



# CITY OF CASPER EMPLOYEE BENEFITS GUIDE

2019

SEE PAGE 7 FOR  
DETAILS ON  
WHAT'S NEW FOR  
2019 AND LEARN  
WHAT CHANGES  
MAY IMPACT YOU  
AND YOUR FAMILY!

This guide provides highlights of our benefits program. A complete description of your benefit plans can be found in the plan documents, Summary Plan Descriptions (SPD) and contracts. While every effort has been made to provide an accurate summary of the plans, the information contained in this guide does not replace or change the meaning of our employer-sponsored benefit(s) plan documents; SPDs and contracts; the plan documents and contracts are controlling in the event of any discrepancy. We reserve the right to terminate or amend these employer-sponsored plans at any time, in whole or in part, for any reason. Any such amendment or termination may apply to current and future participants, covered spouses, beneficiaries, and dependents.

# CONTACTS

## **MEDICAL**

Cigna  
(800) 244-6224  
(855) 246-1876  
mycigna.com

## **DENTAL**

Delta Dental of Wyoming  
(800) 735-3379  
deltadentalins.com

## **VISION**

VSP  
(800) 877-7195  
vsp.com

## **FLEXIBLE SPENDING ACCOUNT**

National Benefit Services  
(800) 274-0503  
nbsbenefits.com

## **BASIC LIFE, AD&D & DISABILITY**

Lincoln Financial  
(800) 423-2765  
lfg.com

## **CRITICAL ILLNESS ACCIDENT HOSPITAL INDEMNITY HEARING HEALTH NETWORK**

Allstate, Aflac & Amplifon  
Lacey Smith, GBS Benefits, Inc.  
(801) 819-7744  
vbcustomerservice@gbsbenefits.com

## **EMPLOYEE ASSISTANCE PROGRAM**

Three Trails EFAP  
(307) 237-5750  
threetrailsefap.org

## **HUMAN RESOURCES**

Keith Hageman, Benefits Technician  
(307) 235-8289  
khageman@casperwy.gov

## **WELLNESS**

Becky Nelson, Health & Safety Specialist  
(307) 235-7514  
bnelson@casperwy.gov



## CITY OF CASPER

JANUARY 1, 2019 – DECEMBER 31, 2019

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**This Guide is designed to highlight your benefit options so that you can make the best possible decisions for you and your family. Use this guide as your go-to-resource when you're enrolling for benefits and throughout the plan year. The choices you make will remain in effect during the plan year (January 1, 2019 – December 31, 2019), unless you have a qualifying major life event.**

We are committed to providing our employees with quality benefits programs that are comprehensive, flexible and affordable. Giving our employees the best in benefit plans is one way we can show you that as an employee, YOU are our most important asset. Eligible employees have many benefit plans to choose from, so we ask that you read this benefits guide carefully to help you make the benefit elections that are the best fit for you and your family.

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# IMPORTANT INFORMATION

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CITY OF CASPER

## **WHAT'S NEW FOR 2019?**

### **MEDICAL PLAN**

- There is a premium increase of 10%. The City is picking up the full 10% increase for 2019 (i.e., both the Employee and the Employer portions). As a result, employees pay no premium increase for 2019!
- The “Buy-Up” plan is no longer offered (the “Mid” and “Buy Down” plans are still offered.)

### **VISION PLAN**

- The City is staying with VSP but is switching from the “Signature” plan to the “Choice” plan.
- Vision premiums decreased by 25% due to the switch from the “Signature” to the “Choice” plan.
- Vision In-Network coverage remains the same as last year (2018).
- Vision Out-Of-Network coverage amounts decreased \$5 - \$35 on certain services and coverages.

**ALL OTHER BENEFITS ARE THE SAME AS LAST YEAR (2018)**

## BENEFITS OVERVIEW

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Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

1. **Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
2. **Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
3. **Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

### WHO IS ELIGIBLE?

If you are a full-time employee working 30 or more hours per week (130 hours per month), coverage will begin on the first day of the month following 30 days of qualified employment.

You can also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include:

- Your legal spouse
- Your natural, adopted or step-child(ren) to age 26

### HOW WE DEFINE MEDICAL BENEFITS ELIGIBILITY

We are a large employer according to the Employer Shared Responsibility provisions of the ACA. The enrollment guidelines listed in this guide may vary if you are hired to work less than 30 hours per week (130 hours per month) or your hours worked drop below the threshold. Please contact us for our complete policy on Measurement Methods to determine full-time benefits eligibility status under the Employer Shared Responsibility.

