



Missoula
COUNTY

**2026 - 2027
Benefits
Guide**



Welcome to a new year with Missoula County. Your health plan is packed with benefits designed to help you, your family, and your pets be as healthy as you can be. We want you to get the most out of your benefits. This brochure will help you get to know your benefits and keep you on track to get and stay healthy. Please remember open enrollment for medical, dental, and vision benefits is during the month of May for an effective date of July 1st. Your voluntary products with Mutual of Omaha renew July 1st as well, with Annual Enrollment in May. Voluntary Life, Accident, Critical Illness and Short Term Disability are all available for you to enroll in (some rules apply). Employees and family members can also elect to enhance their Long Term Care benefits during May. Medical questions are required and you can be declined.

Open enrollment for flex is during the month of November for an effective date of January 1st.

Medical Benefit Overview

Insured by: Missoula County Employee Benefits Plan

Medical Benefits	In-Network Coverage
Deductible (Fiscal year - July - June)	\$500 Individual \$1,000 Family
Coinsurance	70/30%
Out-of-Pocket Maximum (includes deductible)	\$4,000 Individual \$8,000 Family
PCP Office Visit	Ded 70/30
Specialist Office Visit	Ded 70/30
Urgent Care	Ded 70/30
Emergency Room	Ded 70/30
Adult & Well Child Preventive Care	100%
Telehealth	Ded 70/30
Prescription Drug Benefits	
Rx Deductible	\$150 per person/\$300 family
Generic	15% coinsurance \$20 maximum
Preferred Brand	30% coinsurance \$50 maximum
Non-Preferred Brand	40% coinsurance \$150 maximum
Specialty	40% coinsurance \$300 maximum
Pharmacy Maximum Out of Pocket (includes deductible)	\$2,600 per person/\$5,200 family

Please Note: Members can use out-of-network providers, benefits paid for covered services are impacted. Telehealth is not covered with out-of-network providers.



Voluntary Dental Benefit Overview

Insured by: Missoula County Employee Benefits Plan | Network: Missoula County*

Benefit Description	In-Network Coverage
Deductible (calendar year)	\$0 Individual \$0 Family
Maximum Annual Benefit	\$1,200 per individual (July-June)
Preventive Care	100%
Basic Care	80%
Major Care	70%
Orthodontia	50% to \$1,700 Lifetime

*Members can use out-of-network providers, but benefits paid for covered services are impacted



Vision Benefit Overview

Insured by: Missoula County Benefits Plan | Network: Open

Benefit Description	In-Network Coverage
Exam	100% up to \$74
Single, Bifocal, or Progressive Glasses or Elective Contacts	100% up to \$226
Frames	Included in the 100% to \$226
Contacts Medically Necessary	100% up to \$236

2026 Monthly Premiums

Medical Premiums: Full Time Employees (Based on 26 Pay Periods)					
	County Contribution **	Employee Contribution ***	Total	Monthly Total	Annual Total
Single	\$412.62	\$0.00	\$412.62	\$894.00	\$10,728.00
Empl/Child	\$551.54	\$138.92	\$690.46	\$1,496.00	\$17,952.00
Empl/Sp/DP	\$593.31	\$180.69	\$774.00	\$1,677.00	\$20,124.00
Family	\$732.69	\$320.08	\$1,052.77	\$2,281.00	\$27,372.00

Medical Premiums: 1/2 Time Employees (Based on 26 Pay Periods)					
	County Contribution **	Employee Contribution ***	Total	Monthly Total	Annual Total
Single	\$206.31	\$206.31	\$412.62	\$894.00	\$10,728.00
Empl/Child	\$275.77	\$414.69	\$690.46	\$1,496.00	\$17,952.00
Empl/Sp/DP	\$296.66	\$477.35	\$774.00	\$1,677.00	\$20,124.00
Family	\$366.35	\$686.43	\$1,052.77	\$2,281.00	\$27,372.00

Dental Premiums: Full Time Employees (Based on 26 Pay Periods)					
	County Contribution **	Employee Contribution ***	Total	Monthly Total	Annual Total
Single	\$19.85	\$0.00	\$19.85	\$43.00	\$516.00
Empl/Child	\$19.85	\$28.61	\$48.46	\$105.00	\$1,260.00
Empl/Sp/DP	\$19.85	\$15.23	\$35.08	\$76.00	\$912.00
Family	\$19.85	\$44.30	\$64.15	\$139.00	\$1,668.00

