

# City of Billings – 2026

## Pre-Medicare: Overview Highlights of the Medical, Dental & Vision Benefit Plans

→This is only intended as a brief description of coverage, please refer to the Plan Document for details as it would prevail←

Administered by EBMS as our Third-Party Administrator (TPA), group # 0000086		There is coordination of benefits for medical.				
<b>Self-Insured Plans</b>	<b>Standard Medical &amp; Rx</b>		<b>High Deductible Health Plan (HDHP) &amp; Rx</b>			
Premiums:	Monthly		Monthly			
<b>Retiree only</b>	<b>\$635.41</b>		<b>\$568.90</b>			
<b>Retiree + Spouse</b>	<b>\$1,296.14</b>		<b>\$1,166.26</b>	<b>Retiree + dependents = "Family Unit"</b>		
<b>Retiree + Child(ren)</b>	<b>\$1,175.54</b>		<b>\$1,052.48</b>			
<b>Retiree + Family</b>	<b>\$1,842.74</b>		<b>\$1,649.80</b>			
Annual Deductible	"medical deductible" (Rx is separate)			\$1,750 "medical & Rx deductible" for Retiree Only plan election		
	\$1,250 for one person \$2,400 family			\$3,400 "medical & Rx deductible" Family Unit for any Retiree plus election (1 member or combo, must meet deductible before any benefit is paid.)		
<a href="http://www.RMHN.org">www.RMHN.org</a> Select EBMS-City of Billings in the dropdown menu for insurance acceptance.	Tier 1: "Preferred" Network Providers: (highest reimbursement level) RMHN – Rocky Mountain Health Network & Riverstone Health	Tier 2: Network Providers: First Choice Health (EBMS)	Tier 3: NON - Network Providers (provider can balance bill)	Tier 1: "Preferred" Network Providers: (highest reimbursement level) RMHN – Rocky Mountain Health Network & Riverstone Health	Tier 2: Network Providers: First Choice Health (EBMS)	Tier 3: NON - Network Providers (provider can balance bill)
After the Deductible has been met, Reimbursement Rate paid by the Plan	80%	60%		80%	60%	
Coinsurance for Participant	20%	40%		20%	40%	

For full details of your coverage, please refer to the:

## PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION FOR CITY OF BILLINGS EMPLOYEE BENEFIT PLAN



This is in your miBenefits login or on the public city website under HR's Forms & Resources:

### Please note:

- as a retiree, once you opt out of medical, dental or vision coverage, you are not able to re-elect it.
- you are only able to be on our Pre-Medical Retiree coverages if you are not Medicare eligible age 65 or through SS Disability Medicare

