

# City of Billings – 2026

## Employee (actives) - Overview Highlights of the Medical/Rx, Dental, Vision, Flex & HSA Benefit Plans

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

Enrollment for the medical/rx plan is <b>required</b> for all permanent employees 20+ hours.						
City's Contribution is <b>\$ 965</b> per employee per month, which is <b>\$ 11,580</b> annually on your behalf towards medical/rx. These are the remaining premiums.						
There is coordination of benefits for medical.						
Administered by EBMS as our third-party administrator (TPA) , group # 00086						
Self-Insured MEDICAL/Rx Plans	Standard Plan			High Deductible Health Plan (HDHP)		
Employee Only	Premiums: Pre-Tax deductions over 26 Pay Periods, per calendar year					
	\$ 50.60/pp (\$1315.60 annually)			\$ 11.18/pp (\$290.68 annually)		
Employee + Spouse	\$ 133.30/pp (\$3465.80 annually)			\$ 48.00/pp (\$1248.00 annually)		Employee + dependents = Family Unit
Employee +Child(ren)	\$ 122.13/pp (\$3175.38 annually)			\$ 45.12/pp (\$1173.12 annually)		
Employee +Family	\$ 180.85/pp (\$4702.10 annually)			\$ 60.16/pp (\$1564.16 annually)		
Annual Deductible	“medical deductible” (Rx is separate)			\$1,750 “medical & Rx deductible” for Employee Only plan election		
	\$1,250 for one person \$2,400 family			\$3,400 “medical & Rx deductible” Family Unit for any Employee plus dependent (1 member or combo of 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 and the city plan, 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:



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PRESCRIPTIONS/Rx	Standard 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</b> (non-specialty)  Required city plan pharmacies	No Deductible on maintenance, under the Standard Plan.	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. <b>Preventive</b> formulary medications will be covered at appropriate copay level and will not be subject to the HDHP deductible.
	<u>Generic:</u> \$5/30 days, \$10/31-90 days <u>Preferred Brand:</u> \$30/30 days, \$60/60 days, \$90/90 days <u>Non-Preferred Brand:</u> \$45/30 days, \$90/60 days, \$135/90 days	<u>Generic:</u> \$5/30 days, \$10/31-90 days <u>Preferred Brand:</u> \$30/30 days, \$60/60 days, \$90/90 days <u>Non-Preferred Brand:</u> \$45/30 days, \$90/60 days, \$135/90 days
	Maintenance medications include, but are not limited to, high blood pressure, birth control, high cholesterol, heart disease, diabetes, etc. • <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. • <b>Mail-order options SmithRx offers for maintenance rx:</b> For example: Amazon mail-order & 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. 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 & co-pay difference.	
<b>RETAIL Rx</b>  <b>Acute/short-term Rx treatment medications</b> (30 day or less script limit)  Required city plan pharmacies	Deductible, under Standard Plan: <b>\$350</b> for one person/ <b>\$600</b> per family	Under HDHP, Participant Pays 100% of RX Costs at the time of purchase. Once their medical/Rx deductible is met, copays will apply.
	<u>Generic:</u> \$5 <u>Preferred Brand:</u> 20% (min-\$30; max-\$60) <u>Non-Preferred Brand:</u> 40% (min-\$50; max-\$100)	<u>Generic:</u> \$5 <u>Preferred Brand:</u> 20% (min-\$30; max-\$60) <u>Non-Preferred Brand:</u> 40% (min-\$50; max-\$100)
	Acute/short-term rx, for example, is treatment for an ear infection. Limited to 30-day supply. <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. → Prescriptions requiring compounding will need to be utilized under the retail benefit, at specific compounding pharmacies.	
<b>SPECIALTY Rx</b>  <b>Maintenance or Acute Specialty medications</b> (30 day script limit)  Required city plan pharmacies	Deductible, under Standard Plan: <b>\$350</b> for one person/ <b>\$600</b> per family	Under HDHP, Participant Pays 100% of RX Costs at the time of purchase. Once their medical/Rx deductible is met, copays will apply.
	<u>Generic:</u> \$75, Preferred & Non-Preferred Brand: \$125	<u>Generic:</u> \$75, Preferred & Non-Preferred Brand: \$125
	<b>REQUIRED :</b> Specialty medication are through the following Mail-order services our PMB is contracted with: SmithRx preferred specialty pharmacy vendor, either Costco Specialty or Senderra. Log into your SmithRx Portal to view Specialty mail-order options through SmithRx.	
<b>PBM for Rx Claims: SmithRx</b>	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>  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".	

