



## MMIA EMPLOYEE BENEFITS PROGRAM FY2025/2026 RENEWAL

TO: MMIA Employee Benefits Members  
FROM: Amanda Clark - Employee Benefits Program Manager  
DATE: March 28, 2025

The MMIA Board of Directors has approved final rate adjustments for the medical, dental, vision and life programs. Please see details below and enclosures for specific premium amounts. This is also the time to make your city/town group elections for the upcoming renewal year.

### **Medical Benefits**

The final medical rate adjustment takes into account overall pool experience in the base rate adjustment, group level experience in the CPRA, as well as the impact of the plan updates, combined for a final percentage adjustment.

#### **I. Baseline Pricing**

A baseline renewal adjustment is applied to all plans, taking into consideration claims history, medical inflation, and expenses. Your medical rate baseline adjustment for next fiscal year is:

**+9.5% Medical Rate Adjustment**

#### **II. Claim Performance Risk Assessment (CPRA)**

The rating method adopted by the Board allows groups to affect their own rates based on claims experience, while still benefiting from the security of the whole pool. The CPRA is applied to adjust rates moderately to move in the direction of actual claims experience. Larger custom groups are assessed individually, while all members rated as Standard are grouped together for this assessment. Based on size of the group, a variability corridor is used to limit the impact. To further limit the impact in a year, a maximum adjustment of +/-5% is used. Your medical rate adjustment for this year's CPRA is:

**+2.7% Medical Rate Adjustment**

#### **III. Final Rate Adjustment**

Your overall medical rate adjustment for this year's final rates, including the baseline, CPRA, and medical plan update savings is:

**12.2% Final 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 2025-2026 fiscal year.

### **Vision Benefits**

**No rate change** is being made to the Vision Benefits. See the enclosed document for the vision rates for the 2025-2026 fiscal year. An increase in allowances for contact lenses and Walmart/Costco frames have been added.

### **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 2025-2026 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 so a participant's monthly premium may change effective July 1, 2025, if they move into an older age bracket. Employees can enroll in or make changes to the Voluntary Term Life enrollment at <https://mmiaeb.net/open-enrollment-form>.

### **Medical Plan Updates**

HDHP Plan updates for July 1, 2025, include a minimal individual deductible increase from \$3200 to \$3300 as a federal requirement in order to comply with Health Saving Account (HSA) regulations.

### **Retirees (Under 65)**

Retirees that are not yet Medicare eligible can remain on the medical plans. MMIA will send retirees notification of termination when they are nearing age 65. Visit [www.mmiaeb.net/retirees/](http://www.mmiaeb.net/retirees/) for more information and see the enclosed document on alternative retirement benefit options.

### **Group Election Form**

The group election form is for each city/town to select the benefits offered to employees for the next year. It is at <https://mmiaeb.net/group-elections>. If your city/town would like to begin offering the menu of medical plans, dental, vision, or life, now is the time to change your group benefit selections. A memo of your current benefits was mailed to you; if you need another copy, email Nikki: [nwilloughby@mmia.net](mailto:nwilloughby@mmia.net).

**The Group Election form must be completed by April 17<sup>th</sup>.**

*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 15<sup>th</sup> to June 15<sup>th</sup>. This is the opportunity for employees to make changes to their enrollments. These changes will be effective July 1, 2025. **Please distribute rates and benefit information to employees.** MMIA will mail rates for retirees to their home address.

#### **I. Open Enrollment Form**

Any Open Enrollment changes your employees need to make can be completed on the Open Enrollment form on our website at <https://mmiaeb.net/open-enrollment-form>.

When the forms are active and ready on our website we will send you notification. **All enrollment changes must be submitted online and approved by June 15<sup>th</sup>.**

#### **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, 2025, should complete the Enrollment/Termination form or the Change Form at [www.mmiaeb.net/forms](http://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)
- Address changes
- Notification of other insurance
- Beneficiary changes for life coverage, if applicable

#### **IV. HIPAA Notice and Waiver Form**

Any employee or dependent waiving benefits should complete the waiver in the Open Enrollment form. ***Even if an employee has signed the waiver before, we encourage them to sign it again if they wish to continue to waive benefits.*** This protects you as the employer by documenting you have offered 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 7/1/25 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at [www.mmiaeb.net](http://www.mmiaeb.net) and must be referenced for details of all coverages.

