Colorado have issued regulations to require fracking operators to disclose the chemicals used in their operations; and

WHEREAS the Environmental Protection Agency released a progress report for a study of hydraulic fracturing and its potential impact on drinking water in December 2012 and a final report is due in 2014.


IT IS THEREFORE RESOLVED, that the Sault Ste. Marie Tribe of Chippewa Indians is deeply concerned by the potentially irreversible damage that could be caused to our water systems and supplies by hydraulic fracturing or "fracking" of shale for the commercial extraction of natural gas and strongly urges the Michigan Legislature and Governor to place a moratorium on any new "fracking" activities until the safety of the processes and its related chemicals have been fully investigated and vetted by the State of Michigan's Department of Environmental Quality and U.S. Environmental Protection Agency.

IT IS FURTHER RESOLVED, the Sault Ste. Marie Tribe of Chippewa Indians supports ongoing federal and state efforts to regulate "fracking" and encourages Congressional leaders to reintroduce the FRAC Act and the BREATHE Act.

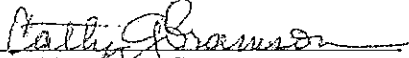
IT IS FURTHER RESOLVED, copies of this resolution will be sent to the Michigan Legislature and Governor immediately.

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly call, notice, convened, and held on the 3 day of December, 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 11 members for, 0 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron Payment, Tribal Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians



Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians



RESOLUTION NO: 2013-261

APPROVING 2014
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION

WHEREAS, this Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians has adopted the Sault St. Marie Tribe of Chippewa Indians Health Benefit Plan for Tribal Employees as Amended and Restated Effective January 1, 2012 (The Plan and SPD); and

WHEREAS, this Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians has reserved the right to amend the Plan and SPD at anytime; and

WHEREAS, this Board of Directors of the Sault Ste. Marie Tribe of Chippewa Indians amended the Plan and SPD as of January 1, 2013; and

WHEREAS, this Board of Directors wishes to further amend the Plan and SPD;

NOW THEREFORE BE IT RESOLVED that the Plan and SPD is hereby amended effective January 1, 2014, as follows:

Section 3.2(a) is deleted and replaced with the following:

3.2 Contributions for the Cost of Coverage

You and your Employer share in the cost of your benefits coverage. You contribute toward the cost by making a Participant Contribution. When you utilize benefits, you are responsible for any co-pays, deductibles, and co-insurance.

a. Employee Medical Contributions

You and the Employer share in the cost of your health care coverage while you are working. When you enroll in coverage, you authorize the Employer to make payroll deductions for your share of the cost.

The level of benefits and the employee contributions required for health care coverage are subject to change at the discretion of the Employer. The Employer currently pays the majority of the cost for health care coverage. Your share is the remaining cost for the coverage.

The exact amount you pay depends on, among other things, the annual salary you earn and the number of your Eligible Dependents. All of your wages are factored in when determining the amount of your premium including tips, bonuses and commissions. If two employees of the Employer are married to each other, the premium for coverage will be based on the wages of the higher wage earner regardless of which employee elects the coverage. A Variable Hour Employee's premium is based on wages earned during an Initial or Standard Measurement Period. In the event that measurement periods overlap, an employee's premium will be based on wages earned during the most recent measurement period.

Payroll deductions are taken each and every pay period in which coverage is in effect. Your annual Benefits Enrollment Guide lists the rates for the upcoming Plan Year.

Sections 4.1 and 4.2 are deleted and replaced with the following:

4.1 Eligible Employees

You are eligible to Enroll in this Plan for medical, prescription drug, dental, and vision coverage if you are an active, regular full-time employee of Employer and regularly work 30

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or more hours per week. See Section 21, *Definitions*, for a more detailed definition of Eligible Employee, particularly with respect to who is not an Eligible Employee.