### WHEN DO I ENROLL?

You can enroll for coverage within 30 days of your date of hire, or during the annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.



# **BENEFITS OVERVIEW**

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## **MAKING CHANGES DURING THE YEAR**

The IRS provides strict regulations about the changes to pre-tax elections during the plan year. Once you enroll in benefits, you will not be able to make any changes to your elections until the next annual open enrollment period, unless you experience a qualified life event.

Qualified life events include, but are not limited to:

- Change in your legal marital status
- Change in number of dependents
- A dependent no longer meets the eligibility requirements
- You and/or your dependent becomes eligible or loses eligibility for Medicare, Medicaid or the Children's Health Insurance Program (CHIP)
- Employee or dependents change in employment status resulting in loss or gain of eligibility for employer sponsored benefits
- A court or administrative order

It is your responsibility to notify Human Resources within 30 days after a qualified life event. Any benefit changes must be directly related to the qualified life event.

## **WHEN COVERAGE ENDS**

For most benefits, coverage will end on the last day of the month in which:

- Your regular work schedule is reduced to fewer than 30 hours per week
- Your employment with City of Casper ends

Your dependent(s) coverage ends:

- When your coverage ends, or
- The last day of the month in which the dependent is no longer eligible



# BENEFIT ENROLLMENT METHODS

Most benefits have online enrollment through InfinityHR.com. However, there are some benefits that have paper enrollment forms. Here is a summary of the benefits and their enrollment method:

## ONLINE ENROLLMENT

*(InfinityHR.Com)*



- Medical (Cigna)
- Dental (Delta Dental of Wyoming)
- Vision (VSP)
- Flex (NBS)
- Life & Disability (Lincoln)
- Accident & Critical Illness (Allstate)



## PAPER ENROLLMENT

*(Forms are available in the Human Resources office or can be requested by calling 235-8289)*

- Group Decreasing Term Life Insurance (NCPERS/WRS/Prudential Life)
- Hospital Indemnity (Aflac)
- 457 Investment Plans (Roth or Pre-tax)
- IRA Investment Plan (Roth)

# ONLINE BENEFITS ENROLLMENT

## INFINITYHR

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### HOW TO ENROLL

Please follow the simple steps below to elect or waive coverage for the current plan year. Before you begin, you will need to have the following information: You/your dependent(s) names, social security number(s), dates(s) of birth and home address.

#### STEP 1 – GETTING STARTED

- In your web browser type [www.infinityhr.com](http://www.infinityhr.com) in the address bar.
- Click “First time user? Forgot or want to Reset your password?”
- Validate your identity by entering your Date of Birth and SSN then click “Find my Record.”
- Enter a new password and make note of it for your records, then click create new password.
- Enter your User ID and Password then click log in.
  - Your User ID is: **[last name][birth date] (mmddyyyy)**
  - For Example: **Name John Doe, Birth Date 07/12/1969, User ID = doe07121969**
- On the home screen look for **Change Events**.
- Select the event available, which should be “**Open Enrollment**,” then click “**Begin Event**.”
  - If enrolling outside of Open Enrollment, select the options that are appropriate such as, New Hire or Marriage.

#### STEP 2 - VERIFY YOUR PERSONAL AND DEPENDENT INFORMATION

- Verify your Personal Information
- If you need to add or make a change click on “**edit personal information**” and make updates, then click “**Save Information**”
- Once you have verified that everything is correct click “**Save & Continue**”.
- If you need to add a dependent click “**Add Dependent**” or if you need to change a dependent’s information click “**Edit**” then add/update the information and click “**Save Information**”.
- Once all of your dependents have been added/updated, click “**Save & Continue**”.
  - *If your spouse will be enrolled in coverage they are considered a dependent for insurance purposes.*
  - **Please Note:** *If you plan on enrolling in Spouse Life Insurance or Child Life Insurance, you need to add your spouse and children as dependents on this screen.*

