

# CHANGES FOR FY 2027

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Missoula County Employee Benefits Plan, “MCEBP”, has a new plan document effective July 01, 2026. The complete plan document can be found at [www.mcebp.com](http://www.mcebp.com). If you would like a hard copy of the plan document, please request via email to [benefits@missoulacounty.us](mailto:benefits@missoulacounty.us) or call 406-258-4876 option 1. Below are the amendments adopted by the Board of County Commissioner as Exhibit 8.33 to the Missoula County Employee Benefits Plan.

Medical Benefits: **Out-of-Pocket Maximum** - The Plan currently applies all co-insurance to the out-of-pocket maximum.

The Plan will continue to have a Non-PPO (out-of-network) co-insurance. However, the Non-PPO co-insurance will not apply towards the out-of-pocket maximum. The Plan will continue to apply the Non-PPO co-insurance after the out-of-pocket maximum has been reached.

Medical Benefits: **Preauthorization** – The Plan currently highly recommends prior authorization for general anesthesia for routine colonoscopies.

The Plan will remove this recommendation meaning no prior authorization is recommended/necessary for general anesthesia for routine colonoscopies.

Medical Benefits: **Alternative Medicine Benefit** – The Plan currently does not have a definition of weight loss program. The plan will add the following definition of weight loss program:

An eligible weight loss program is a structured program designed to help individuals lose weight and maintain it. The program focuses on lifestyle changes through nutritional counseling, increased physical activity, and behavior change techniques. The program does not need to include all components to qualify. Program must be overseen by a medical professional. Coverage under this benefit does not include prescriptions, food, supplements or other remedies otherwise excluded under MCEBP.

Medical Benefits: **Alternative Medicine Benefits** – The Plan does not cover services, supplies or prescriptions for weight reduction or treatment of obesity unless required under the Affordable Care Act or otherwise allowed under MCEBP. The Plan does not cover herbs, remedies, vitamins, exercise equipment, or health club memberships.

The Plan will add language to clarify medications, supplements, and other remedies for weight or treatment of obesity are not covered. Vitamins, supplements, exercise equipment, health club and other memberships are not covered.

Medical Benefits: **Genetic Testing** – The Plan covers medically necessary genetic testing and highly recommends prior authorization for genetic testing. The plan does not cover charges for services or treatment for which the covered person is not obligated to pay, or for charges which would not have been made without medical coverage in force or charges increased because insurance is available.

Clarifying language will be added to indicate all genetic testing could be subject to Independent Medical Review to determine medical necessity. Additionally, language will be added state charges for

which the covered person is not obligated to pay or increase in charges because insurance is available is not covered. This means MCEBP will not pay for charges simply because it is an insurance when those same charges are not billed to the patient.

Medical Benefits: **Hearing Aids** – The Plan currently has a maximum benefit of \$1,200 per ear. Coverage is limited to one per ear in 60-consecutive-month period. The Plan currently does not address over-the-counter hearing aids.

The plan will remove the frequency limit of once in a 60-consecutive month period and allow a maximum benefit of \$1,200 per ear per 60-consecutive-month period. Additionally, the Plan will cover over-the-counter hearing aids. This coverage applies to members who are 18 years or older with mild to moderate hearing loss. Physician prescription or letter of medical necessity is required.

Medical Benefits: **Sterilization Surgery** – The Plan does not define sterilization surgery.

The plan will add language to clarify sterilization surgery is female sterilization procedures and vasectomies.

Medical Benefits: **Transplant Surgery** – The Plan does not have a benefit limit for transplants.

The plan will add limited benefit for transplant services performed by a Non-PPO hospital:

**Non-PPO Hospital Benefit Limits:**

Allogeneic Stem Cell Bone Marrow Transplant .....	\$159,695
Autologous Stem Cell Bone Marrow Transplant .....	\$78,795
Heart Transplant .....	\$372,383
Intestine .....	\$137,007
Lung Transplant .....	\$172,083
Liver Transplant .....	\$137,007
Kidney Transplant .....	\$42,914
Pancreas Transplant .....	\$40,793
Pancreas & Kidney Simultaneous Transplant .....	\$74,474

Medical Benefits: **Walk-in Medical Clinic – Providence Grant Creek** – Providence has opened another location at 3017 Paxon Street, Missoula, MT. The Plan will add the Southgate Urgent Care location to the current benefit.

Medical Benefits: **Maternity Health & Support Program** – The Plan currently has a Mommytrax program. This is being replaced by a program provided by the Missoula Public Health.

Program stays the same with the addition of in-person visits with a local Public Health Nurse. Program will no longer have an educational library.

**Medical Expenses Not Covered:** The Plan currently does not cover services or supplies for which no charge is made or for which a charge is increased because insurance is available.

Plan will add language to clarify shipping and handling of lab specimens is not covered.

Eligibility: **Effective date of enrollment due to special enrollment triggered by qualifying life event** – Plan currently states coverage is effective on the 1<sup>st</sup> day of the month following enrollment.

Plan will update to state coverage is effective on the 1<sup>st</sup> day of the month following the qualifying life event.

