

Stillwater County

2026 Benefits Guide

January 1, 2026—December 31, 2026

Welcome

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of valuable benefits to protect your health, family and way of life. This guide answers some of the basic questions you may have about your benefits. Please read it carefully, along with any supplemental materials you receive.

Eligibility

You are eligible for benefits if you work [20 or more hours per week](#). You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include:

- ▶ Your legally married spouse
- ▶ Your registered domestic partner (RDP and/or their children, where applicable by state law)
- ▶ Your biological children, stepchildren, adopted children or children for whom you have legal custody (age restrictions may apply). Disabled children age 26 or older who meet certain criteria may continue on your health coverage.

When Coverage Begins

- ▶ **New Hires:** You must complete the enrollment process within 30 days of your date of hire. If you enroll on time, coverage is effective on the [1st of the month following your 30 days](#). If you fail to enroll on time, you will NOT have benefits coverage (except for company-paid benefits) until you enroll during our next annual Open Enrollment period.

Choose Carefully

Due to IRS regulations, you cannot change your elections until the next annual Open Enrollment period, unless you have a qualifying life event during the year. Following are examples of the most common qualifying life events:

- ▶ Marriage or divorce
- ▶ Birth or adoption of a child
- ▶ Child reaching the maximum age limit
- ▶ Death of a spouse, RDP or child
- ▶ You lose coverage under your spouse's/RDP's plan
- ▶ You gain access to state coverage under Medicaid or The Children's Health Insurance Program

Making Changes

To change your benefit elections, you must contact Human Resources within 31 days of the qualifying life event. Be prepared to show documentation of the event, such as a marriage license, birth certificate or a divorce decree. If changes are not submitted on time, you must wait until the next Open Enrollment period to change your elections.

Required Information—You will be required to enter a Social Security number (SSN) for all covered dependents when you enroll. The Affordable Care Act (ACA) requires the company to report this information to the IRS each year to show that you and your dependents have coverage. This information will be securely submitted to the IRS and will remain confidential.

Medical

We are proud to offer you a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help you maintain a healthy lifestyle. Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

Key Medical Benefits	\$750 Ded 80/20 \$500 OOP	\$2000 Ded 80/20 \$4500 OOP	\$5000 100/0 HDHP
	In-Network	In-Network	In-Network
Deductible¹ Individual / Family	\$750 / \$1,500	\$2,000 / \$4,000	\$5,000 / \$10,000
Coinsurance	80%/ 20% after Deductible	80% / 20%	100% / 0%
Out-of-Pocket Maximum¹ Individual / Family	\$1,250 / \$2,500	\$6,500 / \$13,000	\$5,000 / \$10,000
Primary Care Provider	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Specialist	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Urgent Care	Deductible and Coinsurance	Deductible and Coinsurance	Deductible and Coinsurance
Telemedicine	\$35 Consultation Fee	\$35 Consultation Fee	Deductible and Coinsurance
Prescription Drugs²	\$150 Deductible per person \$0/\$40/60%, max \$200/\$100	\$150 Deductible per person \$0/\$40/60%, max \$200/\$100	Deductible and Coinsurance
HSA Eligible	No	No	Yes
Routine Preventive Care	100%, No Deductible	100%, No Deductible	100%, No Deductible

- 1. Per calendar year
- 2. Retail Pharmacy (30-day supply)

Note: If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount (MAA)
To be eligible for the HSA, you cannot be covered through Medicare Part A or Part B or TRICARE programs. See the plan documents for full details.

Life Insurance: Employees covered under the County Health insurance program have \$15,000 life insurance policy through Mutual of Omaha

Dental

This plan offers you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the network.¹
The following is a high-level overview of the coverage available.

Key Dental Benefits	Joint Powers Trust
	In-Network
Deductible (per calendar year)	
Individual / Family	\$0
Benefit Maximum (per calendar year; Preventive, Basic and Major services combined)	
Per Individual	\$2,000
Covered Services	
Preventive Services	100%
Basic Services	80%
Major Services	50%
Orthodontia (Child)	50%, Lifetime Max \$2,500

Coinsurance percentages shown in the above chart represent what the carrier covers.
1. If you use an out-of-network provider, you will be responsible for any charges above the maximum allowed amount.

