



MONTANA MUNICIPAL INTERLOCAL AUTHORITY EMPLOYEE BENEFITS PROGRAM

TO: MMIA Employee Benefits Members

FROM: Amanda Clark
Employee Benefits Program Manager

DATE: March 27, 2023

RE: **EMPLOYEE BENEFITS PROGRAM FY 2023-24 RENEWAL**

The MMIA Board of Directors has approved a final base rate adjustment for the medical benefit program of 9%. The Board has also approved no increase for the final rate adjustments in the dental, vision and life programs. Please see enclosures for specific premium amounts. This is also the time of year to make your group elections for the upcoming renewal year.

FINAL RATES FOR FY 2023-2024

Medical Benefits

I. Baseline Pricing

A baseline renewal adjustment is applied to all plans, taking into consideration such items as claims history, medical inflation, plan design, and expenses. This year, the baseline adjustment is 9% for the next fiscal year.

II. Claim Performance Risk Assessment (CPRA)

The rating methodology adopted by the Board of Directors gives groups the opportunity to affect their own rates based on claims experience, while still benefiting from the security of the broader pool. An experience-based rate adjustment, Claim Performance Risk Assessment (CPRA), is applied to adjust plan rates annually to move in the direction of actual claims experience. Custom groups are assessed individually, while all members that are rated as Standard are included together as one group for this assessment. Based on an analysis of claim variance by size, a corridor is used to limit the impact on any one group. To further limit the impact in a year, a maximum adjustment of +/-5% is used.

III. Final Rate Adjustment

Your overall medical rate adjustment for this year's final rates, including the baseline plus the CPRA is:

9% Final Medical Rate Adjustment

**Dental Benefits**

No rate change is being made to the Dental Benefits. Rates for the orthodontic benefit are in addition to the monthly dental plan rates and are optional. See the enclosed document for the dental rates for the 2023-2024 fiscal year.

Vision Benefits

No rate change is being made to the Vision Benefits. See the enclosed document for the vision rates for the 2023-2024 fiscal year.

Basic Life Insurance and AD&D Benefits

Basic Life Insurance is an **employer** paid product. Currently, there is **no change** to the rates being charged for the Basic Life, Dependent Life or AD&D Insurance. See the enclosed document for the basic life rates for the 2023-2024 fiscal year. Remember to keep beneficiary information updated.

Voluntary Life Insurance and AD&D Benefits

Voluntary Life Insurance is an **employee** paid product. There is **no change** to the rates currently being charged for the Voluntary Term Life Insurance. These are age-banded rates and are not changing this year. However, a member's monthly premium may change effective July 1, 2023, if they move into an older age bracket. Employees can enroll in or make changes to the Term Life policy at

www.mmiaeb.net/forms.

If your city/town does not currently offer any of these listed coverages and is interested in adding any to your Employee Benefits package, please complete your group election forms at www.mmiaeb.net/group-elections/ by April 19th. Contact MMIA EB for details.

Medicare Retirees (65+)

To cover increasing claims costs, we can no longer provide discounted rates for Medicare retirees. This means retirees or their spouses that are Medicare eligible will have a substantial rate increase in addition to the final medical rate adjustment beginning July 1, 2023. The MMIA Board of directors has also made the decision to terminate medical coverage for retirees on the plan once they are Medicare eligible, as of January 1, 2024. Medicare retirees may remain on the dental and vision coverages. Rates for the upcoming renewal, notification of termination, and alternative coverage options will be sent to individuals affected. Visit www.mmiaeb.net/retirees/ for more information and see the enclosed document on alternative retirement benefit options.

Retirees (Under 65)

Retirees that are not yet Medicare eligible can remain on the medical plans, until they become Medicare eligible after January 1, 2024. MMIA will be sending a final rate notification directly to any retirees covered on your plan in the coming weeks. Visit www.mmiaeb.net/retirees/ for more information and see the enclosed document on alternative retirement benefit options.

EAP

As of July 1, 2023, the MMIA Employee Benefits program will have a new Employee Assistance Program through Sapphire Resource Connection. This is a local Montana based business through which employees can access mental health services, legal and financial assistance, critical incident debriefing, management consultations and substance abuse assessments provided at no cost to participants on the medical plan and their household members. Details will be sent to participants in our general open enrollment communications at the early part of May.