# ONLINE BENEFITS ENROLLMENT

## INFINITYHR

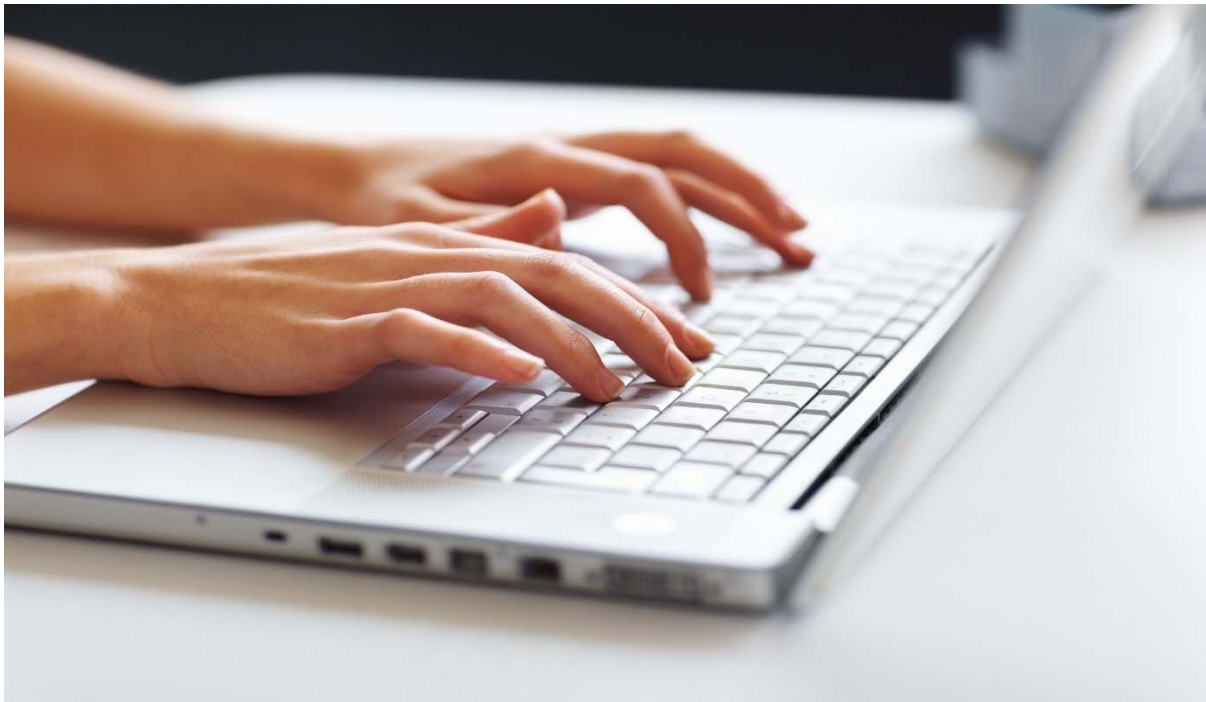
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### STEP 3 – MAKE YOUR OPEN ENROLLMENT ELECTIONS

- Follow the enrollment wizard through each step of the enrollment process and elect or decline each benefit.
- **Please Note:** *As you elect plans, your dependents will appear at the bottom of the screen. Please remove the check mark from the box if you do not want a dependent covered on that specific plan.*
- Click **“Save & Continue”** to continue navigating through the system.

### STEP 4 – CONFIRM YOUR ELECTIONS

- After you have made all of your elections you will be at the **Review Tab**.
- Review the benefit elections for yourself and your dependents to ensure accuracy.
- Click **“Save & Confirm”**.
- The Enrollment Confirmation Statement will be emailed to you.



# IMPORTANT INFORMATION

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## GOODRX COMPARISON TOOL

Stop paying too much for your prescriptions! With the GoodRx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

**Isn't health insurance all I need?** Your health insurance provides valuable prescription and other health benefits, but a smart consumer can save much more, especially for drugs that are not covered by health insurance (weight-loss medications, some antihistamines, etc.), drugs that have limited quantities, drugs that can be found for less than your copay, or drugs with a lower priced generic.

**How can I find these savings?** The GoodRx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

**1. On the web:** Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies. <https://www.goodrx.com/>

**2. On your phone:** Available in the App Store or on Google Play. Or, simply visit [m.goodrx.com](https://m.goodrx.com) from your phone.

### Please Note:

- Prescription drug pricing displayed on the GoodRx Comparison Tool may be more or less than your insurance drug card.
- Please be sure to compare all discount pricing options before you purchase.
- Check your insurance carrier's pharmacy benefit before purchasing a 90 day supply.

## HEALTH CARE REFORM AND YOU

For the most up-to-date information regarding the ACA, please visit [www.healthcare.gov](http://www.healthcare.gov).