Vision

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in the network.¹
The following is a high-level overview of the coverage available.

Key Vision Benefits	Joint Powers Trust (VSP Network)
	In-Network
Exam (once every 12 months)	\$0 Copay
Lenses (once every 24 months)	\$20 Copay
Single Vision	
Bifocal	
Trifocal	\$200 allowance, then 20% off amount over allowance
Frames (once every 12 months)	
Contact Lenses (once every 12 months; in lieu of glasses)	\$200 allowance

Cost of Benefits

	\$750 Ded 80/20 \$500 OOP				
	Total Monthly Premium	Full-Time (30+ hrs)		Part-Time (20-29 hrs)	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Employee Only	\$981.86	\$981.86	\$0.00	\$490.93	\$490.93
Employee + Spouse	\$1,962.69	\$1,177.61	\$785.08	\$686.94	\$1,275.75
Employee + Child(ren)	\$1,723.26	\$1,033.96	\$689.30	\$603.14	\$1,120.12
Family	\$2,374.69	\$1,424.81	\$949.88	\$831.14	\$1,543.55
Medicare Retiree Single	\$638.20				
Medicare Retiree 2 Party	\$1,275.75				
Retiree 2 Party 1<1>65	\$1,620.06				

	\$2000 Ded 80/20 \$4500 OOP				
	Total Monthly Premium	Full-Time (30+ hrs)		Part-Time (20-29 hrs)	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Employee Only	\$884.32	\$884.32	\$0.00	\$442.16	\$442.16
Employee + Spouse	\$1,767.07	\$1,060.24	\$706.83	\$618.47	\$1,148.60
Employee + Child(ren)	\$1,551.58	\$930.95	\$620.63	\$543.05	\$1,008.53
Family	\$2,137.86	\$1,282.72	\$855.14	\$748.25	\$1,389.61
Medicare Retiree Single	\$574.00				
Medicare Retiree 2 Party	\$1,148.59				
Retiree 2 Party 1<1>65	\$1,459.11				

	\$5000 100/0 HDHP				
	Total Monthly Premium	Full-Time (30+ hrs)		Part-Time (20-29 hrs)	
		Employer Contribution	Employee Contribution	Employer Contribution	Employee Contribution
Employee Only	\$864.80	\$864.80	\$0.00	\$432.40	\$432.40
Employee + Spouse	\$1,727.93	\$1,036.76	\$691.17	\$604.78	\$1,123.15
Employee + Child(ren)	\$1,517.24	\$910.34	\$606.90	\$531.03	\$986.21
Family	\$2,090.49	\$1,254.29	\$836.20	\$731.67	\$1,358.82
Medicare Retiree Single	\$562.12				
Medicare Retiree 2 Party	\$1,123.16				
Retiree 2 Party 1<1>65	\$1,426.92				

Coverage Tier	Dental	Vision*
Employee Only	\$37.60	\$10.29
Employee + Spouse	\$75.19	\$18.14
Employee + Child(ren)	\$78.95	\$19.26
Family	\$112.78	\$29.56

*If you enroll in medical, enrollment in vision is automatic with no charge. You may still elect vision at your own expense if you waive medical.



Health Savings Account (HSA)

The HDHP allows for a type of savings account called a health savings account (HSA). The HSA lets you set aside pre-tax dollars to help offset your annual deductible and pay for qualified health care expenses.

Here's how the HSA works:

- ▶ You contribute pre-tax funds to the HSA through automatic payroll deductions.
- ▶ Your contributions, in addition to the company's contributions, may not exceed the annual IRS limits listed below.
- ▶ You can withdraw HSA funds, tax free, to pay for qualified health care expenses now or in the future. Unused funds roll over from year to year and are yours to keep, even if you change medical plans or leave your employer.

HSA Contribution Limit	2026
Employee Only	\$4,400
Family (employee + 1 or more)	\$8,750
Catch-up (age 55+)	\$1,000

Important Notes:

- ▶ You must meet certain eligibility requirements to have an HSA: You must a) be at least 18 years old, b) be covered under a qualified HDHP, c) not be enrolled in Medicare and d) cannot be claimed as a dependent on another person's tax return. For more information, visit www.irs.gov/forms-pubs/about-publication-969.
- ▶ For a complete list of qualified health care expenses, visit www.irs.gov/forms-pubs/about-publication-502.
- ▶ Adult children must be claimed as dependents on your tax return for their medical expenses to qualify for payment or reimbursement from your HSA.