4.2 Effective Date of Coverage

Governmental Employees, Casino Employees and Enterprise Employees are eligible for coverage following a waiting period that varies as explained below. You must enroll for coverage within 30 days of your eligibility date.

4.2 (a) Regular, full-time employees (excluding Seasonal Employees and Variable Hour Employees)

If upon your hire date, you are reasonably expected to be a regular full-time Eligible Employee (i.e., working on average of at least 30 hours per week) and you are not a Seasonal Employee or Variable Hour Employee, the Measurement Periods and Stability Periods discussed further below do not apply to you, and the length of your waiting period is based on your hire date. If you are hired on the first, second or third day of a month, you are eligible for coverage on the first day of the month in which your 2-month anniversary date falls. Otherwise, your coverage is effective on the first day of the month in which your 3-month anniversary date falls.

Eligibility Date for Regular, Full-time Eligible Employees

Excluding Seasonal and Variable Hour Employees

- If you are hired January 4 through February 3, you are eligible for coverage effective April 1.
- If you are hired February 4 through March 3, you are eligible for coverage effective May 1.
- If you are hired March 4 through April 3, you are eligible for coverage effective June 1.
- If you are hired April 4 through May 3, you are eligible for coverage effective July 1.
- If you are hired May 4 through June 3, you are eligible for coverage effective August 1.
- If you are hired June 4 through July 3, you are eligible for coverage effective September 1.
- If you are hired July 4 through August 3, you are eligible for coverage effective October 1.
- If you are hired August 4 through September 3, you are eligible for coverage effective November 1.
- If you are hired September 4 through October 3, you are eligible for coverage effective December 1.
- If you are hired October 4 through November 3, you are eligible for coverage effective January 1.
- If you are hired November 4 through December 3, you are eligible for coverage effective February 1.
- If you are hired December 4 through January 3, you are eligible for coverage effective March 1.

If you were hired prior to January 1, 2014, as a regular full-time employee working 30 or more hours, but you did not meet the Waiting Period requirements under the prior plan, you will become eligible for coverage on the earlier of: the eligibility date specified under the 2012 plan or this Plan.

4.2(b) New Variable Hour Employees and Seasonal Employees

You are a New Variable Hour Employee if you are an Eligible Employee but based on the facts and circumstances on your hire date, the Employer cannot determine whether you will work an average of 30 hours per week during your first 12 months of employment. You are a Seasonal Employee if you are employed during a certain season or period of the year for a job which by its very nature may not be carried on throughout the year. See Section 21, *Definitions*, for a more detailed definition of "Seasonal Employee" and "Variable Hour Employee."

If you are a Variable Hour Employee or Seasonal Employee, your paid hours will be added up and averaged for your first 12 months of employment (i.e., your Initial Measurement Period) in accordance with governing regulations. If you average 30 or more hours of service per week during your Initial Measurement Period, you will be eligible for coverage throughout a 12-month Stability Period. As long as you remain employed, you will be covered throughout the Stability Period.

The Stability Period will commence immediately following the Initial Measurement Period and Administrative Period. The Administrative Period begins the day after your 12-month Initial Measurement Period and ends on the last day of the first full month following your Initial Measurement Period.

Example of Initial Measurement Period (*Are you full-time?*), Administrative Period (*waiting period*) and Stability Period (*period you may be covered*) for a Variable Hour Employee

Hired: March 15, 2014.

Initial Measurement Period: March 15, 2014 through March 14, 2015 (averages 30 hours per week)

Administrative Period: March 15, 2015 through April 30, 2015 (enrolls in coverage)

Covered through out Initial Stability Period: May 1, 2015 through April 30, 2016 (remains employed)

If the employment position or employment status of a New Variable Hour Employee or New Seasonal Employee materially changes before the end of the Initial Measurement Period in such a way that, if the employee had begun employment in the new position or status, the employee reasonably would have been expected to average at least 30 hours of service per week (i.e., would not have been treated as a Variable Hour Employee or Seasonal Employee), the employee will be considered a full-time employee eligible for coverage on—

- (i) the first day of the fourth month following the change in employment status, or

- (ii) if earlier and the employee averages at least 30 hours of service per week during the Initial Measurement Period, the first day of the first month following the end of the Initial Measurement Period and Administrative Period.

