

[Mont. Code Ann. § 15-61-102.]

§ 15-61-102. Definitions: Montana Medical Care Savings Account Act of 1995

As used in this chapter, unless it clearly appears otherwise, the following definitions apply:

- (1) "Account administrator" means:
 - (a) a state or federally chartered bank, savings and loan association, credit union, or trust company;
 - (b) a health care insurer as defined in 33-22-125;
 - (c) a certified public accountant licensed to practice in this state pursuant to Title 37, chapter 50;
 - (d) an employer if the employer has a self-insured health plan under ERISA;
 - (e) the account holder or an employee for whose benefit the account in question is established;
 - (f) a broker, insurance producer, or investment adviser regulated by the commissioner of insurance;
 - (g) an attorney licensed to practice law in this state;
 - (h) a person who is an enrolled agent allowed to practice before the United States internal revenue service.
- (2) "Account holder" means an individual who is a resident of this state and who establishes a medical care savings account or for whose benefit the account is established.
- (3) "Consumer price index" means the consumer price index, United States city average, for all items, for all urban consumers, as published by the bureau of labor statistics of the United States department of labor.
- (4) "Dependent" means the spouse of the employee or account holder or a child of the employee or account holder if the child is:
 - (a) under 23 years of age and enrolled as a full-time student at an accredited college or university or is under 19 years of age;
 - (b) legally entitled to the provision of proper or necessary subsistence, education, medical care, or other care necessary for the health, guidance, or well-being of the child and is not otherwise emancipated, self-supporting, married, or a member of the armed forces of the United States; or
 - (c) mentally or physically incapacitated to the extent that the child is not self-sufficient.

- (5) "Eligible medical expense" means:
- (a) an expense paid by the employee or account holder for medical care defined by 26 U.S.C. 213(d);
 - (b) an expense for long-term care, including long-term care insurance or a long-term care annuity; and
 - (c) a family leave expense.
- (6) "Employee" means an employed individual for whose benefit or for the benefit of whose dependents a medical care savings account is established. The term includes a self-employed individual.
- (7) "ERISA" means the Employee Retirement Income Security Act of 1974, 29 U.S.C. 1001, et seq.
- (8) "Family leave expense" means:
- (a) an expense, calculated monthly, approximating wages lost while caring for an immediate family member for the purposes allowed under the Family and Medical Leave Act of 1993, 29 U.S.C. 2601, et seq., and 29 CFR, part 825. A family leave expense is calculated by multiplying the hourly wage that the caregiver would have been paid by the number of hours that would typically be spent working but were instead spent caring for an immediate family member. The hourly wage for a person paid a salary is the gross annual wage divided by 2,087.
 - (b) a premium paid for family leave insurance.
- (9) "Immediate family member" means a parent, spouse, or child.
- (10) "Medical care savings account" or "account" means an account established with an account administrator in this state pursuant to 15-61-201.