

**AMENDMENT #40  
TO THE  
PLAN DOCUMENT  
SUMMARY PLAN DESCRIPTION  
FOR**

**BILLINGS PUBLIC SCHOOLS EMPLOYEE HEALTH PLAN**

**Effective Date: July 1, 2019**

**1. AMEND the PHARMACY AND MAIL ORDER PRESCRIPTION DRUG OPTION as follows:**

**Retail and Mail Order Pharmacy  
Prescription Drug Option**

Covered Charges	Covered Person Pays		
	<i>miRx</i> Retail Pharmacy Up to a 30-day supply	<i>miRx</i> Mail Order Up to a 90-day supply	All Other Pharmacies Up to 90-day supply*
Generic drugs	\$0, deductible waived	\$0, deductible waived	30% after medical deductible
Brand Name drugs	30% after medical deductible	30% after medical deductible	30% after medical deductible

\*Certain prescription drugs may be available at no cost to the Plan Participant. Refer to the following link for more information regarding USPSTF grade A and B recommendations or contact Navitus Health Solutions toll-free at (866) 333-2757 for more information regarding which medications are available. Note: Age and/or quantity limitations may apply:

<http://www.uspreventiveservicestaskforce.org/Page/Name/uspstf-a-and-b-recommendations>

**Prescription Drug Copayments.** The Prescription Drug copayment is applied to each covered pharmacy drug or mail order drug charge as shown above.

*Any one pharmacy prescription is limited to a 30-day supply. Any one mail order prescription is limited to a 90-day supply.*

Note: The *miRx* Mail Order Prescription Drug Option is only available in certain states. Please contact the Claims Administrator toll free at (866)-894-1504 for more information regarding this benefit.

If applicable, this Plan will make a retroactive adjustment to a claim based on a discount, coupon, Pharmacy discount program or similar arrangement provided by drug manufacturers or Pharmacies to assist in purchasing Prescription Drugs.