4.2(c) Ongoing Variable Hour Employees

A New Variable Hour Employee becomes an Ongoing Variable Hour Employee once the employee has been employed for at least one complete Standard Measurement Period that is, employed continuously October 15 (Year 1) through October 14 (Year 2).

If you are an Ongoing Variable Hour Employee, your paid hours will be added up and averaged each Standard Measurement Period of October 15 through October 14 (i.e., look-back period) in accordance with governing regulations. If you average 30 or more hours of service per week during a Standard Measurement Period, you will be eligible for coverage throughout a 12-month Stability Period (i.e., look forward period) that runs January 1 through December 31. As long as you remain continuously employed, you will be covered throughout the Stability Period regardless of the number of hours you work.

The Stability Period will commence immediately following the Standard Measurement Period and an Administrative Period that runs October 15 through December 31.

In order to align the Standard Measurement Period with the Employer's payroll periods, the Employer may exclude the payroll period that includes January 1 and include the payroll period that includes December 31 for purposes of calculating average hours worked during a Standard Measurement Period.

If an Ongoing Variable Hour Employee's employment status changes before the end of a Stability Period, the change will not affect the classification of the employee as a full-time employee (or not a full-time employee) or coverage eligibility for the remaining portion of the Stability Period.

Examples of Standard Measurement Period (<i>full-time?</i>), Administrative Period (<i>waiting period</i>) and Stability Period (<i>period covered</i>) for an Ongoing Variable Hour Employee
--

Initial Period of Coverage

<i>Averages 30 hours or more per week...</i>
--

Hired: March 15, 2014.

Initial Measurement Period: March 15, 2014 through March 14, 2015 (averages 30 hours per week)
--

Administrative Period: March 15, 2015 through April 30, 2015 (enrolls in coverage)
--

Covered through out Stability Period: May 1, 2015 through April 30, 2016 (remains employed)

Subsequent Period of Coverage

<i>If average 30 hours or more per week...</i>
--

Standard Measurement Period: October 15, 2014 through October 14, 2015 (averages 30 hours per week)

Subsequent Period of Coverage

If average 30 hours or more per week...

Standard Measurement Period: October 15, 2014 through October 14, 2015 (averages 30 hours per week)

Administrative Period: October 15, 2015 through December 31, 2015 (remains enrolled in coverage)

Covered throughout Stability Period: January 1 through December 31, 2016

If averages less than 30 hours per week...

Standard Measurement Period: October 15, 2014 - October 14, 2015 (averages under 30 hours per week)

Administrative Period: October 15, 2015 through December 31, 2015 (remains enrolled in coverage)

Stability Period: January 1 through December 31, 2016 (doesn't meet eligibility requirements)

Coverage ends at midnight on April 30, 2016 (earned coverage through this date based on hours worked during the Initial Measurement period)

If the employee qualifies as full-time during the Initial Measurement Period, the employee retains that status for the entire Stability Period related to the Initial Measurement Period—even if the employee did not qualify as full-time during the Standard Measurement Period. In contrast, if the employee did not qualify as full-time during the Initial Measurement Period but does so qualify during the Standard Measurement Period, the employee must be treated as full-time for the full Stability Period associated with the Standard Measurement Period—even if that means the employee is eligible for coverage before the end of the Stability Period associated with the Initial Measurement Period. That is, the employee's change to full-time status overrides the initial determination, and the employee must be treated as full-time even if there was time remaining in the Stability Period associated with the Initial Measurement Period.