	Bridger	Madison	High Deductible (HSA-Qualified)
Deductible (Individual/Family) (January 1 - December 31)	\$500 / \$1,000	\$1,000 / \$2,000	\$3,300 / \$6,400
Benefit Percentage (what the plan pays if the Deductible is waived or after the Deductible is met)			
<ul style="list-style-type: none"><li>All Montana Providers and Non-Montana Cigna Providers</li></ul>	80%	70%	80%
<ul style="list-style-type: none"><li>Non-Montana, Non-Cigna Providers</li></ul>	60%	50%	60%
Annual Out-of-Pocket Maximum (the most you will pay for covered services in a plan year) Individual/Family	\$2,000 / \$4,000	\$4,000 / \$8,000	\$6,400 / \$12,800
Medical Services			
Preventive care as recommended by the US Preventive Services Task Force, CDC, and Health Resources & Services Administration at <a href="http://www.healthcare.gov">www.healthcare.gov</a>	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)		

<b>Total Cost per Month</b>	<b>Bridger</b>	<b>Madison</b>	<b>HDHP</b>
<i>Employee Only (P00)</i>	\$ 984	\$ 892	\$ 725
<i>Employee &amp; Spouse (F00)</i>	\$ 1,968	\$ 1,784	\$ 1,450
<i>Employee &amp; Child(ren) (P99)</i>	\$ 1,722	\$ 1,561	\$ 1,269
<i>Employee, Spouse &amp; Child(ren) (F99)</i>	\$ 2,706	\$ 2,453	\$ 1,994
<i>Retirees or spouses of retirees aged 65+ are not eligible for medical coverage.</i>			



## Employee Benefits - Dental and Vision Plan Summaries

Effective 7/1/25 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at [www.mmiaeb.net](http://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	
<b>Dental Services</b>		
Diagnostic & Preventive (cleanings and screenings)	<ul style="list-style-type: none"> <li>Plan pays 100%</li> <li>Deductible waived</li> <li>Does not apply to Calendar Year Maximum Benefit</li> </ul>	
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 (P00)	\$33	\$34
Employee & Spouse (F00)	\$66	\$68
Employee & Child(ren) (P99)	\$58	\$66
Employee, Spouse & Child(ren) (F99)	\$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"> <li>\$165 allowance at Costco, Walmart, and retail</li> <li>20% saving after allowance</li> </ul>	Up to \$70
Lenses (included with exam copay)	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and trifocal lenses</li> <li>Polycarbonate for children</li> </ul>	<ul style="list-style-type: none"> <li>Single vision - Up to \$50</li> <li>Lined bifocal - Up to \$75</li> <li>Lined trifocal - up to \$100</li> </ul>
Lens Enhancements	<ul style="list-style-type: none"> <li>Standard progressive: \$0 copay</li> <li>Premium progressive: \$80-\$90 copay</li> <li>Custom progressive: \$120-\$160 copay</li> </ul>	
Contacts (instead of glasses)	<ul style="list-style-type: none"> <li>\$150 allowance for contact lenses</li> <li>Up to \$60 for contact lens exam (fitting and evaluation)</li> </ul>	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 (P00)	\$8.60
Employee & Spouse (F00)	\$13.80
Employee & Child(ren) (P99)	\$14.00
Employee, Spouse & Child(ren) (F99)	\$22.20

## VOLUNTARY TERM LIFE AND AD&D

The MMIA Employee Benefits Program offers a very competitively-priced Voluntary Term Life and AD&D program for our membership. The carrier is the same as the Basic Group Term Life and AD&D - Mutual of Omaha 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 \$350,000 for employee; \$50,000 for spouse upon initial eligibility. Amounts in excess of the Guarantee Issue Amount, or enrolling at a later date than initial eligibility will require a health statement, called an Evidence of Insurability (EOI) form, subject to approval.

**Changes at Open Enrollment:** During Open Enrollment, an EOI is required if the employee's coverage increases by more than \$25,000, if their coverage exceeds \$350,000, if their spouse's coverage increases by any amount, and/or if the individual does not have Voluntary Term Life and requests coverage.

**Monthly Premium Rates per Thousand:** Rates are age-banded for voluntary life and are shown below. 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 (must be enrolled in Voluntary Life to be eligible)
15-34	\$0.08	\$0.05 (rates are \$0.05 per thousand for all ages)
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	

**Benefit Reduction:** The principal sum of the life insurance coverage will be reduced by 50% at age 70.

**Dependent Child Benefit:** Employees can cover their child(ren) in increments of \$1,000, minimum of \$2,000 up to a maximum of \$10,000. The cost is the same for one child or multiple children. The rate is \$0.12 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	Included
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 may 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 option 4.