Group Election Form

The online group election form is for group to select the benefits offered to employees for the upcoming renewal year. It can be found at www.mmiaeb.net/group-elections/. If your city/town would like to consider offering the menu of medical plans to your employees or offering dental or vision, now is the time to change your group benefit selections. A memo that lists the benefits you are currently offering was mailed to you, if you would like to request another copy, please email Nikki at nwilloughby@mmia.net.



Please note that the Group Election form must be completed by April 19th, so that we are ready to receive any Open Enrollment changes from your employees.

Remember, because of regulatory requirements, you must not have a waiting period longer than 90 days, and all employees that work an average of 30 hours or more per week must be offered benefits.

Open Enrollment

Open Enrollment is from May 15th to June 15th each year. This time period is the opportunity for individual employees to make changes to their enrollment levels. These changes will be effective July 1, 2023. Please distribute rates to employees. MMIA will mail rates for retirees and Medicare retirees over 65 to their home address.

I. Open Enrollment Form

Any Open Enrollment changes that your employees would like to make can be completed on the Open Enrollment form on our website at <http://www.mmiaeb.net/forms/open-enrollment/>. There is a specific form dedicated to your city/town offerings. The forms will be active on our website, and we will send you notification once they are ready to accept enrollment. **All enrollment changes must be submitted online by June 15th**. Timely reporting of enrollment is especially important so that we can have new benefit cards mailed to covered employees by the effective date.

II. Change and Termination Forms

Any newly hired employees or those eligible to make changes unrelated to Open Enrollment that should be effective sooner than July 1, 2023, should complete the Enrollment/Termination form or the Change Form at www.mmiaeb.net/forms.

III. The following types of changes can be made at Open Enrollment

- Adding or dropping dependents
- Adding or dropping dental, vision, or life coverage as offered by the city/town
- Changing from one medical plan to another (i.e., from the Bridger to the Madison), if your city/town allows individual selection
- Employment status, i.e., active to retired
- Address changes
- Notification of other insurance
- Beneficiary changes for life coverage, if applicable

IV. HIPAA Notice and Waiver Form

Any employee and/or dependents waiving benefits should complete the waiver form using the Open Enrollment form. ***Even if an employee has signed the waiver form before, we encourage them to sign it again if they wish to continue to waive the coverage.*** This protects you as the employer by providing documentation that you have offered the benefits to all employees.

If you have any questions regarding the above information, or other program questions, please contact the Employee Benefits Department at 1-800-635-3089, option 4.



Employee Benefits - Standard Plan Summaries

Effective 7/1/23 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at www.mmiaeb.net and must be referenced for details of all coverages.

| | Bridger | Madison | Mission | High Deductible (HSA-Qualified) |
|--|--|-------------------|-------------------|---------------------------------|
| Deductible (Individual/Family) (January 1 - December 31) | \$500 / \$1,000 | \$500 / \$1,000 | \$1,000 / \$2,000 | \$2,800 / \$5,600 |
| Benefit Percentage (what the plan pays if the Deductible is waived or after the Deductible is met) | | | | |
| • All Montana Providers and Non-Montana Cigna Providers | 80% | 70% | 60% | 80% |
| • Non-Montana, Non-Cigna Providers | 60% | 50% | 40% | 60% |
| Annual Out-of-Pocket Maximum (the most you will pay for covered services in a plan year) Individual/Family | \$1,500 / \$3,000 | \$2,000 / \$4,000 | \$3,000 / \$6,000 | \$5,250 / \$10,500 |
| Medical Services | | | | |
| Preventive care as recommended by the US Preventive Services Task Force, CDC, and Health Resources & Services Administration at www.healthcare.gov | 100% Plan-paid | | | |
| Accidental Injury Benefit | 100% up to \$300, then standard benefits apply | | | Deductible applies |
| Diabetic Education | 100% Plan-paid | | | |
| Hospice Care | | | | |
| Professional Provider Services | Deductible waived (Plan pays Benefit %) | | | Deductible applies |
| Alternative Medicine Benefit - up to \$500 | | | | |
| Chiropractic Benefit - up to \$400, plus \$100 x-ray benefit | | | | |
| Home Health Care | | | | |
| Newborn Initial Care | | | | |
| Nutritional Counseling - up to 10 visits per year | | | | |
| Facility Provider Services | Deductible applies | | | |
| Emergency Room Care | | | | |
| Obesity Surgery - one per lifetime, up to \$30,000 | | | | |
| Prescription Drug Benefit | | | | |
| Generic | \$4 Retail (30 Day) / \$8 Mail Order (90 Day) | | | Deductible applies |
| Brand Formulary | \$20 Retail (30 Day) / \$40 Mail Order (90 Day) | | | |
| Brand Non-Formulary | \$50 Retail (30 Day) / \$100 Mail Order (90 Day) | | | |