### Summary of Benefits and Coverage (SBC) and Uniform Glossary

In addition to the plan information in this Benefits Guide, you can also review a Summary of Benefits and Coverage for each medical plan. This requirement of the ACA standardizes health plan information so that you can better understand and compare plan features. We will automatically provide you a copy of the SBC and Uniform Glossary annually during open enrollment. Please contact HR should you need an additional copy.



**MEDICAL**

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CIGNA

# MEDICAL CIGNA

## PLAN FEATURES

## BUY DOWN PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible – Calendar Year	\$3,000/person \$6,000/family	\$3,000/person \$6,000/family
Calendar Year Out-of- Pocket Maximum	\$6,000/person \$12,000/family	\$6,000/person \$12,000/family
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	100%	30% AD
Office Visits	\$50	30% AD
Urgent Care	\$50	30% AD
Inpatient Hospital Services	20% AD	30% AD
Outpatient Hospital Services	20% AD	30% AD
Emergency Room	20% AD	30% AD
Pharmacy – Retail and Mail Order		
Tier 1	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance
Tier 2	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance
Tier 3	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance
Specialty Medications <i>30 day supply</i>	50% with a maximum of \$200	50% with a maximum of \$200

## MEDICAL PREMIUMS- BUY-DOWN PLAN

	Total Premium Per Month	Employer Contrib. Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$681.87	\$609.79	\$72.08	\$36.04
Employee & Spouse	\$1,363.76	\$1,219.60	\$144.16	\$72.08
Employee & Child(ren)	\$1,261.48	\$1,128.13	\$133.35	\$66.68
Family	\$1,787.80	\$1,598.82	\$188.98	\$94.49

# MEDICAL CIGNA

## PLAN FEATURES

## MID OPTION PLAN

	IN-NETWORK	OUT-OF-NETWORK
Deductible – Calendar Year	\$2,000/person \$4,000/family	\$2,000/person \$4,000/family
Calendar Year Out-of- Pocket Maximum	\$4,000/person \$8,000/family	\$4,000/person \$8,000/family
Lifetime Maximum	Unlimited	Unlimited
Preventive Care	100%	30% AD
Office Visits	\$35	30% AD
Urgent Care	\$35	30% AD
Inpatient Hospital Services	20% AD	30% AD
Outpatient Hospital Services	20% AD	30% AD
Emergency Room	20% AD	30% AD
Pharmacy – Retail and Mail Order		
Tier 1	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance
Tier 2	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance
Tier 3	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance
Specialty Medications <i>30 day supply</i>	50% with a maximum of \$200	50% with a maximum of \$200

## MEDICAL PREMIUMS- MID OPTION PLAN

	Total Premium Per Month	Employer Contrib. Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$734.72	\$614.59	\$120.13	\$60.07
Employee & Spouse	\$1,469.48	\$1,229.21	\$240.27	\$120.14
Employee & Child(ren)	\$1,359.27	\$1,137.02	\$222.25	\$111.13
Family	\$1,926.39	\$1,611.42	\$314.97	\$157.49





## MYCIGNA.COM

### **MAKE MYCIGNA YOUR PERSONAL HEALTH PLACE**

Enjoy a simple way to personalize, organize and access your important plan information.

### **REGISTER ON MYCIGNA.COM**

Once you do, you can log in any time, anywhere to:

- **Manage** and track claims
- **View** ID card information
- **Find** doctors and compare cost and quality ratings
- **Review** your coverage
- **Track** your account balances and deductibles
- **Compare** prescription drug prices at thousands of pharmacies in our network.

Visit myCigna.com to register today! You can also get the myCigna Mobile App – available in the App Store, Google Play, Kindle Fire and Blackberry World.

After you register, you can set up paperless communications. Just log in to myCigna.com and select “Go Paperless”.