4.2(d) Employees Rehired After Termination of Employment

Subject to the special rules described above, an employee generally will retain full-time or non-full-time employee status during an entire Stability Period as long as the employee continues to be employed. Under the Rule of Parity, if an employee terminates employment and is subsequently rehired, the employee will be treated as a new employee if the period (measured in weeks) during which no services are performed is at least four weeks long and exceeds the number of weeks of employment immediately preceding the period during which no services are performed.

4.2(e) Regular Full-Time Employees, Seasonal Employees and Variable Hour Employees

IF YOU DO NOT ENROLL IN THE PLAN ON A TIMELY BASIS (WITHIN 30 DAYS AFTER YOUR DATE OF ELIGIBILITY), YOU WILL RECEIVE NO COVERAGE. YOU WILL NOT BE ELIGIBLE FOR HEALTHCARE COVERAGE UNDER THIS PLAN

UNTIL THE NEXT ANNUAL OPEN ENROLLMENT PERIOD, UNLESS YOU BECOME ELIGIBLE FOR SPECIAL ENROLLMENT UNDER SECTION 4.6.

If you Enroll your Eligible Dependents in this Plan, their Effective Date of Coverage is the same as yours. If any of your Eligible Dependents are in a hospital on the date that your enrollment in this Plan is effective, this Plan will be secondary to any coverage until such time as such Eligible Dependent is discharged from the hospital.

The Emergency Care Section in Table 6.5 is deleted and replaced with the following:

EMERGENCY SERVICES		
Emergency Services (Hospital Emergency Room --Non-Emergency use of an Emergency Room is not covered. --Co-pay waived if "admitted" to hospital.	100% after deductible after \$100 co-pay	100% after deductible after \$100 co-pay
Urgent Care Facility	80% after deductible	65% after deductible
Ambulance -- medically necessary transport	80% after deductible	80% after deductible

The following services are added to Table 6.5:

CLINICAL TRIALS		
Clinical trials for Cancer or other life threatening diseases or conditions per PPACA	Subject to cost sharing. Refer to the specific services for cost sharing information.	Subject to cost sharing. Refer to the specific services for cost sharing information.

Section 6.6.1 is deleted and replaced with the following:

6.6.1 When Pre-Verification Claim review is Recommended

Generally, Pre-Verification Claim review is recommended for any kind of inpatient hospital stay, inpatient and outpatient surgery and for a number of specific tests and procedures. If you have any reservation whether or not services should be Pre-Verification Claim reviewed, you should contact the member services representative at the number on your identification card. If possible, you should request a Pre-Verification Claim review at least 14 days before the date of an elective admission or proposed treatment. In instances where it is not possible to request a Pre-Verification Claim review, we recommend the following guidelines:

- Five business days before an elective admission
- Within one business day or the same day as a non-elective admission

For any of the following:

- Admission to a hospital, skilled nursing, convalescent or rehabilitation facility or any other inpatient admission
- for any form of treatment, including mental health and/or substance abuse
- Admission for inpatient hospice care
- Home health care services
- Private duty nursing
- Inpatient or outpatient surgery

Benefits for any of the above are reviewed for a specific duration of time. If your treatment takes longer than originally expected or you need additional services, an additional review is required.

Typically this plan will pay for a confinement of 48 hours or less for a vaginal delivery or for a confinement of 96 hours or less following a cesarean delivery as related to Maternity. If your inpatient stay will extend beyond the limitations stated above, your provider should call to certify the additional days.

You also should request Pre-Verification Claim reviews for any of the following procedures (unless they are for Emergency Services performed as part of a covered Hospital Emergency Room visit for an Emergency Medical Condition):

- Back surgery
- Ear, nose and throat surgery
- Female pelvic surgery
- Foot surgery
- Gall bladder surgery
- Hand/wrist surgery
- Heart surgery
- Knee surgery
- Rectal surgery
- Any plastic or reconstructive surgery
- Organ/tissue transplants (at least seven days before any part of the process is initiated or as soon as reasonably possible after the possibility of a transplant arises)

You should also obtain Pre-Verification or Post-Service claim review for any of the following tests, services or supplies:

- Within five business days of any post-emergency dental treatment
- Before any MRA, MRI, PET or CT scan
- Before the commencement of physical, occupational or speech therapy
- Before allergy immunotherapy treatment
- For injectable drugs that require injection by a health care professional

Pre-Verification is not required for any MRA, MRI, PET or CT scan performed as part of a covered Hospital Emergency Room visit for an Emergency Medical Condition or performed during an inpatient Hospital Admission.

