

City of Billings – 2022

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 ←

Self-Insured Plans	Standard Health Plan		High Deductible Health Plan (HDHP)	
<i>Premiums:</i>	<i>Monthly</i>		<i>Monthly</i>	
Retiree only	\$534.66		\$478.69	
Retiree + Spouse	\$1,090.63		\$981.33	Retiree + dependents = Family Unit
Retiree + Child(ren)	\$989.15		\$885.60	
Retiree + Family	\$1,550.56		\$1,388.21	
Annual Deductible	"medical deductible" (Rx is separate)		\$1500 "medical & Rx deductible" for Retiree Only plan election	
	\$1000 for one person \$2000 family		\$3000 "medical & Rx deductible" Family Unit for any Retiree plus election (1 member or combo of must meet \$3K before any benefit is paid.)	
www.RMHN.org Select EBMS-City of Billings in the dropdown menu for insurance acceptance.	Preferred In-Network Providers: (highest reimbursement level) RMHN – Rocky Mountain Health Network & Riverstone Health	Out-of-Network (can balance bill you)	Preferred In-Network Providers: (highest reimbursement level) RMHN – Rocky Mountain Health Network & Riverstone Health	Out-of-Network (can balance bill you)
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**



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 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)
THERE IS NO COORDINATION OF BENEFITS WITH Pharmacy/Rx services		
<p>MAIL-ORDER Rx</p> <p><i>Mandatory for Maintenance/long-term treatment medications</i></p>  <p>Phone: 869-6551 Fax: 869-6552 Email: miRx@ebms.com</p>	<p>No Deductible on mail-order miRx, under the Standard Plan:</p>	<p>Under HDHP, Participant Pays 100% of RX Costs at the time of purchase. The plan will reimburse the member once their medical/Rx deductible is met: Preventive medications will be covered at appropriate copay level and will not be subject to deductible.</p>
	<p>Generic: \$10/90 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>Preventive medications - will not be subject to the HDHP deductible: Generic: \$10/90 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>miRx Pharmacy is mandatory for all prescriptions considered to be maintenance medications. Such medications include, but are not limited to, high blood pressure, birth control, high cholesterol, heart disease, diabetes, asthma, etc. Medications will be dispensed as a generic, if available, instead of its brand name product. A penalty will be added to the co-pay if brand name is dispensed, over generic. For your 1st fill at miRx, you will need to complete the miRx patient profile form obtained online at: www.mirxpharmacy.com or www.ebms.com If you are a new city participant and need to transfer scripts into miRx, a transfer form is also available on both websites. To determine if your medication is considered preventive, please see the preventive formulary on your miBenefits website or call the Magellan Customer Care number on your EBMS ID card.</p> <p style="text-align: center;">→ miRx will mail you your Rx unless you call and request to pick it up at: 993 S 24th Street W, STE A. Hours: Mon.-Fri. 8am-6pm & Sat. 8am-noon</p>	
<p>PLEASE NOTE: Maintenance medications & Specialty medications are <i>mandatory</i> through miRx. However, participants are encouraged to start at miRx for <u>ALL</u> their scripts, if miRx is not able to fill, they will route the member to the appropriate pharmacy.</p>		
<p>RETAIL Pharmacy Rx (ex: Osco, Wal-Mart, Target, etc.)</p> <p>Acute/short-term treatment medications</p>	<p>Deductible, under Standard Plan: \$100 for one person/\$200 per family</p>	<p>Under HDHP, Participant Pays 100% of RX Costs at the time of purchase. The plan will reimburse the member once their medical/Rx deductible is met:</p>
	<p>Generic: \$5 Preferred Brand: 20% (min-\$30; max-\$60) Non-Preferred Brand: 40% (min-\$50; max-\$100)</p> <p>Retail benefits cover a one-time grace fill at a local pharmacy to help establish maintenance therapy for certain maintenance medications. Medications above that fall under the acute, as needed, or short-term status will be available for retail benefits. Limited to 30-day supply. <i>Prescriptions requiring compounding will need to be utilized under the retail benefit, at specific compounding pharmacies.</i></p>	<p>Generic: \$5 Preferred Brand: 20% (min-\$30; max-\$60) Non-Preferred Brand: 40% (min-\$50; max-\$100)</p>
<p>SPECIALITY miRx Pharmacy</p>  <p>Mandatory for Maintenance or Acute treatment specialty medications</p>	<p>Deductible, under Standard Plan: \$100 for one person/\$200 per family</p>	<p>Under HDHP, Participant Pays 100% of RX Costs at the time of purchase. The plan will reimburse the member once their medical/Rx deductible is met:</p>
	<p>Generic: \$75, Preferred & Non-Preferred Brand: \$125</p> <p>Use of Specialty Pharmacy Services contracted through the miRx Pharmacy will be mandatory for Covered Person's using injectable biopharmaceuticals and other medication therapies for conditions such as cystic fibrosis, RSV growth hormone deficiency, hepatitis, HIV/AIDS, solid organ transplants, multiple sclerosis, rheumatoid arthritis, and some other autoimmune diseases. These benefits are limited to a maximum of a 30-day supply. → To enroll, call miRx Pharmacy (406) 869-6551 or 1 (866) 894-1496 or visit the website at www.ebms.com</p>	<p>Generic: \$75, Preferred & Non-Preferred Brand: \$125</p>
<p>Rx Claims</p>	<p>Pharmacy Benefit Manager(PBM) is Magellan Rx Management Ph: 800-424-7908</p>	
<p>Mandatory Rx requirements since 1/2012</p>	<ul style="list-style-type: none"> Mandatory generic prescription medications, when available, unless the prescribing physician requires a name brand is medically necessary. Will need to provide documentation for EBMS Rx to set up override. Otherwise, you will be responsible for cost difference from generic to brand & co-pay difference. Mandatory miRx mail order for maintenance medications. On a new script, the first 30 days can be filled under Retail Pharmacy terms. Pharmacist will receive denial when processed and will need to call EBMS to override. 	