Frequently Asked Questions:

Is an HSA also health insurance?

No, an HSA is not a health insurance plan. Health insurance is provided by an insurance company, while HSA's are often provided by employers through a banking partner. An HSA is a type of savings account to help you pay for eligible out-of-pocket expenses and eligible expenses not covered by your insurance plan. It will not be accepted as insurance by a health care provider.

Is an HSA tax-deductible?

Yes, contributions made to an HSA with after-tax money are tax-deductible. However, you'll need to fill out the right HSA tax forms for your contributions to be deducted on your tax return each year.

Are HSA contributions pre-tax?

They can be! If you make HSA contributions through payroll deduction, they will be taken out on a pre-tax basis, and you won't have to worry about deducting them on your tax return.

What happens if I use my money to pay for a non-qualified expense?

If you are under 65 years old, you will have to pay state and federal income tax as well as a 20% penalty for the amount you're disbursed out of your HSA account. If you are 65 or older, disabled, or die, then you will just pay ordinary income taxes with no penalty. If you find yourself in this situation, you can attempt to put money back into your HSA funds before tax time each year.

Does an HSA roll over?

Once funds are deposited into your HSA, the account can be used to pay for qualified medical expenses tax-free, even if you no longer have coverage through an HDHP — just note that you can no longer contribute to your HSA without being taxed. The funds in your account roll over automatically each year and remain indefinitely until used. There is no time limit on using these funds. If you wish, you can also roll over your HSA funds between financial institutions that act as HSA providers.

More information: <https://livelyme.com/guides/hsa-guide/>

Flexible Spending Account (FSA)

We provide you with an opportunity to participate in our flexible spending accounts (FSAs) administered by EBMS. FSAs allow you to set aside a portion of your income, before taxes, to pay for qualified health care and/or dependent care expenses. Because that portion of your income is not taxed, you pay less in federal income, Social Security and Medicare taxes.

Dependent Care FSA

For 2026, you may contribute up to \$7,500 (per family) to cover eligible dependent care expenses (%3,750 if you and your spouse file separate tax returns). Some qualified expenses include:

- ▶ Care of a dependent child under the age of 13 by babysitters, nursery schools, pre-school or daycare centers
- ▶ Care of a household member who is physically or mentally incapable of caring for him/herself and qualifies as your federal tax dependent

For a complete list of eligible expenses, visit www.irs.gov/pub/irs-pdf/p503.pdf.

FSA Rules

YOU MUST ENROLL EACH YEAR TO PARTICIPATE

Because FSAs can give you a significant tax advantage, they must be administered according to specific IRS rules:

Dependent Care FSA: Unused funds will NOT be returned to you or carried over to the following year.

Employee Assistance Program (EAP)

Life is full of challenges, and sometimes balancing them all can be difficult. We are proud to provide a confidential program dedicated to supporting the emotional health and well-being of our employees and their families. The EAP is provided at **NO COST** to you through **Sapphire**.

EAP Benefits

- Assistance for you and your household members
- Unlimited toll-free phone access and online resources

Visit: <https://www.sr-connection.com/>

Phone: 406-523-7707

24-Hr Toll-Free Help: 866-767-9511

The EAP can help with the following issues, among others:

- Mental health
- Relationships or marital conflicts
- Child and eldercare
- Substance abuse
- Grief and loss
- Legal or financial issues

Valuable Extras

We also offer the following additional benefits:

- Public Employees' Retirement: Administer by Montana Public Employees Retirement Administration.
- Vacation and Sick Leave
- Holidays
- Deferred Compensation Plan: 457(b) is available through Nationwide.



Contact Information

Coverage	Carrier	Phone #	Website/Email
Medical	EBMS (Customer Service)	800-777-3575	https://www.ebms.com/
Dental	EBMS (Customer Service)	800-777-3575	https://www.ebms.com/
Vision	VSP Network	800-877-7195	https://www.vsp.com/
Public Employees' Retirement	MPERA	406-444-3154	https://mpera.mt.gov/

Questions?

If you have additional questions,
you may also contact:

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