# YOUR CIGNA PHARMACY BENEFIT

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## FIVE WAYS TO GET THE MOST OF YOUR PHARMACY BENEFIT PLAN

- 1. Learn what medications are covered:** Save money by checking out the list of medications covered under your plan on myCigna.com. The amount you pay depends on whether your medication is listed as generic, preferred brand, non-preferred brand or specialty medication.
- 2. Use the Prescription Drug Price Tool:** View medication cost based on your pharmacy plan, see if there are lower cost alternatives and compare prices between Cigna Home Delivery Pharmacy and retail pharmacies.
- 3. Use Cigna Home Delivery Pharmacy:** Have the medications you take on a daily basis delivered right to your door at no additional cost. Because you can get up to a 90-day supply at one time, you may even be able to save money. You'll get a reminder when it's time to reorder, and have access to the CoachRx team for help with drug interactions, side effects and ways to lower your medication costs.
- 4. Get help with specialty medications:** Take advantage of TheraCare. Your personalized team will help you better understand your chronic condition (like multiple sclerosis, hepatitis c or hemophilia) and medication, including common side effects and how to follow your doctor's treatment instructions correctly.
- 5. Use myCigna.com:** Gives you 24/7/365 access to:
  - See your pharmacy claim history
  - Read your benefit details
  - See medication prices based on your plan
  - Manage your Cigna Home Delivery Pharmacy orders
  - Ask a pharmacist a question.

## QUESTIONS?

A Cigna Pharmacy Representative can be reached by calling 800-244-6224.



# ENHANCED DISEASE MANAGEMENT PROGRAM

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## DISEASE MANAGEMENT PROGRAM

If you have a chronic health condition such as diabetes or cardiovascular disease, we know there are times when you need extra help. That's why Cigna offers a team of health advocates who can help you get what you need to best manage your health.

## BENEFITS

The benefit you receive for joining the program is 100% coverage for condition-related physician visits and associated medications.

## REQUIREMENTS

Connect with your coach 4 times annually/once per quarter, and see your physician at least once in 2019.

## WHY ENROLL?

Support for chronic health conditions includes telephone coaching and self-service online resources that can help you better understand your condition, including triggers and signs that may indicate you should see a doctor.

## ALREADY ENROLLED?

Good job! All you have to do is meet with your doctor at least once in 2019, and connect with your coach 4 times annually/once per quarter.

## READY TO START?

Call 1-855-246-1876 to get started today!



# CIGNA TELEHEALTH

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## CHOICE IS GOOD. MORE CHOICE IS EVEN BETTER

Now Cigna provides access to two telehealth services as part of your medical plan – **AmWell** and **MDLIVE**.

Cigna Telehealth Connection lets you get the care you need - including most prescriptions - for a wide range of minor conditions. Now you can connect with a board-certified doctor via secure video chat or phone, without leaving your home or office. When, where and how it works best for you!

**Choose when:** Day or night, weekdays, weekends and holidays.

**Choose where:** Home, work or on the go.

**Choose how:** AmWell or MDLIVE doctors

Say it's the middle of the night and your child is sick. Or you're at work and not feeling well. If you pre-register on both AmWell and MDLIVE, you can speak with a doctor for help with:

- Sore throat
- Headache
- Stomachache
- Fever
- Cold and flu
- Allergies
- Rash
- Acne
- UTIs and more

## THE COST SAVINGS ARE CLEAR

Televisits with AmWell and MDLIVE can be a cost-effective alternative to a convenience care clinic or urgent care center, and cost less than going to the emergency room. And the cost of a phone or online visit is the same or less than with your primary care provider. Remember, your telehealth services are only available for minor, non-life threatening conditions. In an emergency, dial 911 or go to the nearest hospital.

AmWell and MDLIVE are only available for medical visits. For covered services related to mental health and substance abuse, you have access to the **Cigna Behavioral Health** network of providers.

- Go to **Cignabehavioral.com** to search for a video telehealth specialist
- Call to make an appointment with your selected provider

Telehealth visits with Cigna Behavioral Health network providers cost the same as an in-office visit.

## CHOOSE WITH CONFIDENCE

AmWell and MDLIVE are both quality national telehealth providers, so you can choose your care confidently. When you can't get to your doctor, Cigna Telehealth Connection is here for you. Register for one or both today so you'll be ready to use a telehealth service when and where you need it. Signing up is easy! Just set up and create your account with one or both providers, complete a medical history using their "virtual clipboard", and download the vendor apps to your smartphone/mobile device.