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DENTAL CARE (Self-Insured Plan) (Dental is separate from the Medical plan and there is no required network (see below))	
Premiums:	Monthly
<i>Retiree Only</i>	\$42.55
<i>Retiree +Spouse</i>	\$85.04
<i>Retiree +Child(ren)</i>	\$106.09
<i>Retiree +Family</i>	\$148.82
Deductibles per calendar year:	
	\$50 per person / \$100 per family unit & applies only to Class B & C Services
Class A Services – Preventive	100%, up to the maximum allowed (see description of Class A Services in the Plan Document)
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)
Maximum benefit annually allowed	\$1,000 per calendar year, for Class B – C Services only (This maximum does not count towards Class A Services) \$1,500 – Lifetime maximum per person for Class D Services
Contacts:	
EBMS - Group #	0000086 – City of Billings
Employee Benefit Management Services (EBMS)	Client Services Call Center: Local Phone #:869-5505 Toll-Free Phone #: 866-660-8935
Dental Insurance Card	Will be issued by EBMS, and it will have your ID number on it which is the same card you use for medical.
Network	→There is No network requirement for dental.
Plan Document - Dental	Dental info is provided at the end of the Plan Document.

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

→This is only intended as a brief description of coverage, please refer to www.vsp.com as it would prevail←

VSP - Voluntary Vision Plan (fully insured plan) City of Billings group # 30016484	
Administered by VSP; however, starting 2020 EBMS will show coverage election in miBenefits	
<i>VSP does not issue ID cards. When you go to a VSP provider, they will validate your vision coverage using the main participants SS#.</i>	
Premiums:	Monthly
C Retiree Only	\$8.45
B Retiree +Spouse	\$16.88
D Retiree +Child(ren)	\$18.07
A Retiree +Family	\$28.86
Well Vision Exam:	\$15.00 Copay Frequency: Every year beginning in January
Contact Lens Exam:	Up to \$60.00 Copay Frequency: Every year beginning in January
Retinal Screening	Up to \$39.00 Copay
Prescription Lenses:	\$25.00 Copay for lenses and/or frames Frequency: Every year beginning in January Coverage after copay: Signal vision, lined bifocal, lined trifocal Average 35-40% off other lens options
Frame:	\$25.00 Copay for lenses and/or frames Frequency: Every year beginning in January \$130.00 allowance for frames.
Contacts Instead of Glasses:	Frequency: Every year beginning in January \$130.00 allowance for contacts, copay does not apply
Diabetic Eye care Program:	\$20.00 Copay per office visit. Services related to type 1 diabetes Ask your VSP doctor for details.
Laser Vision Care:	You can have laser correction surgery at a reduced price only from VSP-contracted laser vision centers. You'll save an average 15% off the regular price or 5% off the promotional price from participating center. Ask your VSP doctor for details.
Member Extras:	Eyeconic online eyewear store TruHearing Hearing Aids CareCredit Financing And more – See your benefits at VSP.com
Coverage with Out-of-Network Providers:	Before seeing a non-VSP provider, visit www.vsp.com for more details or call 800-877-7195 regarding how you submit an Out-of-Network claim and the timeframe to do it in.
Contact Info	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	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 www.vsp.com .