## BASIC GROUP LIFE AND AD&D

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

### **Basic Life and 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 premium cost.

**Benefit Amount and Cost:** The cost per \$1,000 Basic Life and AD&D is \$0.27. 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	\$2.70
\$15,000	\$4.05
\$20,000	\$5.40
\$25,000	\$6.75
\$50,000	\$13.50
\$100,000	\$27.00

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

### **Benefit Descriptions:**

Guarantee Issue:	\$100,000
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
Child Care Benefit	Included
Spouse & Child Education	Included
Paralysis Benefit	Included
Accelerated Benefits	75% to \$500,000
Living Care Benefit	75% to \$500,000

**These benefits 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 \$1.50 per month for \$5,000 of benefit, if the employer chooses to provide it.

<b>Dependent Benefit Amount</b>	<b>Monthly Unit Cost per Employee with Dependents</b>
\$5,000	\$1.50

**Each employee with dependents (spouse or children) must have the same dependent benefit level. The monthly unit cost covers all of the employee's eligible dependents.**  
*Eligible children must be less than 26 years of age.*



## RETIREES: Medicare Advantage Plan

The following is a summary of the 2025 Blue Cross Blue Shield Medicare Advantage plans available exclusively to Medicare eligible retirees of the MMIA Health Plan. *Beginning January 1, 2025, all retirees that are Medicare eligible must terminate coverage on an 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](mailto:wendy@justaskwendy.com).

	Plan Year: 1/1/25-12/31/25 (Benefits for In-Network Providers)		
Medical Benefits*	Advantage - Premium	Advantage – Value Plus	Advantage - Value
Monthly Premium for Retiree Only	\$133.00	\$70.35	\$54.10
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 Max OOP \$2,000			
Deductible	\$0		
Preferred Generic	\$0 Copay		
Non-Preferred Generic	\$6 Copay		
Preferred Brand	\$39 Copay		
Non-Preferred Brand	\$85 Copay		
Specialty	33% up to \$2,000 then covered at 100%		
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.





## 2025 MMIA EMPLOYEE BENEFITS

# WELLNESS

LAUNCH YOUR HEALTH TO THE NEXT LEVEL

**EARN UP TO \$200**

**50**

### HEALTH SCREENING

Get your Health Screening at an It Starts With Me event or at a Montana Health Center

**July 1 - September 30**

**50**

### HEALTH SCREENING REVIEW CALL

Schedule online & complete a review call with a Take Control health coach

**Complete by November 7**

**50**

### EDUCATIONAL VIDEO AND QUIZ

Watch the short educational video and take the quiz online

**Complete by September 30**

**50**

### BONUS ROUND

**80% EMPLOYEE PARTICIPATION**

If 80% of eligible employees in your city or town get a Health Screening, everyone screened earns another \$50

Wellness incentives will be distributed to cities and towns by the end of the year. You must be enrolled in an MMIA medical plan at the time of prepaid gift card distribution in order to earn an incentive.

MMIA will track your incentives and send physical Prepaid Visa cards to your city/town at the end of the year. Please note that your prepaid Visa card has an expiration date, and once that date has passed, funds cannot be retrieved. Please refer to our wellness page and read the "Prepaid Card Activation & FAQs."

The Montana Municipal Interlocal Authority reserves the right to alter the Wellness Program at any time.

This program is developed in compliance with the EEOC wellness rules and does not violate anti-discrimination laws as laid down by the Americans with Disabilities Act and Genetic Information Nondiscrimination Act. Participation in this program is voluntary. MMIA maintains the privacy and security of your personally identifiable health information. For more information, view our EEOC Notice at [mmiaEB.net/wellness](http://mmiaEB.net/wellness).

## GAME ON!

To learn more, scan  
the code or visit  
[mmiaEB.net/wellness](http://mmiaEB.net/wellness)





# '25-'26 Clerks & Benefit Contacts: Open Enrollment Webinar



**Join MMIA on April 9th  
@ 10AM via Zoom**

*Join the MMIA team to learn about rates, your role in providing benefit information to your employees, open enrollment, wellness, vision allowance increases, and more. This is a great opportunity to have questions answered prior to group elections and open enrollment.*

## **WEBINAR DETAILS**

### **Webinar Address:**

<https://bit.ly/MMIAEBWebinar>

**Meeting ID:** 895 6085 3827

**Call In:** +1 253 205 0468

**Passcode:** 565904

**Questions?**

Contact MMIA EB @ 800-635-3089 Option 4 or [ebgroup@mmia.net](mailto:ebgroup@mmia.net)