Section 6.8.1 is deleted and replaced with the following:

6.8.1 Emergency Room Care

You are covered for the treatment of accidental injuries or conditions that the Third-Party Administrator determines are True (medical) Emergencies. True emergencies are one of the following:

- An **accidental injury** is physical damage caused by an action, object, or substance from outside of the body. This includes strains, sprains, fractures, cuts and bruises; allergic reactions, frostbite, sunburn and sunstroke; swallowing poisons and medication overdosing; and inhaling smoke, carbon monoxide or fumes.
- A **medical emergency** is a condition that occurs suddenly and unexpectedly and that could result in serious bodily harm or threaten life unless treated immediately. This is not a condition caused by accidental injury.

Emergency room services generally are covered as such only if it is determined that the services are Medically Necessary and there is not a less intensive or more appropriate place of service, diagnostic or treatment alternative that could have been used in place of emergency room services. If the Third-Party Administrator, at its discretion, determines that it is not a true emergency and a less intensive or more appropriate treatment could have been given, benefits under the Plan may be reduced or not covered.

Notwithstanding any other Plan provisions, a Participant is also covered for Emergency Services provided in connection with "an Emergency Medical Condition" including medical screening examinations within the capability of a hospital's emergency department including ancillary services routinely available to evaluate an Emergency Medical Condition and further examination and treatment as required to stabilize the patient. An Emergency Medical Condition is evidenced by acute symptoms of sufficient severity so that a prudent layperson, with average knowledge of health and medicine, could reasonably expect that absence of immediate medical attention would place the individual's health in serious jeopardy, or seriously impair bodily functions, bodily organs, or parts. The Third-Party Administrator will have sole discretion in determining what is considered Emergency Services.

In accordance with PPACA:

- Pre-verification (or preauthorization) is not required and Emergency Services provided in a Hospital Emergency Room are covered regardless of whether services are provided by a Network Provider or Non-Network Provider;
- The Plan does not impose any administrative requirement or coverage limitation on Emergency Services provided by a Non-Network Provider that is more restrictive than any administrative requirement or coverage limitations imposed on Emergency Services provided by a Network Provider; and
- The Plan complies with PPACA's cost-sharing requirements.

The following is added as Section 6.14.14, Clinical Trials:

The Plan covers the following preventive services without imposing any co-payments, co-insurance, deductibles, or other cost-sharing requirements, when delivered by Network Providers:

- evidence-based items or services with an A or B rating recommended by the United States Preventive Services Task Force (USPSTF);
- immunizations for routine use in children, adolescents, or adults recommended by the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention;
- evidence-informed preventive care and screenings provided for in the comprehensive guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children, and adolescents; and
- other evidence-informed preventive care and screenings provided for in comprehensive guidelines supported by HRSA for women.

Any recommendations or guidelines issued after September 23, 2009, are covered by the Plan (regardless of whether they are specifically listed in the Plan) beginning with the first full Plan Year that begins one year after the recommendation or guideline is published.

Depending on the item, preventive services may be covered under the medical or prescription drug section of the Plan.

The following is added as Section 6.14.14, Clinical Trials:

The Plan provides coverage for “Qualified Individuals” participating in “Approved Clinical Trials” including coverage of “Routine Patient Costs” for items and services furnished in connection with an “Approved Clinical Trial” for a “Life-Threatening Condition.” The Plan will not:

- deny any qualified individual the right to participate in a clinical trial;
- deny, limit, or impose additional conditions on the coverage of routine patient costs for items and services furnished in connection with participation in the clinical trial; or
- discriminate against any qualified individual who participates in a clinical trial.