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	Standard Health Plan	High Deductible Health Plan (HDHP)
Avidia will be the Flex & HSA platform, administered by EBMS. Both accounts will have debit cards.		
Health Savings Account (HSA)*	Health savings account (HSA) is a tax-advantaged medical savings account available to taxpayers in the United States who are enrolled in a High Deductible Health Plan (HDHP). The funds contributed to the account are not subject to federal income tax at the time of deposit and are to be used for payment of medical, dental & vision expenses.	
*Per Pay Period Contributions are tax free if used for qualified health/dental/vision expenses that are not reimbursed by an insurance plan.	HSA - Not available on a Standard Plan	<b>2026 H S A maximum annual contribution allowed per IRS:</b> <ul style="list-style-type: none"><li>\$4,400 for one person</li><li>\$8,750 if you have employee plus any number of dependents</li><li>Add'l \$1,000 Age 55+, Catch up can be contributed</li></ul> <p>-Account balance carries over from year to year and is portable as a participant’s personal account.</p> <p>-Employee only has access to the HSA \$ when it is in the account.</p> <p>-Participant must ensure that expenses are eligible for tax-qualified.</p> <p>-It is the participants responsibility to ensure they are eligible for an HSA</p> <p><b>An ELIGIBLE employee to elect a health savings account (HSA) is anyone who is under age 65 and:</b></p> <ul style="list-style-type: none"><li>Is covered under a high deductible health plan (HDHP)</li><li>Is not covered by any other health plan that is not a HDHP</li><li>Is not currently enrolled in Medicare or TRICARE</li><li>Has not received medical benefits through the VA during preceding 3 months</li><li>May not be claimed as a dependent on another person’s tax return</li></ul>
Flexible Spending Accounts	A Flexible Spending Account (FSA) is a tax-favored program that allows employees to pay for eligible out-of-pocket health care and dependent care expenses with pre-tax dollars. By using pre-tax dollars to pay for eligible health care and dependent care expenses, an FSA gives you an immediate discount on these expenses that equals the taxes you would otherwise pay on that money. Contribution period is the calendar year 1/1 – 12/31 and you must incur expenses and use the \$ in that timeframe. Only have 60 days after contribution period ends to submit for reimbursement, or you will forfeit monies. If you separate service from the City, other rules apply.	
Health FSA (Medical Flex)	<b>2026</b> maximum annual contribution allowed by the IRS: \$3,400 You have access to the entire amount elected on the first day you are eligible for medical benefits.	
→ <b>HDHP NOTE:</b> If you elect Medical Flex & HSA in combination, your flex account will be <b>Limited in Scope</b> , meaning you can only use it for vision and dental expenses.		
Dependent Care Flex (daycare)	IRS Maximum election: (Increased for 2025) \$7,500 (per household) - Only have access to the \$ when it is in the dependent care account.	
EBMS Contact Info		
TPA is Employee Benefit Management Services	00086 – City of Billings Client Services Call Center: Toll-Free Phone #: 866-660-8935 EBMS is our TPA – Third Party Administrator since we are a self-funded plan Visit <a href="http://www.ebms.com">www.ebms.com</a> to set up access to your miBenefits account. City insurance ID card is issued by EBMS. Card are not reissued annually, only if changes are done that info needs to be updated on the card.	

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DENTAL CARE (Self-Insured Plan) Administered by EBMS as our TPA, group # 00086			
Dental is separate from the Medical plan and there is <b>no required network</b> . There is coordination on dental benefits.			
Voluntary election: Once enrolled, 2 (two) years of participation is required and then can opt out at the next open enrollment.			
Tiers:	Premiums: Pre-Tax deductions over 26 Pay Periods, per calendar year		
	Union/Bargaining positions		Non-Bargaining positions (NB benefit)
Employee Only	\$20.63/pp (\$ 536.38 annually)		\$10.32/pp (\$268.32 annually)
Employee & Spouse	\$41.23/pp (\$1071.98 annually)		\$36.90/pp (\$959.40 annually)
Employee & Child(ren)	\$51.44/pp (\$1337.44 annually)		
Employee & Family	\$72.16/pp (\$1876.16 annually)		
Deductibles per calendar year:	\$50 per person / \$100 per family unit & applies to Class B & C Services		
Class A Services: Preventive	100%, up to frequency allowed (see description of Class A Services in the Plan Document)		
Maximum benefit annually allowed for: 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)		
Contacts:			
Employee Benefit Management Services (EBMS) as our TPA.	Client Services Call Center: Toll-Free Phone #: 866-660-8935		
City Insurance ID Card	Same as card issued for medical.		
Plan Document - Dental	Dental info is provided at the end of the Plan Document.		

# City of Billings – 2026

## 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																																																							
Claims administered by VSP (not EBMS); however, EBMS miBenefits site will show eligibility/coverage . There is coordination on vision benefits.																																																							
Voluntary election: Once enrolled, 1 (one) year of participation is required. After that can opt out at the next open enrollment.																																																							
Tiers:	Premiums: Pre-Tax deductions over 26 Pay Periods, per calendar year																																																						
C Employee Only	\$ 3.90/pp (\$ 101.40 annually)																																																						
B Employee & Spouse	\$ 7.79/pp (\$ 202.54 annually)																																																						
D Employee &Child(ren)	\$ 8.34/pp (\$ 216.84 annually)																																																						
A Employee & Family	\$ 13.32/pp (\$ 346.32 annually)																																																						
	<div><div><div>Your VSP Vision Benefits Summary</div><div>Prioritize your health and your budget with a VSP plan through City of Billings.</div></div><div><div>Provider Network: VSP Signature Effective Date: 10/01/2025</div><div></div></div></div> <table><thead><tr><th>BENEFIT</th><th>DESCRIPTION</th><th>COPAY</th><th>FREQUENCY</th></tr></thead><tbody><tr><td colspan="4">YOUR COVERAGE WITH A VSP DOCTOR</td></tr><tr><td>WELLVISION EXAM</td><td><ul style="list-style-type: none"><li>Focuses on your eyes and overall wellness</li><li>Routine retinal screening</li></ul></td><td>\$15 Up to \$39</td><td>Every calendar year</td></tr><tr><td>ESSENTIAL MEDICAL EYE CARE</td><td><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. 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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></td></tr><tr><td colspan="4">GET MORE AT PREFERRED IN-NETWORK LOCATIONS</td></tr><tr><td colspan="4">With so many in-network choices, VSP makes it easy to maximize your benefits. Choose from our large doctor network including private practice and retail locations. Plus, you can shop eyewear online at Eyeconic®. 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ID Card & VSP contact information	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#. 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> .																																																						