| Total Cost per Month | Bridger | Madison | Mission | HDHP |
|---|----------|----------|----------|----------|
| <i>Employee Only</i> | \$ 807 | \$ 782 | \$ 720 | \$ 608 |
| <i>Employee & Spouse</i> | \$ 1,614 | \$ 1,564 | \$ 1,440 | \$ 1,216 |
| <i>Employee & Child(ren)</i> | \$ 1,412 | \$ 1,369 | \$ 1,260 | \$ 1,064 |
| <i>Employee, Spouse & Child(ren)</i> | \$ 2,219 | \$ 2,151 | \$ 1,980 | \$ 1,672 |
| <i>Rates for Medicare-eligible retirees and their spouses have been eliminated. Standard rates apply.</i> | | | | |



Employee Benefits - Dental and Vision Plan Summaries

Effective 7/1/23 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at www.mmiaeb.net and must be referenced for details of all coverages.

Dental Plans

Benefit Period (January 1 - December 31)

| | Basic Dental Plan | Orthodontic Enhancement* |
|--|--|---|
| Deductible (Individual/Family) | \$25 / \$50 | \$2,000 Lifetime Benefit/Individual Plan pays 50% after Deductible |
| Calendar Year Maximum Benefit (the most the Plan will pay for covered services in a plan year) | \$2,000 / Individual | |
| Dental Services | | |
| Diagnostic & Preventive (cleanings and screenings) | <ul style="list-style-type: none"> Plan pays 100% Deductible waived Does not apply to Calendar Year Maximum Benefit | |
| Basic Restorations | Plan pays 80% after Deductible | |
| Major Restorations and Implants | Plan pays 50% after Deductible | |

| Dental Plan Cost | Basic Dental Plan | *With Ortho Enhancement |
|-------------------------------|-------------------|-------------------------|
| Employee Only | \$33 | \$34 |
| Employee & Spouse | \$66 | \$68 |
| Employee & Child(ren) | \$58 | \$66 |
| Employee, Spouse & Child(ren) | \$92 | \$104 |

Vision Plan

Benefit Period (July 1 - June 30)

| Benefits Every 12 Months | In Network | Out of Network |
|-----------------------------------|--|--|
| Well Vision Exam | \$20 Copay (No more than \$39 copay for retinal screening as an enhancement to an exam) | Up to \$50 |
| Frames | <ul style="list-style-type: none"> \$165 allowance at retail \$90 allowance at Costco and Walmart 20% saving after allowance | Up to \$70 |
| Lenses (included with exam copay) | <ul style="list-style-type: none"> Single vision, lined bifocal, and trifocal lenses Polycarbonate for children | <ul style="list-style-type: none"> Single vision - Up to \$50 Lined bifocal - Up to \$75 Lined trifocal - up to \$100 |
| Lens Enhancements | <ul style="list-style-type: none"> Standard progressive: \$0 copay Premium progressive: \$80-\$90 copay Custom progressive: \$120-\$160 copay | |
| Contacts (instead of glasses) | <ul style="list-style-type: none"> \$140 allowance for contact lenses Up to \$60 for contact lens exam (fitting and evaluation) | Up to \$105 |
| Laser Vision Correction Discount | Average 15% off regular price or 5% off promotional price; discounts only available from contracted facilities | |

Vision Plan Cost

| | |
|-------------------------------|---------|
| Employee Only | \$8.15 |
| Employee & Spouse | \$13.00 |
| Employee & Child(ren) | \$13.25 |
| Employee, Spouse & Child(ren) | \$21.35 |



BASIC GROUP LIFE AND AD&D

The MMIA is pleased to offer what we believe are very competitive rates for a group term life insurance product for our membership. UNUM Life Insurance Company has rates specifically for members of the MMIA Employee Benefit program that may generate savings for your city/town.