Qualified Individuals must use Network Providers if available and if the providers will accept the individuals as participants. Otherwise, Qualified Individuals may use Non-Network Providers located in Michigan or any another state.

For purposes of these requirements, the following definitions apply:

“Approved Clinical Trial” is a phase I, II, III, or IV clinical trial that is conducted in connection with the prevention, detection, or treatment of cancer or other life-threatening disease or condition and is federally funded through a variety of entities or departments of the federal government; is conducted in connection with an investigational new drug application reviewed by the Food and Drug Administration; or is exempt from investigational new drug application requirements.

“Life-threatening Condition” is a disease or condition likely to result in death unless the disease or condition is interrupted.

“Qualified Individual” is a Plan Participant who is eligible, according to the trial protocol, to participate in an Approved Clinical Trial for the treatment of cancer or other life-threatening disease or condition and either:

- the referring health care professional is a Network Provider and has concluded that the Plan Participant's participation in the clinical trial would be appropriate; or
- the Plan Participant provides medical and scientific information establishing that the individual's participation in the clinical trial would be appropriate.

“**Routine Patient Costs**” include items and services typically provided under the Plan for a participant not enrolled in a clinical trial. However, such items and services do not include:

- (a) the investigational item, device or service itself;
- (b) items and services not included in the direct clinical management of the patient, but instead provided in connection with data collection and analysis; or
- (c) a service clearly not consistent with widely accepted and established standards of care for the particular diagnosis.

The Plan contains various exclusions for experimental or investigative treatments, including, for example, with respect to Human Organ Transplants, Chemotherapy, Bone Marrow Transplants and drugs not yet approved by the FDA). Such exclusions will not apply to items and services rendered as part of an Approved Clinical Trial.

Section 6.15, Medical Exclusions and Limitations, is updated as follows:

The exclusion of “Charges for emergency or urgent care that is determined not to be a true emergency” and the exclusion of “Charges for medical, surgical, or other healthcare procedures and treatments which are experimental or investigational...” are replaced with the following:

- Charges for emergency or urgent care that is determined not to be either a true emergency or an Emergency Medical Condition (per PPACA).
- Charges for medical, surgical, or other healthcare procedures and treatments which are experimental or investigational, as determined by the Plan in accordance with consensus derived from peer review medical and scientific literature and the practice of a national medical community (but excluding changes that fall under an Approved Clinical Trials).

Section 7.7, What's Not Covered: Prescription Drugs, is updated as follows:

The exclusions for “Charges for experimental drugs...” and “Procedures, services, drugs and other supplies...” are replaced with the following:

- Charges for experimental drugs or substances not approved by the Food and Drug Administration (FDA) or limited by federal law for experimental or investigational use, including drugs labeled “caution-limited by federal law to investigational use” but excluding any drugs that are part of an Approved Clinical Trial.
- Procedures, services, drugs and other supplies that are, as determined by the claims administrator, experimental or still under clinical investigation by health professionals unless they are part of an Approved Clinical Trial.

The second paragraph in Article 10 is deleted and replaced with the following:

You have the option of contributing up to \$2,500 each Calendar Year to the Health Care FSA that you will not have to pay taxes on. You may use the money only for Eligible Expenses that you incur during the same Calendar Year (except with respect to “carry over” amounts).

Carry Over Amounts. If you have unused funds following the 2 ½ month run-out period for a Plan Year, up to \$500 of your unused health FSA balance will automatically carry over to the next Plan Year. Unused amounts in excess of \$500 forfeit to the Employer after the 2 ½ month run-out period for a Plan Year. Amounts carried over cannot be cashed out or converted to any other taxable or nontaxable benefit and will not count against your annual health FSA salary reduction limit of \$2,500. You can carry over up to \$500 and still elect to contribute \$2,500 to a Health FSA Account. Unused carryovers remaining at termination of employment are forfeited (unless you elect COBRA).