**AmWell for Cigna.com, or 855-667-9722**

**MDLiveforCigna.com, or 888-726-3171**



# DENTAL

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DELTA DENTAL OF WYOMING

# DENTAL

## DELTA DENTAL OF WYOMING

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### PREMIER PLAN

#### PLAN FEATURES

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<b>Calendar Year Deductible</b> (waived for Preventive Services and Orthodontics)	\$50 per person (maximum 3 per family)
<b>Calendar Year Out-of-Pocket Maximum</b>	\$1,500 per person (for Class II and Class III services)
<b>Class I – Preventive Services</b> (e.g. x-rays, cleanings, exams)	100%
<b>Class II – Basic Services</b> (e.g. fillings, extractions, root canals)	80%
<b>Class III – Major Services</b> (e.g. dentures, crowns, bridges)	60%
<b>Class IV – Orthodontics</b> (for dependent children under 19)	60%
<b>Orthodontic Lifetime Maximum</b>	\$1,500 per person

#### DENTAL PREMIUMS

	Total Premium Per Month	Employer Contrib. Per Month	Employee Cost Per Month	Employee Cost Per Pay Period
Employee Only	\$39.77	\$31.82	\$7.95	\$3.98
Employee & Spouse	\$79.54	\$63.63	\$15.91	\$7.96
Employee & Child(ren)	\$73.57	\$58.86	\$14.71	\$7.36
Family	\$104.27	\$83.42	\$20.85	\$10.43



VISION

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VSP



## VISION VSP

### VSP CHOICE

PLAN FEATURES	IN-NETWORK You Pay	OUT-OF-NETWORK* Plan Reimburses You
<b>Exam</b> (once every 12 months)	\$10	Up to \$45
<b>Frames</b> (once every 24 months)	\$25 Co-Payment \$130 allowance for a wide selection of frames \$150 allowance for featured name brands 20% savings on the amount over your allowance	Up to \$70
<b>Lenses</b> (once every 12 months)		
Single Vision	Included in glasses	Up to \$30
Bifocal	Included in glasses	Up to \$50
Trifocal	Included in glasses	Up to \$65
Progressive	Cost varies by option chosen	N/A
<b>Contact Lenses</b> (once every 12 months)	\$130 allowance, Co-Payment does not apply	Up to \$105
<b>Laser Vision Correction</b>	15% off regular price 5% off promotional price	N/A

### VISION PREMIUMS

	Total Premium Per Month	Employer Contrib. Per Month	Employee Cost Per Month
Employee Only	\$8.04	\$0.00	\$8.04
Two-Party	\$11.66	\$0.00	\$11.66
Family	\$20.91	\$0.00	\$20.91



# HEARING AID DISCOUNT

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## SAVE 30 – 60% ON HEARING AIDS WITH VSP AND TRUHEARING

TruHearing offers significantly reduced out-of-pocket costs on hearing aids for all VSP members and their families!

### EXAMPLE SAVINGS (PER AID)

SAMPLE PRODUCT	AVG. RETAIL PRICE	TRUHEARING PRICE	YOUR SAVINGS
Starkey Z Series i20	\$1,660	\$895	\$765
Oticon Ria 2 Pro	\$2,350	\$1,150	\$1,200
ReSound LiNX 5 *Connects wirelessly to iPhone!	\$2,060	\$1,250	\$810

**CALL NOW TO FIND OUT HOW MUCH YOU CAN SAVE AS A VSP MEMBER!**

Toll-Free: 1-877-372-4040  
TTY: 1-800-975-2674



# FLEXIBLE SPENDING ACCOUNT

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NATIONAL BENEFIT SERVICES

# FLEXIBLE SPENDING ACCOUNT

## NATIONAL BENEFIT SERVICES

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A Flexible Spending Account (FSA) provides you the opportunity to pay for health care and dependent care expenses on a pre-tax basis. By anticipating your family’s health care and dependent care costs for the next plan year, you can lower your taxable income.

### HOW IT WORKS

Each plan year you designate an annual election to be deposited into your health care and/or dependent care accounts. Your annual election will be divided by the number of pay periods in the plan year and deducted equally from each paycheck on a pre-tax basis. For health care expenses, you have immediate access to the total amount you elected to contribute for the plan year. With the dependent care, you have access to the amount of the current contributions in your account at the time you request reimbursement.

### THINGS TO CONSIDER

- Be conservative when estimating your annual election amount. The IRS has a strict “use it or lose it” rule. You will forfeit any funds left in your account after the end of the plan year.
- Your 2019 contributions must be used for expenses you incur January 1, 2019-March 15, 2020.
- The health care and dependent care FSA’s are two separate accounts and funds cannot be transferred between accounts.
- You cannot stop or change your FSA contribution amount during the year unless you have a qualified change in family status.
- Expenses reimbursed through an FSA cannot be used as a deduction or credit on your federal income taxes.

