

## MMIA EMPLOYEE BENEFITS PROGRAM FY2026/2027 RENEWAL

TO: MMIA Employee Benefits Members  
FROM: Chris Beskid – Interim Employee Benefits Program Manager  
DATE: March 31, 2026

Please note the mailing address for MMIA is now **3115 McHugh Ln, Helena, MT 59602**. We ask that you share this information with any relevant departments within your city or town to ensure timely delivery of mail.

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 considers 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: **+3.0% 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: **+0.8% Medical Rate Adjustment**

#### III. Medical Plan Update

Benefit plan updates have been approved for the upcoming plan year beginning July 1, 2026. This resulted in additional rate savings for the Bridger and HDHP plans.

**-3.0% Bridger Plan Rate Savings & -1.5% HDHP Plan Rate Savings**

#### IV. Final Rate Adjustment

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

<b>0.8% Bridger Plan</b>	<b>3.8% Madison Plan</b>	<b>2.3% HDHP Plan</b>
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### 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 2026-2027 fiscal year.

### Vision Benefits

**No rate change** is being made to vision benefits. See the enclosed document for the vision rates for the 2026-2027 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 Basic Life, Dependent Life or AD&D Insurance. See the enclosed document for the Basic Life rates for the 2026-2027 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** in the rates currently being charged for Voluntary Term Life Insurance. These are age-banded so a participant's monthly premium may change effective July 1, 2026, if they move into an older age bracket.



## Employee Benefits - Standard Plan Summaries

Effective 7/1/26 - This Document is a summary of coverage only. The MIMIA Employee Benefits Program Plan Documents are available at [mmiaeb.net](http://mmiaeb.net) and must be referenced for details of all coverages.

	Bridger	Madison	Pintler	High Deductible (HSA-Qualified)
Deductible (Individual/Family) January 1 - December 31	\$750 / \$1,500	\$1,000 / \$2,000	\$2,000 / \$4,000	\$3,500 / \$7,000
Benefit Percentage (what the plan pays if the Deductible is waived or after the Deductible is met)				
All Montana and Non-Montana Cigna Providers	80%	70%	70%	80%
Non-Montana, Non-Cigna Providers	60%	50%	50%	60%
Annual Out-of-Pocket Maximum (the most you will pay for covered services in a plan year) Individual/Family	\$2,500 / \$5,000	\$4,000 / \$8,000	\$5,000 / \$10,000	\$7,000 / \$14,000

### Medical Services

Preventive care as recommended by the US Preventive Services Task Force, CDC, and Health Resources & Services Administration at [www.healthcare.gov](http://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

Alternative Medicine Benefit - up to \$500

Chiropractic - up to \$400, plus \$100 x-ray benefit

Deductible waived  
(Plan pays Benefit %)

Deductible applies

Home Health Care

Newborn Initial Care

Nutritional Counseling - up to 10 visits per year

#### Facility Provider Services

Emergency Room Care

Deductible applies

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

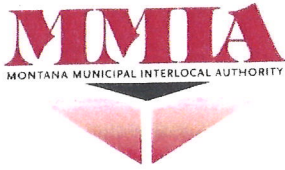
Pintler

HDHP

Employee Only (P00)	\$984	992	\$892	926	\$854	\$725	741
Employee & Spouse (F00)	\$1968	1,984	\$1784	1,852	\$1,708	\$1450	1,482
Employee & Child(ren) (P99)	\$1722	1,736	\$1561	1,621	\$1,495	\$1269	1,297
Employee, Spouse & Child(ren) (F99)	\$2706	2,728	\$2453	2,547	\$2,349	\$1994	2,038

Retirees or spouses of retirees aged 65+ are not eligible for medical coverage.





# Workers' Compensation Program

Payroll Report Form - see instructions

**Montana Municipal Interlocal Authority**  
PO Box 6669 Helena, MT 59604-6669  
(800)635-3089 (406)443-0907 FAX: (406)449-7440

**Conrad**

Report Period: October 1, 2025 to December 31, 2025

**Due Date: January 15, 2026**

*To Compare  
1 Year/est.*

	Classification Description	Class Code	Actual and Assumed Earnings	x	Rate	=	Standard Assessment
Include Consistent and Regular volunteers, but do NOT include library personnel.							
1	Firefighters & Drivers	7704	27,915.00	x	6.255	=	1,746.08
2	Police Officers & Drivers	7720	559,118.00	x	2.473	=	13,826.99
3	Professional & Administrative	8743	270,351.00	x	0.526	=	1,422.05
4	Clerical Office Employees	8810	154,224.00	x	0.199	=	306.91
5	Municipal Nonprofessional	9410	414,416.00	x	1.322	=	5,478.58
6	Other Municipal Employees	9420	374,132.00	x	5.615	=	21,007.51
Library Personnel and Volunteers: (enter only if you have the Library endorsement)							
7	Professional & Administrative	8743		x	0.526	=	-
8	Clerical Office Employees	8810		x	0.199	=	-
9	Municipal Nonprofessional	9410		x	1.322	=	-
10	Other Municipal Employees	9420		x	5.615	=	-
11	<b>TOTALS</b>		1,800,156.00				43,788.12
12	CPAF						1.0490
13	Rounding Adjustment						
14	<b>Total Assessment Due to MMIA</b>						<b>45,933.74</b>

\*\* CPAF includes a combination of your mod factor, 1.07, and your volume discount and expense constant factor of 0.9804.

