

HealthEquity

Order Form

Employer:

Yellowstone County
 217 M 27th Street, Room 106
 PO Box 35041
 Billings, MT 59107

Effective Date*: 1/1/2026
 Initial Term End Date: 12/31/2028

Payment Method: ACH Debit
 Payment Terms: Within 30 days of receipt of invoice
 Service Charge on Overdue Amounts: 2% Per Month

Services:

Service Name	Fee Type	Fee	Description
COBRA	Admin Fee	\$0.65 PEPM	Per Eligible Per Month
Takeover of Existing COBRA Participants	Additional Service Fee	\$10.00	Acquisition and integration of existing COBRA participant information including the production of new monthly payment invoices, tracking the remainder of the eligibility period, and providing 24/7 access to participant information via IVR, Internet, and toll-free participant services support. One-time fee per takeover processed.
COBRA Open Enrollment	Additional Service Fee	\$15.00	Standard Service Open Enrollment: WW will manage adding, updating or terminating plans; carrier and billing updates; and will produce and mail an updated premium statement to Qualified Beneficiaries and COBRA Continuant(s) announcing the applicable COBRA premium change for the Employer's plan(s)' next determination period. WW updates, prints, and mails OE notifications on behalf of the Employer, up to 7 sheets of paper (double-sided), to Qualified Beneficiaries and COBRA Continuant(s) (to the extent requested by Employer). WW will provide carrier and billing updates. Postage and additional printing fees may apply in some situations and will be disclosed to the Employer. Fee billed per OE packet mailed.
COBRA Open Enrollment	Set Up Fee	\$150.00	A per-plan year open enrollment setup fee will be assessed.

Terms and Conditions:

HealthEquity

- This Order Form is subject to HQY's General Terms and Conditions of Service that may be viewed at https://resources.healthequity.com/Documents/Employer/General_Terms_and_Conditions_All_Accounts.pdf, and all terms defined therein shall have the same meaning in this Order Form unless otherwise specified herein.
- *This Order Form shall be effective as of 1/1/2026 (unless this Order Form is incomplete or does not match our records). Billing shall commence upon start of Service(s) or next billing period following the effective date, whichever is later.

Signature: 
Name (print): KEVIN Gillen
Title: H.R. Director
Employer: Yellowstone County MT
Date: 10-10-2025