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PRESCRIPTIONS/Rx	Standard Health Plan	High Deductible Health Plan (HDHP)
<b>THERE IS NO COORDINATION OF BENEFITS WITH Pharmacy/Rx services</b>		
<b>MAINTENANCE/ Preventive Rx</b>  <b>Maintenance/long-term treatment medications (non-specialty)</b>  Required city plan pharmacies	<p>No Deductible on maintenance, under the Standard Plan.</p> <p>Generic: \$5/30 days, \$10/31-90 days Preferred Brand: \$30/30 days, \$60/60 days, \$90/90 days Non-Preferred Brand: \$45/30 days, \$90/60 days, \$135/90 days</p> <p>Maintenance medications include, but are not limited to, high blood pressure, birth control, high cholesterol, heart disease, diabetes, etc.</p> <ul style="list-style-type: none"> <li>• <b>REQUIRED</b> : To be purchased at any of the following pharmacies: Costco, Sam's Club, Wal-Mart, Pharmacy 1-SCL, Intermountain Pharmacy St Vincent, Riverstone Health Pharmacy, Pharm406, or Downtown Family Pharmacy.</li> <li>• <b>Mail-order options SmithRx offers for maintenance rx:</b> For example: Amazon mail-order &amp; Walmart At-Home. Also, Mark Cubin Cost Plus program. See SmithRx portal for details and other vendors they are contract with for mail-order maintenance rx.</li> <li>• Effective 1/2012: it is <i>Mandatory</i> that medications will be dispensed as a generic, when available, unless the prescribing physician requires a name brand is medically necessary. Will need to provide documentation to set up override with SmithRx as our PBM. Otherwise, you will be responsible for cost difference from generic to brand &amp; co-pay difference.</li> </ul>	<p>Under HDHP, Participant Pays 100% of RX Costs for maintenance at the time of purchase. Once their medical/Rx deductible is met, copays will apply.</p> <p><b>Preventive</b> formulary medications will be covered at appropriate copay level and will not be subject to the HDHP deductible.</p> <p>Generic: \$5/30 days, \$10/31-90 days Preferred Brand: \$30/30 days, \$60/60 days, \$90/90 days Non-Preferred Brand: \$45/30 days, \$90/60 days, \$135/90 days</p>
<b>RETAIL Rx</b>  <b>Acute/short-term Rx treatment medications (30 day or less script limit)</b>  Required city plan pharmacies	<p>Deductible, under Standard Plan for : <b>\$350</b> for one person/<b>\$600</b> per family</p> <p>Generic: \$5 Preferred Brand: 20% (min-\$30; max-\$60) Non-Preferred Brand: 40% (min-\$50; max-\$100)</p> <p>Acute/short-term rx, for example, is treatment for an ear infection. Limited to 30-day supply.</p> <p><b>REQUIRED: Retail/Acute Rx is to be purchased at one of the following pharmacies (no mail-order):</b> Costco, Sam's Club, Wal-Mart, Pharmacy 1-SCL, Intermountain Pharmacy St Vincent, Riverstone Health Pharmacy, Pharm406, or Downtown Family Pharmacy.</p> <p>→Prescriptions requiring compounding will need to be utilized under the retail benefit, at specific compounding pharmacies.</p>	<p>Under HDHP, Participant Pays 100% of RX Costs at the time of purchase. Once their medical/Rx deductible is met, copays will apply.</p> <p>Generic: \$5 Preferred Brand: 20% (min-\$30; max-\$60) Non-Preferred Brand: 40% (min-\$50; max-\$100)</p>
<b>SPECIALTY Rx</b>  <b>Maintenance or Acute Specialty medications (30 day script limit)</b>  Required city plan pharmacies	<p>Deductible, under Standard Plan: <b>\$350</b> for one person/<b>\$600</b> per family</p> <p>Generic: \$75, Preferred &amp; Non-Preferred Brand: \$125</p> <p><b>REQUIRED : Specialty medication are through the following Mail-order services our PMB is contracted with:</b> SmithRx preferred specialty pharmacy vendor, either Costco Specialty or Senderra. Log into your SmithRx Portal to view Specialty mail-order options through SmithRx.</p>	<p>Under HDHP, Participant Pays 100% of RX Costs at the time of purchase. Once their medical/Rx deductible is met, copays will apply.</p> <p>Generic: \$75, Preferred &amp; Non-Preferred Brand: \$125</p>
PBM for Rx Claims: SmithRx	<p>Pharmacy Benefit Manager (PBM) is <b>SmithRx</b> for Rx claims Ph: 844-454-5201 or <a href="mailto:help@smithrx.com">help@smithrx.com</a></p> <p>Go to <b>mysmithrx.com</b> to set up access to your own account at SmithRx to view your rx claims, formulary, and more! You can also access this option through your miBenefits login and select "Find A Pharmacy".</p>	

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<b>DENTAL CARE</b> (Self-Insured Plan)	
Administered by EBMS as our Third-Party Administrator, group # 00086	
Dental is separate from the Medical plan and there is <b>no required dental network</b> . There is coordination on dental benefits.	
<b>Premiums:</b>	<b>Monthly</b>
<i>Retiree Only</i>	<b>\$44.70</b>
<i>Retiree + Spouse</i>	<b>\$89.34</b>
<i>Retiree + Child(ren)</i>	<b>\$111.46</b>
<i>Retiree + Family</i>	<b>\$156.35</b>
Deductibles per calendar year:	\$50 per person / \$100 per family unit & applies to Class B & C Services
Class A Services: Preventive	100%, up to <i>frequency</i> allowed (see description of Class A Services in the Plan Document)
<i>Maximum benefit annually allowed for:</i> Class B, C & D Services	\$1,000 per calendar year, for Class B & C Services \$1,500 – Lifetime maximum per person for Class D Services- Ortho
Class B Services: Basic	70%, up to the annual maximum allowed (see description of Class B Services in the Plan Document)
Class C Services: Major	50%, up to the annual maximum allowed (see description of Class C Services in the Plan Document)
Class D Services: Orthodontics	50%, up to the annual maximum allowed (coverage for dependents under age 19)
<b>Contacts:</b>	
EBMS is our Third-Party Administrator (TPA)	Client Services Call Center: Toll-Free Phone #: 866-660-8935
City insurance ID card	Will be issued by EBMS for the city.
Network	→ <i>There is No network requirement for dental.</i>
Plan Document - Dental	Dental info is provided at the end of the Plan Document.