Basic Life & AD&D Plan Description

Eligibility: Each active full-time employee working the minimum hours required per your city or town, and no less than 20 hours, is eligible to participate in the MMIA Life Insurance program.

Participation: 100% of eligible employees.

Employer Contribution: 100% of employee premium cost.

Benefit Amount and Cost: The cost per \$1,000 basic life and AD&D is \$0.28. Listed in the table below are varying levels of insurance coverage and the applicable monthly cost per employee.

| Life and AD&D Benefit | Monthly Cost per Employee |
|-----------------------|---------------------------|
| \$10,000 | \$2.80 |
| \$15,000 | \$4.20 |
| \$20,000 | \$5.60 |
| \$25,000 | \$7.00 |
| \$50,000 | \$14.00 |
| \$100,000 | \$28.00 |

Each employee within the group or bargaining unit must have the same benefit level.

Benefit Descriptions:

| | |
|------------------------|--------------|
| Guarantee Issue: | Per schedule |
| AD&D | Included |
| Waiver of Premium | Included |
| Conversion of Benefits | Available |
| Travel Assistance | Included |

Age Reduction: The Principal sum of the life insurance coverage will be reduced by 50% at age 70.



Accidental Death and Dismemberment: In the event of death, loss of limbs, loss of eyesight, loss of speech or hearing due to an accidental injury, additional benefits, based on the selected life insurance amount, will be paid based on the selected life insurance amount. Additional benefits include:

| | |
|------------------------|--------------------------------|
| Seat Belt Benefit | Pays up to additional \$25,000 |
| Airbag Benefit | Pays up to additional \$5,000 |
| Common Carrier Benefit | Included |
| Accelerated Benefits | Included |
| Living Care Benefit | Included |

This benefit is paid in addition to any other benefits provided by the Plan, subject to the terms and conditions contained in the Group Insurance Policy.

Dependent Group Life Insurance is also available at \$0.35 per \$1,000 of benefit.

| Dependent Benefit Amount | Monthly Unit Cost per Employee with Dependents |
|--------------------------|--|
| \$1,000 | \$0.35 |
| \$2,000 | \$0.70 |
| \$2,500 | \$0.88 |
| \$5,000 | \$1.75 |

Each employee with dependents (spouse or children) must have the same dependent benefit level. The monthly unit cost covers an employee's eligible dependents.

Eligible children must be less than 26 years of age.

VOLUNTARY TERM LIFE AND AD&D

The MMIA Employee Benefits Program now offers a very competitively-priced Voluntary Term Life and AD&D program for our membership. The carrier is the same as the Basic Group Life and AD&D - UNUM Life Insurance Company. Voluntary Life can be offered without providing the Basic Life. Each employee can select an amount of life insurance benefits that best fits their circumstances and needs. Rates are based on the age of the covered person.

Employer Contribution: None; this program requires the premium be paid 100% by the employee.

Coverage Amount: The maximum amount an employee can apply for is 5x their salary up to the maximum of \$500,000. Employees may purchase benefits increments of \$5,000. Spouses may receive coverage, up to 100% of the employee amount, not to exceed \$500,000.

Guarantee Issue Amount: Up to \$200,000 for Employee; \$25,000 for spouse. Amounts in excess of the Guarantee Issue Amount will require a health statement.

Monthly Premium Rates per Thousand: Rates are age-banded for voluntary life and are shown below. AD&D rates are \$0.05 per thousand for all ages. Volumes can be selected separately for voluntary life and AD&D coverage.

| Age Category | Voluntary Life Rate per Thousand Dollars | AD&D Rates per Thousand Dollars |
|--------------|--|---------------------------------|
| 15-34 | \$0.08 | \$0.05 |
| 35-39 | \$0.11 | |
| 40-44 | \$0.15 | |
| 45-49 | \$0.26 | |
| 50-54 | \$0.47 | |
| 55-59 | \$0.72 | |
| 60-64 | \$1.37 | |
| 65-69 | \$2.17 | |
| 70 + | \$3.82 | |

Dependent Child Benefit: Employees can cover their child(ren) in increments of \$2,000, up to a maximum of \$10,000. The cost is the same for one child or multiple children. The rate is \$.16 per \$1,000 of coverage. Employee coverage is required. AD&D coverage is not available for children. *Eligible children must be less than 26 years of age.*

Benefit Descriptions:

| | |
|----------------------|-----------|
| Waiver of Premium: | Included |
| Portability | Available |
| Accelerated Benefits | Included |

Benefits are paid subject to the terms and conditions contained in the Group Insurance Policy.