**CERTIFICATION:** I certify that the payroll information entered on this report and attachments is true, correct and accurately reflects the actual, assumed and/or reported earnings of all covered officers and employees.

Printed Name & Signature

Date

Title

Telephone Number

Attach checks payable to MMIA WC Program

If you prefer to pay via ACH, please email [ach@mmia.net](mailto:ach@mmia.net) for instructions.

**Do not combine any Workers' Compensation Program payments with payments due to other MMIA Programs**



855 Front Street | P.O. Box 4759 | Helena, MT 59604-4759  
Phone 800-332-6102 or 406-495-5000 | Fax 406-495-5020  
Fraud 888-MT-CRIME or 888-682-7463 | TDD/TTY 406-495-5030  
montanastatefund.com | safemt.com

February 11, 2026

KENZIE GREER  
PCI CONRAD  
PO BOX 929  
CONRAD MT 59425

RE:	CITY OF CONRAD
Policy No:	06-616501-3
Proposed Effective Date:	03/01/2026
Policy Type:	Reporting Plan Policy

I am pleased to enclose the Montana State Fund workers' compensation quote for coverage for the above referenced risk. Please take time to carefully review this quote. It is especially important to assure that the classification code(s) and the payroll estimate(s) for each classification code are accurate. The classification codes and estimated payrolls are the basis for the estimated premium. Payrolls that are incorrectly classified or underestimated may result in a significant additional premium due at the end of the policy term.

This quote is offered as a reporting plan policy. Payroll will be reported on a quarterly basis and premium billed based on each report. Please note, terrorism and catastrophe premium will not be billed until all payroll has been reported for the entire policy term. Terrorism and catastrophe premium should be accrued throughout the term so it is available at the end of the term.

Thank you for the opportunity to offer a quote. If the insured accepts the quote, please contact our office. Please note, Montana State Fund's rates change on July 1st of each year. I look forward to hearing from you.

Sincerely,

Sarah Roope  
Premier Team  
Operations Department



## QUOTE PROPOSAL

**Insured Name:** CITY OF CONRAD  
**Policy #:** 06-616501-3

**Date Issued:** 02/11/2026  
**Proposed Effective Date:** 03/01/2026

### Employers Liability Limits:

\$100,000 Bodily Injury By Accident, Each Accident  
 \$100,000 Bodily Injury By Disease, Each Employee  
 \$500,000 Bodily Injury By Disease, Policy Limit

### Classification Codes and Estimated Cost:

Standard Premium for Period 03/01/2026 - 03/01/2027

**INSURED:** CITY OF CONRAD  
**LOCATION:** 413 S MAIN STREET - CONRAD MT 59425

Code	Description	Payroll	Rate	Remit Rate	Premium
7704-03	MUNICIPAL FIREFIGHTERS AND DRIVERS	\$27,915.00	\$5.820	\$5.130	\$1,624.65
7720-04	MUNICIPAL POLICE OFFICERS AND DRIVERS	\$559,118.00	\$2.300	\$2.030	\$12,859.71
8743-00	MUNICIPAL: PROFESSIONAL OR ADMINISTRATIVE	\$270,351.00	\$0.490	\$0.430	\$1,324.72
8810-01	CLERICAL OFFICE EMPLOYEES NOC	\$154,224.00	\$0.190	\$0.170	\$293.03
9410-00	MUNICIPAL: ADMINISTRATIVE OR NON-PROFESSIONAL	\$414,416.00	\$1.230	\$1.080	\$5,097.32
9420-00	MUNICIPAL-ALL OTHER EMPLOYEES AND DRIVERS	\$374,132.00	\$5.220	\$4.600	\$19,529.69

Description	Factor	Premium
Manual Premium		\$40,729.12
Subject Premium		\$40,729.12
Modified Premium		\$40,729.12
Scheduled Rating	0.9000	\$-4,072.91
Standard Premium		\$36,656.21

Term Premium 03/01/2026 - 03/01/2027

Description	Factor	Premium
Total Standard Premium		\$36,656.21
Volume Discount		\$-1,232.81
Expense Constant		\$180.00
Total Premium		\$35,603.40
Terrorism	0.0050	\$90.01
Catastrophe	0.0100	\$180.02

**\$35,873.43**

### Final Premium

Department of Labor & Industry (DLI) Assessments:

Occupational Safety and Health (OSH) Assessment – Assessment Percentage:	0.4922%	\$176.57
Workers Compensation Administrative (Admin) Assessment – Assessment Percentage:	0.5443%	\$195.26
Stay at Work/Return to Work (SAW/RTW) Assessment – Assessment Percentage:	0.0000%	\$0.00
Subsequent Injury Fund (SIF) Assessment – Assessment Percentage:	0.3844%	\$137.90

*By law, each policy is subject to regulatory assessments that are established by and paid to the Department of Labor & Industry. The*

LF102Q-Rev 08/2019



*assessments are a percentage of premium, are billed with premium and cancellation may occur for failure to pay assessments. These are the assessments for this policy period.*

**TOTAL ESTIMATED COST:**

**\$36,383.16**