

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:

| | | |
|--------------------------|--------------------------|-----------------------|
| 0.8% Bridger Plan | 3.8% Madison Plan | 2.3% HDHP Plan |
|--------------------------|--------------------------|-----------------------|

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.

Medical Plan Updates

Plan updates for July 1, 2026, include a minimal individual deductible increase from \$3,300 to \$3,500 and out of pocket maximum from \$6,400 to \$7,000 for HDHP as a federal requirement to comply with Health Saving Account (HSA) regulations and a deductible increase from \$500 to \$750 and out of pocket maximum from \$2,000 to \$2,500 for the Bridger plan. The new Pintler plan offers a lower premium standard plan option.

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 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 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.

The Group Election form must be completed by April 15th.

Remember, because of regulatory requirements, you must not have a waiting period of 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. This is the opportunity for employees to make changes to their enrollments. These changes will be effective July 1, 2026. **It is your responsibility to distribute rates and benefit information to all your eligible 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.

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 15th.**

II. Online Benefit Enrollment & Termination Form and Benefit Change Form

Any newly hired employees or those eligible to make changes unrelated to Open Enrollment that should be effective sooner than July 1, 2026, must complete the appropriate online form at mmiaeb.net/documents/forms.

III. The following types of changes can be made during 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

Employees waiving medical benefits should complete the waiver during Open Enrollment, even if they have signed one before. This verifies continued waiver of medical coverage and confirms benefits were offered.

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



Employee Benefits - Standard Plan Summaries

Effective 7/1/26 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at 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

| | | |
|--|--|--------------------|
| 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) | \$ 992 | \$ 926 | \$ 854 | \$ 741 |
| Employee & Spouse (F00) | \$ 1,984 | \$ 1,852 | \$ 1,708 | \$ 1,482 |
| Employee & Child(ren) (P99) | \$ 1,736 | \$ 1,621 | \$ 1,495 | \$ 1,297 |
| Employee, Spouse & Child(ren) (F99) | \$ 2,728 | \$ 2,547 | \$ 2,349 | \$ 2,038 |

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



Employee Benefits - Dental and Vision Plan Summaries
 Effective 7/1/26 - This Document is a summary of coverage only. The MMIA Employee Benefits Program Plan Documents are available at mmiaeb.net and must be referenced for details of all

Dental Plans

Benefit Period (January 1 - December 31)

| | In-Network | Orthodontic Enhancement |
|--|------------|-------------------------|
|--|------------|-------------------------|

| | | |
|--------------------------------|-------------|--|
| Deductible (individual/Family) | \$25 / \$50 | |
|--------------------------------|-------------|--|

| | | |
|--------------------------------|----------------------|--|
| *Calendar Year Maximum Benefit | \$2,000 / Individual | |
|--------------------------------|----------------------|--|

\$2,000 Lifetime Benefit/Individual

Dental Services

Diagnostic & Preventive (cleanings and screenings)

Plan pays 100%
 Deductible waived
 Does not apply to Calendar Year Maximum Benefit

Plan pays 50% after Deductible

Basic Restorations

Plan pays 80% after Deductible

Major Restorations and Implants

Plan pays 50% after Deductible

*Calendar Year Maximum Benefit is the most the Plan will pay for covered services in a plan year

| Dental Plan Cost | Basic | With Ortho Enhancement |
|-------------------------------------|---------|------------------------|
| Employee Only (P00) | \$33.00 | \$34.00 |
| Employee & Spouse (F00) | \$66.00 | \$68.00 |
| Employee & Child(ren) (P99) | \$58.00 | \$66.00 |
| Employee, Spouse & Child(ren) (F99) | \$92.00 | \$104.00 |

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 | \$165 allowance at Costco, Walmart, and retail 20% saving after allowance | Up to \$70 |
| Lenses (included with exam copay) | Single vision, lined bifocal, and trifocal lenses Polycarbonate for children | Single vision - Up to \$50 Lined bifocal - Up to \$75 Lined trifocal - up to \$100 |
| Lens Enhancements | Standard progressive: \$0 copay Premium progressive: \$80-\$90 copay Custom progressive: \$120-\$160 copay \$150 allowance for contact lenses | |
| Contacts (instead of glasses) | 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 (P00) | \$8.60 |
| Employee & Spouse (F00) | \$13.80 |
| Employee & Child(ren) (P99) | \$14.00 |
| Employee, Spouse & Child(ren) (F99) | \$22.20 |

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.

| Dependent Benefit Amount | Monthly Unit Cost per Employee with Dependents |
|--------------------------|--|
| \$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.