Please share this information with your employees, whether or not they are covered by our group health benefits. All employees are eligible to participate in this program if minimum eligibility requirements are met.

For additional information or enrollment forms, contact the MMIA Employee Benefits Department at 1-800-635-3089.

RETIREES: CHOOSE THE BEST HEALTH PLAN FOR YOU!

The following is a summary of the 2023 Blue Cross Blue Shield Medicare Advantage plans available exclusively to Medicare-eligible retirees of the MMIA Health Plan. *If you chose to move to one of these Advantage Plans, or any other plan outside of the MMIA, you will not be able to come back to the MMIA Health Plan.*

For more information about MMIA-sponsored Group Medicare Advantage Plans or other Medicare questions, contact Wendy Nelson at 406-969-3000 or wendy@justaskwendy.com.

| | Plan Year: 1/1/23-12/31/23 (Benefits for In-Network Providers) | | |
|---|--|---|---|
| Medical Benefits* | Advantage Plan - High | Advantage Plan - Medium | Advantage Plan - Low |
| Monthly Premium for Retiree Only | \$123.00 | \$65.00 | \$50.00 |
| Annual Deductible | N/A | N/A | N/A |
| Annual Out-of-Pocket Maximum | \$2,500 | \$5,000 | \$6,700 |
| Preventive Services | No Copay | No Copay | No Copay |
| Primary Care Visit | \$10 Copay | \$20 Copay | \$25 Copay |
| Specialist Office Visit | \$25 Copay | \$50 Copay | \$50 Copay |
| Physical Therapy | \$25 Copay | \$40 Copay | \$40 Copay |
| Urgent Care | \$40 Copay | \$40 Copay | \$40 Copay |
| Emergency Room | \$90 Copay | \$90 Copay | \$90 Copay |
| Ambulance | \$200 Copay | \$200 Copay | \$200 Copay |
| Home Health Care | No Copay | No Copay | No Copay |
| Hospice Care | No Copay | No Copay | No Copay |
| Inpatient Hospital | \$125/day (Days 1-7) | \$250/day (Days 1-7) | \$250/day (Days 1-7) |
| Skilled Nursing Facility | \$0 Copay (1-20 days) \$178/day (21-100 days) | \$0 Copay (1-20 days) \$178/day (21-100 days) | \$0 Copay (1-20 days) \$178/day (21-100 days) |
| Prescription Benefits For 30 Day Supply* at In-Network Pharmacies | | | |
| Deductible | \$0 | | |
| Preferred Generic | \$0 Copay | | |
| Non-Preferred Generic | \$6 Copay | | |
| Preferred Brand | \$39 Copay | | |
| Non-Preferred Brand | \$85 Copay | | |
| Specialty | 33% up to \$4,660 15% from \$4,660 to \$7,400 5% after \$7,400 | | |
| Dental, Vision and Hearing Benefits* | | | |
| Dental | \$5 Copay Preventive; 100% plan paid Basic/Restorative | \$5 Copay Preventive; \$50 Copay Medicare-covered services | No Preventive; \$50 Copay Medicare-covered services |
| Eye Exams | \$10 Copay routine eye exam; \$0 Copay Medicare-covered services | | |
| Eye Wear | \$0 Copay eyeglass lenses; \$150 allowance on frames and contact lenses; \$40 Copay Medicare-covered services | \$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered services | \$0 Copay eyeglass lenses; \$100 allowance on frames and contact lenses; \$0 Copay Medicare-covered services |
| Hearing Exams | \$15 Copay Medicare-covered exam; \$15 Copay for one routine exam/year | \$15 Copay Medicare-covered exam; \$15 Copay for one routine exam/year | \$40 Copay for Medicare-covered services only |
| Hearing Aids | \$1,000 hearing aid allowance every 3 years | \$500 hearing aid allowance every 3 years | Not Covered |

*The above information is for comparison purposes and is not a guarantee of benefits. For full benefit information, see the Summary Plan Documents.