# City of Billings –2025

## Overview Highlights of the Medical, Dental, Vision, Flex & HSA Benefit Plans

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### VSP - Voluntary Vision Plan (fully insured plan) City of Billings group # 30016484

Administered by VSP; however, starting 2020 EBMS will show coverage election in your miBenefits account. There is NO coordination of benefits for vision.

Premiums:	Monthly
C Retiree Only	\$8.45
B Retiree +Spouse	\$16.88
D Retiree +Child(ren)	\$18.07
A Retiree +Family	\$28.86

**Your VSP Vision Benefits Summary**  
Prioritize your health and your budget with a VSP plan through City of Billings.

BENEFIT		DESCRIPTION		COPAY	FREQUENCY
YOUR COVERAGE WITH A VSP DOCTOR					
<b>WELLVISION EXAM</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> <li>Routine retinal screening</li> </ul>	\$15 Up to \$39	Every calendar year		
<b>ESSENTIAL MEDICAL EYE CARE</b>	<ul style="list-style-type: none"> <li>Retinal imaging for members with diabetes covered-in-full</li> <li>Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more.</li> <li>Coordination with your medical coverage may apply. Ask your VSP network doctor for details.</li> </ul>	\$20 per exam	Available as needed		
<b>PRESCRIPTION GLASSES</b>		<b>\$25</b>	See frame and lenses		
<b>FRAME</b>	<ul style="list-style-type: none"> <li>\$170 Featured Frame Brands allowance</li> <li>\$150 frame allowance</li> <li>20% savings on the amount over your allowance</li> <li>\$150 Walmart/Sam's Club frame allowance</li> <li>\$80 Costco frame allowance</li> </ul>	Included in Prescription Glasses	Every other calendar year		
<b>LENSES</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Impact-resistant lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every calendar year		
<b>LENS ENHANCEMENTS</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average savings of 40% on other lens enhancements</li> </ul>	\$0 \$80 - \$90 \$120 - \$160	Every calendar year		
<b>CONTACTS (INSTEAD OF GLASSES)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every calendar year		
<b>ADDITIONAL SAVINGS</b>	<p><b>Glasses and Sunglasses</b></p> <ul style="list-style-type: none"> <li>Discover all current eyewear offers and savings at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>30% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from the same VSP provider on the same day as your WellVision Exam. Or get 20% savings from a VSP provider within 12 months of your last WellVision Exam.</li> </ul> <p><b>Laser Vision Correction</b></p> <ul style="list-style-type: none"> <li>Average of 15% off the regular price; discounts available at contracted facilities.</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul> <p><b>Exclusive Member Extras for VSP Members</b></p> <ul style="list-style-type: none"> <li>Contact lens rebates, lens satisfaction guarantees, and more offers at <a href="http://vsp.com/offers">vsp.com/offers</a>.</li> <li>Save up to 60% on digital hearing aids with TruHearing®. Visit <a href="http://vsp.com/offers/special-offers/hearing-aids">vsp.com/offers/special-offers/hearing-aids</a> for details.</li> <li>Enjoy everyday savings on health, wellness, and more with VSP Simple Values.</li> </ul>				
<b>GET MORE AT PREFERRED IN-NETWORK LOCATIONS</b>					

**Provider Network:**  
VSP Signature  
**Effective Date:**  
10/01/2025



<b>Contact Info</b>	VSP guarantees service from VSP provider only. You are responsible for ensuring that the provider you are using is with VSP.
ID Card & VSP contact information	<b>VSP does not issue ID cards. When you go to a VSP provider, they will pull up your information based on the main participants SS#.</b> To locate a VSP participating doctor, call Vision Service Plan at 1-800-877-7195 or visit VSP's web site at <a href="http://www.vsp.com">www.vsp.com</a> .