Dental Premiums: 1/2 Time Employees (Based on 26 Pay Periods)					
	County Contribution **	Employee Contribution ***	Total	Monthly Total	Annual Total
Single	\$9.93	\$9.92	\$19.85	\$43.00	\$516.00
Empl/Child	\$9.93	\$38.52	\$48.46	\$105.00	\$1,260.00
Empl/Sp/DP	\$9.93	\$25.15	\$35.08	\$76.00	\$912.00
Family	\$9.93	\$54.22	\$64.15	\$139.00	\$1,668.00

Vision Premiums: Full Time Employees (Based on 12 Pay Periods)					
	County Contribution **	Employee Contribution ***	Total	Monthly Total	Annual Total
Single	\$0.00	\$12.50	\$0.00	\$12.50	\$150.00
Empl/Child	\$0.00	\$23.00	\$0.00	\$23.00	\$276.00
Empl/Sp/DP	\$0.00	\$23.60	\$0.00	\$23.60	\$283.20
Family	\$0.00	\$34.10	\$0.00	\$34.10	\$409.20

Wellness Monthly	
Employee Status	County Contribution
Full/Part	\$6.00

Life Monthly	
Employee Status	County Contribution
1/2 Time or more	\$2.80

LTD Monthly	
Employee Status	County Contribution
1/2 Time or more	0.17% of covered payroll



Flexible Spending Account (FSA)

Administered by: Missoula County Employee Benefits Plan

Flexible Spending Account

Flexible Spending Accounts (FSA) provide employees with an important tax advantage that can help pay medical care expenses on a pre-tax basis. An FSA can help lower taxable income by anticipating health care costs for the next calendar year and electing to place that money in this account. This is a use-it-or-lose-it plan. Maximum annual election is \$3,400.

Dependent Care Spending Account

Dependent Care Flex lets employees use pre-tax dollars toward qualified dependent care (day care expenses). The annual maximum contribution amount is \$7,500 (or \$3,750 if married and filing separately) per calendar year.

Benefit Terms

Annual Deductible: the amount that you are required to pay each year before a plan begins to pay benefits.

Coinsurance: the percentage of the cost that you are required to pay when you receive covered health care services.

Copay: the flat-dollar amount that you are required to pay when you receive covered health care services. Copays are typically due at the time that you receive the service.

In-Network: care or services provided by doctors, hospitals, labs or pharmacies that participate in the network of providers who have contracted with your plan provider. Generally, due to negotiated lower fees with these providers, you pay less when you stay In-Network.

Maximum Out-of-Pocket: the most that you are required to pay in a plan year for covered health care services. After you spend this out of pocket amount on Deductibles, coinsurance, and Copays for in-network care, your plan pays 100% of the costs of all eligible expenses for the remainder of the plan year.

Out-of-Network: care or services provided by doctors, hospitals, labs or pharmacies that do not participate in the network of providers who have contracted with your plan provider. Generally, you pay more when you go Out-of-Network.

Life Benefit Overview

Insured by: Mutual of Omaha

Benefit Description	Coverage
Life Benefit	\$20,000
Age Reduction	Age 70: 65% Age 75: 50%

Make sure your Beneficiary is updated if you have experienced a Life Event.

Voluntary Life Benefit Overview

Insured by: Mutual of Omaha

Benefit Description	Employee	Spouse	Dependent
Benefit Maximum	\$500,000 (5x Salary)	\$500,000 (100% of Employee)	\$10,000
Increments	\$10,000	\$5,000	\$2,000
Guarantee Issue	\$150,000	\$30,000	\$10,000
Age Reduction	To 65% at age 70; to 50% at age 75 Spouse coverage terminates at age 80		No reduction

Voluntary Life Rates

Age	EE Rate/\$10,000 Coverage	SP Rate/\$5,000
0-24	\$1.00	\$0.37
25-29	\$1.00	\$0.39
30-34	\$1.10	\$0.51
35-39	\$1.30	\$0.72
40-44	\$2.10	\$1.09
45-49	\$3.40	\$1.70
50-54	\$5.30	\$2.53
55-59	\$9.60	\$3.75
60-64	\$13.90	\$5.23
65-69	\$24.20	\$7.41
70-75	\$37.70	\$21.73
75+	\$97.80	\$35.83
Child(ren)	\$0.72/\$2,000 (all Children, not per Child)	

New hires are eligible to enroll for themselves, spouses and child(ren) up to the Guarantee Issue amount without medical questions. At future Annual Enrollments (May) Employees who are enrolled at the minimum of \$10,000, can increase \$10,000 or \$20,000(up to GI) without medical questions.