Example of How the Carry Over Works

If you contributed \$2,500 for the 2013 Plan Year and you incurred Eligible Expenses in the total amount of \$1,900 for services rendered in 2013:

- You will be reimbursed \$1,900 as long as you apply for reimbursement and submit copies of any required receipts on or before March 15, 2014.
- \$500 will carry over to the 2014 Plan Year.
- You will forfeit \$100.
- You're eligible to contribute \$2,500 for the 2014 Plan Year.
- This would leave you with an available balance in 2014 of \$3,000.

The description of “Important Dates” in Section 10.1 is deleted and replaced with the following:

Important Dates	-- Incur expenses during Plan Year (<i>January 1, 2013 -- December 31, 2013</i>) -- The Plan's Run Out Period allows an extra 2½ months (e.g., January 1 to March 15, 2014) to report expenses incurred during the Plan Year (e.g., the 2013 Plan Year) and to be reimbursed from any unused balances for the Plan Year (e.g., 2013 Plan Year). If you have money remaining in your account after the March 15 deadline to submit expenses, it will be forfeited (except for any Carry Over amount).
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The last paragraph in Article 10 is deleted and replaced with the following:

When you set aside funds into the Health Care FSA, you may withdraw money from your Health Care FSA to pay for Eligible Expenses that you incur during the Calendar Year (or during the following Calendar Year for any carry amounts), as long as the expenses are for you or an Eligible Dependent.

The following provisions are added to Section 18.11, The Patient Protection and Affordable Care Act, as amended (“PPACA”):

Effective on January 1, 2011, the following provision applies to this Plan:

10. patient protections (choice of health care professional and coverage of emergency services).

Changes effective in 2014 include:

6. Clinical trial coverage; and
7. Cost-sharing limits.

The following definitions are added to Article 21:

Administrative Period. The *Administrative Period* is a period after the end of a Measurement Period—and before the beginning of the next Stability Period—during which the Employer can perform administrative tasks, such as calculating the hours for the Measurement Period, determining eligibility for coverage, providing enrollment materials to Eligible Employees, and conducting open enrollment.

Initial Measurement Period. A 12-month *Initial Measurement Period* is used for New Variable Hour Employees and New Seasonal Employees beginning on their hire date.

Measurement Period. A *Measurement Period* is the look-back period over which hours are calculated to determine whether an employee has averaged at least 30 hours per week. There are two types of measurement periods: Standard Measurement Periods and Initial Measurement Periods.

New Seasonal Employee. A *New Seasonal Employee* is an employee who has not been employed for at least one complete Standard Measurement Period.

New Variable Hour Employee. A *New Variable Hour Employee* is an employee who has not been employed for at least one complete Standard Measurement Period.

Ongoing Variable Hour Employee. An *Ongoing Variable Hour Employee* is an employee who has been employed for at least one complete Standard Measurement Period.

Seasonal Employee. A *Seasonal Employee* is employed during a certain season or period of the year for a job which by its nature may not be continuous or carried on throughout the year.

Stability Period. The 12-month Stability Period is the look-forward period for which an employee's status (determined during the Measurement Period as full-time or not) is locked in, regardless of the employee's actual hours during this period (provided that the employee continues to be employed). The Stability Period begins at the end of the Measurement Period (and the Administrative Period).

Standard Measurement Period. A 12-month *Standard Measurement Period* running from October 15 through October 14 is used for ongoing employees. The Standard Measurement Period for the 2014 Plan Year is October 15, 2012 through October 14, 2013.

Variable Hour Employee. An employee is a *Variable Hour Employee* if it cannot be determined on the employee's start date that the employee is reasonably expected to work an average of at least 30 hours per week during the Initial Measurement Period (based on the facts and circumstances on the employee's start date).

