Exhibit 3.1

Missoula County Employee Benefits Plan Document

Employer/Employee Contribution Rates - Missoula County

Effective July 1, 2026

Medical Benefit (Based on 26 Pay Periods)						
Employee Status	Coverage	County Contribution**	Employee Contribution **	Total	Monthly Total	Annual Total
Full-Time	Single	$ 412.62	$ -	$ 412.62	$894.00	$ 10,728.00
	Empl/Child	$ 551.54	$ 138.92	$ 690.46	$1,496.00	$ 17,952.00
	Empl/Sp/Dp	$ 593.31	$ 180.69	$ 774.00	$1,677.00	$ 20,124.00
	Family	$ 732.69	$ 320.08	$ 1,052.77	$2,281.00	$ 27,372.00
1/2 Time	Single	$ 206.31	$ 206.31	$ 412.62	$894.00	$ 10,728.00
	Empl/Child	$ 275.77	$ 414.69	$ 690.46	$1,496.00	$ 17,952.00
	Empl/Sp/Dp	$ 296.66	$ 477.35	$ 774.00	$1,677.00	$ 20,124.00
	Family	$ 366.35	$ 686.43	$ 1,052.77	$2,281.00	$ 27,372.00

Dental Benefit (Based on 26 Pay Periods)						
Employee Status	Coverage	County Contribution**	Employee Contribution **	Total	Monthly Total	Annual Total
Full-Time	Single	$ 19.85	$ -	$ 19.85	$ 43.00	$ 516.00
	Empl/Child	$ 19.85	$ 28.61	$ 48.46	$ 105.00	$ 1,260.00
	Empl/Sp/Dp	$ 19.85	$ 15.23	$ 35.08	$ 76.00	$ 912.00
	Family	$ 19.85	$ 44.30	$ 64.15	$ 139.00	$ 1,668.00
1/2 Time	Single	$ 9.93	$ 9.92	$ 19.85	$ 43.00	$ 516.00
	Empl/Child	$ 9.93	$ 38.53	$ 48.46	$ 105.00	$ 1,260.00
	Empl/Sp/Dp	$ 9.93	$ 25.15	$ 35.08	$ 76.00	$ 912.00
	Family	$ 9.93	$ 54.22	$ 64.15	$ 139.00	$ 1,668.00

Vision Benefit (Monthly)						
Employee Status	Coverage	County Contribution	Employee Contribution **	Total	Monthly Total	Annual Total
Full-Time	Single	$ -	$ 12.50	$ -	$ 12.50	$ 150.00
	Empl/Child	$ -	$ 23.00	$ -	$ 23.00	$ 276.00
	Empl/Sp/Dp	$ -	$ 23.60	$ -	$ 23.60	$ 283.20
	Family	$ -	$ 34.10	$ -	$ 34.10	$ 409.20

*** County and Employee Contributions for Medical and Dental Benefits are based on 26 pay periods per year. Employee Contribution for Vision Benefit is based on a monthly contribution.*

Wellness (Monthly)	
Employee Status	County Contribution
Full/Part	$ 6.00

Life (Monthly)	
Employee Status	County Contribution
1/2 time or more	$2.80

LTD (Monthly)	
Employee Status	County Contribution
1/2 time or more	.17 % of covered payroll

Missoula County offers the following voluntary benefits covered 100% by employee contributions: Short-Term Disability, Supplemental Long-Term Disability, Supplemental Life Insurance, Enhanced Long-Term Care, Accident Insurance, and Critical Illness Insurance. If you have questions regarding rates for these coverages, please refer to the "Employee Benefits" link on the Missoula County Human Resources website.

Exhibit 3.1
Missoula County Employee Benefits Plan Document
Contribution Rates
Effective July 1, 2026
Page 2

Retirees Medical Benefits (Monthly)		
Coverage	Standard $500 Deductible $150 Rx Deductible	Optional $2,500 Deductible $500 Rx Deductible
Single	$ 894.00	$ 625.00
Empl/Child	$ 1,496.00	$ 1,048.00
Empl/Sp/Dp	$ 1,677.00	$ 1,128.00
Family	$ 2,281.00	$ 1,597.00

** A deduction equal to the standard Medicare Part B premium per person per month is available to a Retiree and/or Spouse/Domestic partner of a Retiree upon receipt of satisfactory evidence of coverage under both Medicare Part A and Part B -- Medicare must be Primary Insurance. The Income-related monthly adjusted amount ("IRMAA") will not be deducted.

Retiree Dental Benefits (Monthly)	
Coverage	Premium
Single	$ 43.00
Empl/Child	$ 105.00
Empl/Sp/Dp	$ 76.00
Family	$ 139.00

Retiree Vision Benefits (Monthly)	
Coverage	Premium
Single	$ 12.50
Empl/Child	$ 23.00
Empl/Sp/Dp	$ 23.60
Family	$ 34.10

Exhibit 3.2

Missoula County Employee Benefits Plan Document
Outside Agency Monthly Contribution Rates
Airport Authority / Art Museum
Missoula Rural Fire / Education Cooperative
Mountain Line / Frenchtown Rural Fire District
Missoula Aging Services / Seeley Lake Rural Fire
Effective July 1, 2026

Medical Benefit		
Coverage	Standard $500 Deductible $150 Rx Deductible	Optional $2,500 Deductible $500 Rx Deductible
Single	$ 894.00	$ 625.00
Empl/Child	$ 1,496.00	$ 1,048.00
Empl/Sp/Dp	$ 1,677.00	$ 1,128.00
Family	$ 2,281.00	$ 1,597.00

Dental Benefits (Monthly)	
Coverage	Premium
Single	$ 43.00
Empl/Child	$ 105.00
Empl/Sp/Dp	$ 76.00
Family	$ 139.00

Vision Benefits (Monthly)	
Coverage	Premium
Single	$ 12.50
Empl/Child	$ 23.00
Empl/Sp/Dp	$ 23.60
Family	$ 34.10

Administration Fees	
Coverage	Fee
Medical	$12.00
Dental	$2.00
Vision	$0.00

Missoula County Employee Benefits Plan Document
Contribution Rates
Effective July 1, 2026

Cobra Medical Benefits (Monthly)		
Coverage	Standard $500 Deductible $150 Rx Deductible	Optional $2,500 Deductible $500 Rx Deductible
Single	$ 911.88	$ 637.50
Empl/Child	$ 1,525.92	$ 1,068.96
Empl/Sp/Dp	$ 1,710.54	$ 1,150.56
Family	$ 2,326.62	$ 1,628.94

Cobra Dental Benefits (Monthly)	
Coverage	Premium
Single	$ 43.86
Empl/Child	$ 107.10
Empl/Sp/Dp	$ 77.52
Family	$ 141.78

Cobra Vision Benefits (Monthly)	
Coverage	Premium
Single	$ 12.75
Empl/Child	$ 23.46
Empl/Sp/Dp	$ 24.07
Family	$ 34.78