Employees and Spouses not enrolled who wish to enroll at Annual Enrollment will be required to answer medical questions and can be declined for coverage. Enrolled spouses must complete medical questions to increase coverage at any amount at future Annual Enrollments.

Long Term Disability Benefit Overview

Insured by: Mutual of Omaha

Long Term Disability replaces part of your income if you are unable to work due to an injury or illness. Missoula County provides a Core benefit and employees are able to enhance their benefits with the Buy-Up option, if they so chose.

Benefit Description	Core Long Term Disability Plan Details
Monthly Benefit	50% to \$2,500/month
Elimination Period	180 Days
Own Occupation Period	24 Months
Benefit Payment Period	SSNRA
Pre-Existing Conditions	3/12

Voluntary Buy-Up Long Term Disability Benefit Overview

Insured by: Mutual of Omaha

Benefit Description	Coverage
Monthly Benefit	60% to \$6,000/month
Elimination Period	90 Days
Own Occupation Period	24 Months
Benefit Payment Period	SSNRA
Pre-Existing	3/12
New Hire & Annual Enrollment	Employees can elect the Buy-Up option as a new hire without having to answer medical questions. If employees wish to elect the Buy-Up at a future Annual Enrollment (May), medical questions will be required and members can be declined

* Rates are figured from your age and salary. Please see Human Resources for more information

Voluntary Short Term Disability Benefit Overview (Option 1)

Insured by: Mutual of Omaha

Benefit Description	Coverage
Weekly Benefit Maximum	60% to \$1,500/week
Elimination Period	14 days
Benefit Duration	11 weeks
Pre-Existing Condition Limitation	3/6

Voluntary Short Term Disability Benefit Overview (Option 2)

Insured by: Mutual of Omaha

Benefit Description	Coverage
Weekly Benefit Maximum	60% to \$1,500/week
Elimination Period	14 days
Benefit Duration	24 weeks
Pre-Existing Condition Limitation	3/6



Voluntary Accident Benefit Overview

Administered by: Mutual of Omaha

Benefit Description	Benefit
Employee Accidental Death	\$25,000
Hospital Admission	\$1,000
Daily Confinement	\$200 per day
Ground Ambulance	Up to \$1,000
Emergency Room	\$150
Emergency Physician Visit	\$75
Urgent Care	\$100
Physician Follow-Up Office Visit	\$75 up to 2 per accident
Physical Therapy	\$25 up to 6 per accident
Express Benefit	\$75
NEW: Child Sports Benefit	10%
Coverage	24 Hour

*This list is not all inclusive. See policy details for coverages.

Voluntary Accident Premiums

	Total Monthly Premium
Employee Only	\$12.85
Employee + Spouse	\$18.66
Employee + Child(ren)	\$23.19
Employee + Family	\$30.68

Voluntary Critical Illness Benefit Overview

Insured by: Mutual of Omaha

Should you consider Critical Illness Insurance? Experiencing a critical illness can be overwhelming and expensive. CI insurance provides cash for the unexpected costs related to a Critical Illness. It works WITH your medical coverage to help pay for out-of-pocket expenses. What is covered? Based upon your election, the plan will pay the following percentage toward the listed illnesses:

Benefit Description	Benefit
Benefit Amounts	Employee \$5K - \$15K, Spouse \$5K - \$15K, Child(ren) 25% of Employee Amount
Guarantee Issue	Employee \$15K, Spouse \$15K, Child(ren) \$4,000
Conditions	
Heart Attack	100%
Major Organ Failure	100%
Stroke	100%
Renal Failure	100%
Invasive Cancer	100%
Non-Invasive Cancer	50%
Health Screening Benefit	\$100 per person per year

*This list is not all inclusive. See policy details for coverages.

Voluntary Critical Illness Premiums

Rates/\$5,000	Employee & Spouse (Spouse rate figured from Employee Age)
0-29	\$1.50
30-39	\$2.80
40-49	\$6.25
50-59	\$12.40
60-69	\$25.20
70-79	\$46.20
80+	\$63.05

Health Screening Benefit

Your Critical Illness Insurance coverage includes a health screening benefit that pays a lump sum for certain preventative health screenings to help keep you in good health. Some of these services include Colonoscopy, Chest X-ray, EKG, Mammography, Pap Smear, Stress Test, Fasting Blood Glucose test, and more. A complete list of the benefit amount payable can be found in the applicable contracts.