The following definitions in Article 21 are updated as follows:

Eligible Employee. *Eligible Employee* means any employee who, in accordance with the personnel policies of the Employer, is a full-time regular employee who works 30 or more hours per week (during an Initial Measurement Period or Standard Measurement Period for Variable Hour Employees or Seasonal Employees) for the Employer and who is not an excluded employee as provided in this Section.

The following shall be excluded employees and shall not be eligible to participate in this Plan: Full-time regular employees scheduled to work less than 30 hours per week (excluding Seasonal Employees and Variable Hour Employees who average 30 or more hours during an Initial Measurement Period or Standard Measurement Period); part-time employees, casual employees; temporary employees; freelancers; employees covered by a collective bargaining agreement which does not specifically provide for coverage under this Plan; any person, including a common law employee of the Employer, who provides services to the Employer if such services are provided pursuant to an agreement between the Employer and any person (such as an employee leasing or employee staffing organization) that has not adopted this Plan; and any individual who is listed on the books and records of the Employer as an independent contractor and for whom the Employer does not report wages on Form W-2 (or successor form), regardless of whether such individual is, at any time, determined by any court, governmental agency, or otherwise to be a common law employee of the Employer. An individual who is characterized by the Employer on its records as other than an Eligible Employee is not eligible to participate in this Plan for any period of time during which he or she is so characterized.

Medically Necessary, Medically Necessary Care and Treatment. *Medically Necessary* means a service or supply that meets the following criteria:

- It is provided to
 - Treat a life-threatening condition, or
 - Treat pain, Injury, or infection, or
 - Treat a condition that would result in physical or mental Disability;
 - To improve physical or mental function; or
 - To treat an Emergency Medical Condition.
- It is consistent with:
 - Generally accepted current medical practice, or
 - The medical standard of the community for the diagnosis or condition
- It is consistent in type, frequency and duration of Treatment with scientifically-based guidelines of:
 - National medical, research or health care coverage organizations, or
 - Governmental agencies

In no event will the Plan consider services or supplies to be Medically Necessary if:

- They are chiefly custodial in nature, or

- They are experimental or investigative (except with respect to Approved Clinical Trials), or
- They are not proven to be medically effective, or
- They are provided for the personal comfort or convenience of a person, or
- They are primarily to improve, alter, or enhance appearance, or
- There is another equally effective or suitable alternative that is more conservative or less expensive (except with respect to Emergency Services provided in a Hospital's emergency room to stabilize a patient with an Emergency Medical Condition).


The fact that any particular provider may prescribe, order, recommend, or approve a service, supply or level of care does not, of itself, make such Treatment Medically Necessary.

The definition of Medically Necessary stated in this document relates only to the Plan's benefit Payments and differs from the way in which a provider engaged in the practice of medicine may define "medically necessary."

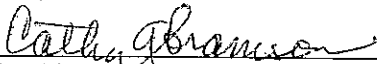
Spouse. *Spouse* means the person who is married to you in a legally recognized civil or religious ceremony. The Plan does not recognize common law marriages. You must furnish a copy of your marriage certificate. If you become divorced or legally separated, your Spouse loses eligibility.

CERTIFICATION

We, the undersigned, as Chairperson and Secretary of the Sault Ste. Marie Tribe of Chippewa Indians, hereby certify that the Board of Directors is composed of 13 members, of whom 12 members constituting a quorum were present at a meeting thereof duly call, notice, convened, and held on the 3 day of December, 2013; that the foregoing resolution was duly adopted at said meeting by an affirmative vote of 7 members for, 4 members against, 0 members abstaining, and that said resolution has not been rescinded or amended in any way.



Aaron Payment, Tribal Chairperson
Sault Ste. Marie Tribe of
Chippewa Indians



Cathy Abramson, Secretary
Sault Ste. Marie Tribe of
Chippewa Indians