

**AMENDMENT #3
TO THE
PLAN DOCUMENT AND
SUMMARY PLAN DESCRIPTION
FOR**

**BILLINGS PUBLIC SCHOOLS EMPLOYEE HEALTH PLAN
QUALIFIED HIGH DEDUCTIBLE HEALTH PLAN**

Effective Date: July 1, 2025

- 1. AMEND the subsection titled “EMPLOYEE ASSISTANCE PROGRAM THROUGH BILLINGS CLINIC OCCUPATIONAL HEALTH AND ST. VINCENT OCCUPATIONAL HEALTH SERVICES” in the SCHEDULE OF BENEFITS section as follows:**

**EMPLOYEE ASSISTANCE PROGRAM THROUGH BILLINGS CLINIC OCCUPATIONAL
HEALTH SERVICES**

Reimbursement rate..... 100%, no deductible applies

Benefit maximum 20 visits maximum per Plan Year

- 2. AMEND the “Eligible Classes of Employees” provision in the ELIGIBILITY subsection under the ELIGIBILITY, FUNDING, EFFECTIVE DATE AND TERMINATION PROVISIONS section as follows:**

Eligible Classes of Employees.

- All Active Employees and Retired Employees, who qualify under one of the classes below.
- Current School Board Members.
- Billings Education Foundation Employees.

I, _____, certify that I am the _____ of the **Plan Administrator** for the above named Plan, and further certify that I am authorized to sign this Amendment. I have read and agree with the above change to the Plan and am hereby authorizing its implementation as of the effective date stated above.

Signature: _____

Print Name: _____

Date: _____