

**AMENDMENT #49  
TO THE  
PLAN DOCUMENT AND SUMMARY PLAN DESCRIPTION  
FOR  
BILLINGS PUBLIC SCHOOLS EMPLOYEE HEALTH PLAN  
TRADITIONAL PLAN**

**Effective Date: November 1, 2025**

- 1. AMEND the RETAIL AND MAIL ORDER PHARMACY PRESCRIPTION DRUG OPTION subsection in the SCHEDULE OF BENEFITS section as follows:**

**RETAIL AND MAIL ORDER PHARMACY  
PRESCRIPTION DRUG OPTION**

<b>COVERED CHARGES</b>	<b>PLAN PARTICIPANT PAYS</b>	
	<b>Retail Pharmacy Up to a 90-day supply*</b>	<b>Costco Mail Order Up to a 90-day supply</b>
Generic drugs	30% after medical deductible	\$0, deductible waived
Brand Name drugs	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:

[https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results)

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

*Any one Retail Pharmacy prescription is available up to a 90-day supply. Any one Mail Order prescription is available up to a 90-day supply.*

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.

- 2. AMEND the “Prescription Drug” benefit in the COVERED CHARGES subsection in the MEDICAL BENEFITS section as follows:**

**(e1) Prescription Drugs** (as defined). Charges for Prescription Drugs, including injectable drugs, when prescribed by a Physician, dispensed by a licensed pharmacist or a Physician, and are Medically Necessary treatment for an Illness or Injury.

**The Retail and Mail Order Pharmacy Prescription Drug Option** is available for acute conditions (i.e., sudden onset of an Illness, such as antibiotics) in addition to chronic or maintenance medications (i.e., those that are taken for long periods of time, such as drugs prescribed for heart disease, high blood pressure, asthma, etc.)

Prescription Drugs purchased through the Retail Pharmacy and Mail Order Pharmacy will be payable as shown in the Retail and Mail Order Pharmacy Prescription Drug Option section.

If a Prescription Drug is purchased from a Non-Participating Pharmacy or a Participating Pharmacy when the Plan Participant's ID isn't used, the Plan Participant will be required to pay 100% of the total cost at the point of sale, no Participating Pharmacy discount will be given, and the Plan Participant will be required to submit the prescription receipt to Navitus Health Solutions for reimbursement (minus any applicable copayment amount as shown in the Retail and Mail Order Pharmacy Prescription Drug Option).

**For prescription claims questions or to obtain a claim form, please call:**

Navitus Health Solutions toll-free (866) 333-2757 or visit [www.ebms.com](http://www.ebms.com).

**The following will be covered at 100%, no copayment required for Formulary drugs.**

*Benefits may be subject to prescription Formulary and/or quantity limitations. Non-formulary prescriptions may be payable subject to the applicable prescription copayment as shown in the Retail and Mail Order Pharmacy Prescription Drug Option. **Contact Navitus Health Solutions toll-free at (866) 333-2757 to request coverage of the medication as a non-formulary medical exception.***

- (1) Physician-prescribed contraceptive methods (Food and Drug Administration (FDA) approved) including but not limited to oral contraceptive medications, transdermals, devices (diaphragms, cervical caps, and intra-uterine devices (IUDs)), vaginal contraceptives, implantables, injectables, female condoms, spermicides, and sponges for all female Plan Participants with reproductive capacity.

*Refer to Contraceptives in this section regarding additional coverage for intrauterine devices (IUDs), implantables, and injectables.*

- (2) Physician-prescribed tobacco/nicotine cessation products. Physician-prescribed tobacco/nicotine replacement products (nicotine patch, gum, lozenges) and Physician-prescribed medications (such as Zyban, Chantix (and subject to change)).
- (3) Certain vaccinations/immunizations as recommended by applicable federal law will be covered only when rendered through a Participating Pharmacy. Please note: Not all Participating Pharmacies may be providing vaccinations/immunizations or may vary in what they offer. It is important to check with the Participating Pharmacy to determine availability, age restrictions, any prescription requirements, or hours of service.
- (4) Additional Physician-prescribed medications as recommended by the U.S. Preventive Services Task Force (USPSTF) grades A and B recommendations will be covered at 100%, no prescription copayment, coinsurance, or deductible will be required, and will only be available when utilizing a Participating Pharmacy.

Please note, the USPSTF grades A and B recommendations are subject to change as new medications become available and other recommendations may change. Coverage of new recommended medications will be available following the one year anniversary date of the adoption of the USPSTF grade A and B recommendation.

Refer to the following link for more information regarding USPSTF grade A and B recommendations or contact Navitus Health Solutions for more information regarding which medications are available. **Note:** Age and/or quantity limitations may apply:

[https://www.uspreventiveservicestaskforce.org/uspstf/topic\\_search\\_results](https://www.uspreventiveservicestaskforce.org/uspstf/topic_search_results)

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: \_\_\_\_\_