

City of Billings – 2022

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

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

Enrollment for the medical plan is **required** for all permanent employees 20+ hours.

City's Contribution is **\$846** per employee per month, which is **\$10,152** annually on your behalf. These are the remaining premiums.

Administered by EBMS, group # 0000086

Self-Insured MEDICAL Plans	Standard Plan		High Deductible Health Plan (HDHP)		
Employee Only	Premiums: Pre-Tax deductions over 26 Pay Periods, per calendar year				
	\$ 26.88 pp (\$ 698.88 annually)		(\$ 9.79 pp kickback premium) *(\$ 254.54 kickback premium annually) *credit to either a Health FSA (medical flex) account OR Health Savings Account (HSA)		
Employee + Spouse	\$ 96.47 pp (\$ 2508.22 annually)		\$ 24.69 pp (\$ 641.94 annually)		
Employee +Child(ren)	\$ 87.07 pp (\$ 2263.82 annually)		\$ 22.27 pp (\$ 579.02 annually)		
Employee +Family	\$ 136.48 pp (\$ 3548.48 annually)		\$ 34.92 pp (\$ 907.92 annually)		
Annual Deductible	“medical deductible” (Rx is separate)		\$1500 “medical & Rx deductible” for Employee Only plan election		
	\$1000 for one person \$2000 family		\$3000 “medical & Rx deductible” Family Unit for any Employee plus dependent 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 (provider can balance bill)	Preferred In-Network Providers: (highest reimbursement level) RMHN – Rocky Mountain Health Network & Riverstone Health	
				Out-of-Network (provider can balance bill)	
After the Deductible has been met, Reimbursement Rate paid by the Plan	80%		60%	80%	
Coinsurance for Participant	20%		40%	20%	



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

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

City of Billings – 2022

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

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

PRESCRIPTIONS/Rx	Standard Health Plan	High Deductible Health Plan (HDHP)
THERE IS NO COORDINATION OF BENEFITS WITH Pharmacy/Rx services		
MAIL-ORDER Rx Mandatory for Maintenance/long-term treatment medications  Phone: 869-6551 Fax: 869-6552 Email: miRx@ebms.com	No Deductible on maintenance, mail-order miRx, under the Standard Plan.	Under HDHP, Participant Pays 100% of RX Costs for maintenance, mail-order miRx at the time of purchase. Once their medical/Rx deductible is met, copays will apply. <i>Preventive</i> formulary medications will be covered at appropriate copay level and will not be subject to the HDHP deductible.
	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	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
	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 1 st 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 <i>preventive formulary</i> on your miBenefits website or call the Magellan Customer Care number on your EBMS ID card. → <i>miRx will mail you your Rx unless you call and request to pick it up at: 993 S 24th Street W, STE A.</i> Hours: Mon.-Fri. 8am-6pm & Sat. 8am-noon	
PLEASE NOTE: Maintenance medications & Specialty medication are mandatory through miRx. Participants are encouraged to start at miRx for their acute/short-term Retail tx scripts, if miRx is not able to fill, they will route the member to the appropriate pharmacy. Even if Retail Rx purchased at miRx, it will still process according to the Retail structure.		
RETAIL Pharmacy Rx <small>(ex: Osco, Wal-Mart, Target, etc.)</small> Acute/short-term treatment medications	Deductible, under Standard Plan: \$100 for one person/\$200 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.
	Generic: \$5 Preferred Brand: 20% (min-\$30; max-\$60) Non-Preferred Brand: 40% (min-\$50; max-\$100)	Generic: \$5 Preferred Brand: 20% (min-\$30; max-\$60) Non-Preferred Brand: 40% (min-\$50; max-\$100)
	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>If acute/short term script is filled at miRx, it will still process under the acute/short-term deductible/copays.</i> <i>Prescriptions requiring compounding will need to be utilized under the retail benefit, at specific compounding pharmacies.</i>	
SPECIALITY miRx Pharmacy  Mandatory for Maintenance or Acute treatment specialty medications	Deductible, under Standard Plan: \$100 for one person/\$200 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.
	Generic: \$75, Preferred & Non-Preferred Brand: \$125	Generic: \$75, Preferred & Non-Preferred Brand: \$125
	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. → <i>To enroll, call miRx Pharmacy (406) 869-6551 or 1 (866) 894-1496 or visit the website at www.ebms.com</i>	
Rx Claims	Pharmacy Benefit Manager(PBM) is Magellan Rx Management Ph: 800-424-7908	
Mandatory Rx requirements since 1/2012	<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 Magellan to override. Pharmacy plan phone # is on the front of your EBMS ID card. 	