Eligibility: **Chart of Eligibility** - The Plan currently has a Chart of Eligibility. Plan will replace the chart with the following:

**Enrollment, Termination, and Effective dates of coverage:**

1. Employee may enroll self, eligible spouse, domestic partner, and/or dependent child(ren) within 31 days of initial eligibility. Coverage is effective on the 1st day of the month following 60 continuous days of employment.
2. If employee does not enroll self, eligible spouse, domestic partner, and/or dependent child(ren) within 31 days of initial eligibility and later wants to enroll they are able to enroll self, eligible spouse, domestic partner, and/or dependent child(ren) during the following:
  - a. Late enrollment during the month of May with an effective date of July 1st
  - b. Special enrollment as defined below. Employee must enroll within 31 days of the qualifying life event, unless federal or state statute require additional days. Coverage is effective the 1st of the month following the qualifying life event; however, coverage added for newborn, newly adopted, or newly placed for adoption dependent children (and other eligible dependents added at this time) will be effective retroactive to the date of birth, adoption, or placement.
3. If the employee enrolls within 31 days of initial eligibility, subsequently dis-enrolls, and later wants to re-enroll, they are able to enroll during the following:
  - a. Late enrollment during the month of May with an effective date of July 1st
  - b. Special enrollment as defined below. Employee must enroll within 31 days of the qualifying life event, unless federal or state statute require additional days. Coverage is effective the 1st of the month following the qualifying life event; however, coverage added for newborn, newly adopted, or newly placed for adoption dependent children (and other eligible dependents added at this time) will be effective retroactive to the date of birth, adoption, or placement.
4. If an employee is rehired from the Missoula County Layoff Pool and enrolls self, eligible spouse, domestic partner, and/or dependent child(ren) within 31 days of the rehire date, coverage is effective on the 1st day of the month following the rehire date, unless federal or state statute require an earlier effective date.
5. If an employee is rehired from the Missoula County Layoff Pool and does not enroll self, eligible spouse, domestic partner, and/or dependent child(ren) within 31 days of the rehire date, they are subject to the late enrollment and special enrollment provisions set forth in numbers 2 and 3 above.

6. If an employee and/or eligible spouse, domestic partner, and dependent child(ren) are enrolled and wants to terminate coverage, they are able to dis-enroll during the following:
  - a. Late enrollment during the month of May with a coverage end date of June 31<sup>st</sup>. Written notification must be provided to the Human Resources Office or an employee representative in the month of May.
  - b. Special enrollment as defined below. Employee must dis-enroll within 31 days of the qualifying life event, unless federal or state statute require additional days. Written notification must be provided to the Human Resources Office or an employee representative. Termination is effective on the last day of the pay period after providing notification (last day of the month for outside agencies).
  - c. Availability of other coverage and can document it. Employee and eligible dependents must dis-enroll within 31 days of availability of other coverage, unless federal or state statute require additional days. Written notification must be provided to the Human Resources Office or an employee representative. Termination is effective on the last day of the pay period after providing notification (last day of the month for outside agencies).

Eligibility: **Initial Enrollment** – Enrollment due to new hire. Employee must enroll within 31 days of initial eligibility. Coverage is effective the 1st day of the month following 60 continuous days of employment.

Eligibility: **Late Enrollment (also known as Open Enrollment)** - Occurs annually during the month of May. The effective date of enrollment changes during late enrollment is the following July 1st. Employees may enroll, disenroll, or make changes to enrollment during this period.

Eligibility: **Special Enrollment** – Enrollment period triggered by a qualifying life event. Employees may enroll, disenroll, or make changes to enrollment during this period. Employees must enroll, disenroll, or make changes within 31 days of the qualifying life event, unless federal or state statute require additional days.

Qualifying Life Events include:

- Change in employment status resulting in a change of employer contribution towards premium.
  - Change in employment status resulting in a higher employer contribution opens a special enrollment period to either enroll or dis-enroll.
  - Change in employment status resulting in a lower employer contribution opens a special enrollment period to dis-enroll.
- Gain of new dependents, e.g. spouse, domestic partner, dependent child(ren).
- Loss of other coverage eligibility due to the following:
  - Legal separation or divorce
  - Voluntary or involuntary termination of employment
  - Reduction in hours
  - Children aging out of coverage
  - Movement out of a Health Maintenance Organization (HMO) service area if your insurance is an HMO plan
  - Termination of employer contributions toward an individual's other coverage, regardless of whether the individual is still eligible for coverage under the other plan.

Premium increases or loss of coverage due to non-payment of premiums is not a qualifying life event.

The term, “other coverage,” includes any group health plan or health insurance coverage. If the other coverage was COBRA continuation of coverage, special enrollment can be requested only after the COBRA continuation of coverage is exhausted. If the other coverage was not COBRA continuation of coverage, special enrollment can be requested when the individual loses eligibility for the other coverage.

Eligibility: **Definition of Domestic Partner** – The definition of domestic partner will be updated to reflect current practices. Plan will remove requirement for employee and domestic partner to live in a common residence for 12 months.