For the Critical Illness policy, members receive \$100 (per enrolled/eligible member/year).

Advantages of Health Screenings

- Find diseases and conditions at an early stage to prevent a critical illness.
- Improve outcomes, such as faster treatment, longer life and less suffering.
- Determine and influence risk factors.

Here's how to submit a claim:

1. Complete Preventative health screening test
2. Obtain copy of test results
3. Submit a claim form and test result to submitgrpacc@mutualofomaha.com or fax to (402) 977-1898

Employee Assistance Program (EAP)

Administered by: Guardian - Uprise Health

Employee Assistance Program (EAP) benefits are available to all employees and their families at **NO COST** to you. The EAP offers confidential advice, support, and practical solutions to real-life issues.

What is Uprise Health?

Uprise Health is a digital EAP and mental health service that offers assistance on various stress-related issues such as financial stress, family, self-beliefs or a work issues through coaching or therapy sessions. To find out more about your EAP, schedule a therapy appointment, or get a referral for services, call Uprise Health at (800) 395-1616 or go to the member website below.



Via Mobile App:

- Download the [iPhone app](#) here or the [Android version](#) here
- Create an account using our company's access code: **MISSCO**



Via Desktop:

- Go to the Uprise website <https://www.members.uprisehealth.com/>
- Create an account using our company's access code: **MISSCO**

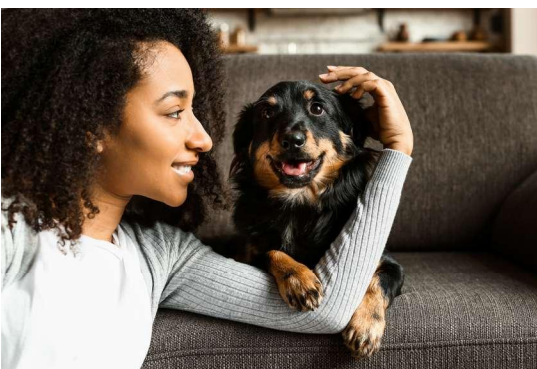
Voluntary Pet Insurance

Administered by: MetLife

Help give your furry friends the lifelong protection they need with MetLife Pet Insurance.

A MetLife Pet Insurance plan helps cover costs when unexpected accidents or illnesses occur, so nothing gets in the way of caring for your pet when they need it most. With MetLife Pet customizable coverage options, you can get:

- Flexible insurance plans that can cover the entire pet family with no breed exclusions
- Freedom to visit any U.S. veterinarian and reimbursement up to 90% of the cost of services
- Family plans covering multiple cats and dogs on one policy –a benefit exclusive to MetLife Pet
- 24/7 access to Telehealth Concierge Services for immediate assistance
- Discounts up to 30% and additional offers on pet care (where available)
- Optional Preventive Care coverage
- Coverage of pre-existing conditions when switching providers



How does MetLife Pet Insurance work?

1. Choose the coverage that's right for you
2. Download the MetLife mobile app
3. Visit any U.S. Licensed veterinarian or emergency clinic
4. Pay the bill within 90 days and send it with your claim documents via our mobile app, online portal, email, fax or mail
5. Get a percentage of your money reimbursed by check or direct deposit if the claim expense is covered under the policy

Members go to www.metlife.com/getpetquote or call 1(800)-GET-MET8 (438-6388)



Plan Administrators

Click on the blue links below to open the website or send an email.

	Medical Dental Vision	Missoula County Employee Benefits Plan 406-258-4876 (Select Option 1) benefits@missoulacounty.us
	Life Voluntary Life Voluntary Critical Illness Voluntary Accident	Mutual of Omaha 800-775-8805 www.mutualofomaha.com
	Disability Claims	Mutual of Omaha 800-877-5176 www.mutualofomaha.com
	Employee Assistance Program	Uprise EAP 800-395-1616 members.uprisehealth.com
	Voluntary Pet Insurance	MetLife 800-GET-MET8 (438-6388) www.metlife.com/getpetquote
	Benefit Contacts	Marsh McLennan Agency Beth Wardell Client Executive 406-327-6427 Beth.Wardell@MarshMMA.com



This information is a summary of benefits and does not supersede the carrier-provided summary of benefits. Benefits and general provisions described herein are subject to the terms of the Summary Plan Description or Group Contract. All eligible employee contributions will be deducted on a pre-tax basis unless otherwise requested. Premiums deducted on a pre-tax basis cannot be changed except during the open enrollment period, unless the employee experiences a qualifying event.