City of Billings – 2022

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

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

	Standard Health Plan	High Deductible Health Plan (HDHP)
Avidia will be the Flex & HSA platform, administered by EBMS. <i>Both accounts will have debit cards.</i>		
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	<p>2022 H S A maximum annual contribution allowed per IRS:</p> <ul style="list-style-type: none"> • \$3,650 for one person • \$7,300 if you have employee plus any number of dependents • Add'l \$1,000 Over Age 55, Catch up can be contributed <p>-Account balance carries over from year to year and is portable as a participant's personal account. -Employee only has access to the HSA \$ when it is in the account. -Participant must ensure that expenses are eligible for tax-qualified. -It is the participants responsibility to ensure they are eligible for an HSA</p> <p>An ELIGIBLE employee to elect a health savings account (HSA) is anyone who is under age 65 and:</p> <ul style="list-style-type: none"> • Is covered under a high deductible health plan (HDHP) • Is not covered by any other health plan that is not a HDHP • Is not currently enrolled in Medicare or TRICARE • Has not received medical benefits through the VA during preceding 3 months • May not be claimed as a dependent on another person's tax return
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 have to 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. <i>If you separate service from the City, other rules apply.</i>	
Health FSA (Medical Flex)	2022 maximum annual contribution allowed by the IRS: \$2850 - You have access to the entire amount elected on the first day you are eligible for medical benefits.	
→ HDHP NOTE: <i>If you elect Medical Flex & HSA in combination, your flex account will be Limited in Scope, meaning you can only use it for vision and dental expenses.</i>		
Dependent Care Flex (daycare)	IRS Maximum election: \$5,000 (per household) - Only have access to the \$ when it is in the dependent care account.	
EBMS Contact Info		
Employee Benefit Management Services	0000086 – City of Billings Client Services Call Center: Local Phone #:869-5505 Toll-Free Phone #: 866-660-8935 EBMS is our TPA – Third Party Administrator since we are a self-funded plan Visit www.ebms.com to set up access to your miBenefits account ID cards are issued by EBMS. They are not reissued every calendar year.	

City of Billings – 2022

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

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

DENTAL CARE (Self-Insured Plan) Administered by EBMS, group # 0000086		
Dental is separate from the Medical plan and there is no required network .		
<i>Voluntary election: Once enrolled, 2 (two) years of participation is required. Annually you have the option to enroll, cancel or change during open enrollment for new year.</i>		
Tiers:	Premiums: Pre-Tax deductions over 26 Pay Periods, per calendar year	
	Union/Bargaining positions	Non-Bargaining positions
Employee Only	\$19.64 (\$510.64 annually)	\$9.82 (\$255.32 annually)
Employee & Spouse	\$39.25 (\$1020.50 annually)	
Employee & Child(ren)	\$48.97 (\$1273.22 annually)	\$35.14 (\$913.64 annually)
Employee & Family	\$68.69 (\$1785.94 annually)	
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 <i>frequency</i> allowed (see description of Class A Services in the Plan Document)	
<i>Maximum benefit annually allowed for:</i> Class B, D & D Services	\$1,000 per calendar year, for Class B & C Services \$1,500 – Lifetime maximum per person for Class D Services	
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)	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.	
Plan Document - Dental	Dental info is provided at the end of the Plan Document.	

City of Billings – 2022

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 Claims administered by VSP (not EBMS); however, EBMS miBenefits site will show eligibility/coverage	
<i>PLEASE NOTE: 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>	
Voluntary election: Once enrolled, 1 (one) year of participation is required. Annually you have the option to enroll, cancel or change, during open enrollment for new year.	
Tiers:	Premiums: Pre-Tax deductions over 26 Pay Periods, per calendar year
C Employee Only	\$ 3.90 (\$ 101.40 annually)
B Employee & Spouse	\$ 7.79 (\$ 202.54 annually)
D Employee & Child(ren)	\$ 8.34 (\$ 216.84 annually)
A Employee & Family	\$ 13.32 (\$ 346.32 annually)
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 insuring 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 .