### FSA REIMBURSEMENT OPTIONS

To receive reimbursement from your FSA, you can submit a claim online, complete a paper claim form or use your FSA debit card. It is important to save your receipts. National Benefit Services may ask you to provide a copy to substantiate a claim.

### FSA ACCOUNT OPTIONS

	Health Care FSA	Dependent Care FSA
Maximum Plan Year Contribution Amount	Up to \$2,650	Up to \$5,000 (\$2,500 if married and filing separate income tax returns)
Examples of Eligible Expenses	Medical, Rx, Dental, & Vision Deductibles, Coinsurance, and Copays	Cost of child care for children under age 13 so you and your spouse can go to work or look for work



# LIFE AND AD&D

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LINCOLN FINANCIAL

# LIFE AND AD&D

## LINCOLN FINANCIAL

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Life Insurance and Accidental Death & Dismemberment (AD&D) benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

### BASIC LIFE INSURANCE AND ACCIDENTAL DEATH AND DISMEMBERMENT (AD&D)

The City of Casper provides all eligible employees with a basic group life insurance and accidental death and dismemberment coverage at no cost to you.

### OPTIONAL LIFE INSURANCE AND AD&D

You also have the option to purchase additional life insurance coverage for yourself, your spouse / domestic partner and your dependent children to age 26. However, you may only elect coverage for your dependents if you elected additional coverage for yourself. You pay for the cost of additional coverage through payroll deductions on a post-tax basis.

### BENEFICIARY DESIGNATION

We recommend you designate a beneficiary for your life insurance policy(ies). A beneficiary is the person (or people, estate, trust, etc.) to whom benefits will be paid to in the event of your death. You may change your beneficiary at any time during the plan year.

PLAN FEATURES	BASIC LIFE AND AD&D	OPTIONAL LIFE AND AD&D
Life Benefit Amount	Employee - \$50,000 Spouse - \$2,000 Dependent (age 1 day – 14 days) - \$500 Dependent (age 14 days – age 26) - \$1,000	Employee – Choice of \$10,000 Increments Spouse – Choice of \$10,000 Increments Dependent (age 1 day – 6 months) - \$20,000 Dependent (age 6 months – age 26) - \$20,000
AD&D Benefit Amount	Equal to life benefit	Equal to life benefit
Maximum Life / AD&D Benefit	Employee - \$50,000 Spouse - \$2,000 Dependent - \$1,000	Employee - \$500,000 Spouse - \$250,000 Dependent - \$20,000
Guaranteed Issue	Employee - \$50,000 Spouse - \$2,000	Employee - \$300,000 Spouse - \$30,000
Age Reductions	Reduces by 35% at age 65 Additional 25% at age 70 Additional 15% at age 75	Reduces by 35% at age 65 Additional 25% at age 70 Additional 15% at age 75

# VOLUNTARY LIFE WORKSHEET

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## TERM LIFE COVERAGE RATES

Rates shown are your monthly deduction. Please Note: Rates for your spouse are based on the Employee's age.

AGE BAND	RATE PER \$1,000	CHILD PER \$20,000
- 24	\$0.125	
25 – 29	\$0.125	
30 – 34	\$0.125	
35 – 39	\$0.146	
40 – 44	\$0.197	\$2.70
45 – 49	\$0.281	<i>Note: The premium paid for child coverage is based on the cost of coverage for one child, regardless of how many children you have</i>
50 – 54	\$0.429	
55 – 59	\$0.671	
60 – 64	\$1.013	
65 – 69	\$1.696	
70 – 74	\$3.427	
75+	\$3.427	

## TERM LIFE CALCULATION

AGE	RATER PER \$1,000	BENEFIT IN \$1,000'S	MONTHLY COST
		x	= \$

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# DISABILITY

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LINCOLN FINANCIAL

# DISABILITY

## LINCOLN FINANCIAL

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Disability insurance benefits replace a portion of your income if you are unable to work for a period of time due to a qualified off-the-job injury or illness.

### VOLUNTARY SHORT-TERM DISABILITY

Short-term disability provides a source of income should your qualified disability keep you from working for more than 30 days.

### VOLUNTARY LONG-TERM DISABILITY

Long-term disability provides an ongoing source of income if your disability is prolonged.

### DEFINITION OF DISABILITY

The definition of disability is used to determine an employee's eligibility for benefits. An individual's physical or mental inability to perform the major duties of his/her occupation because of illness or injury.

PLAN FEATURES	SHORT-TERM DISABILITY	LONG-TERM DISABILITY
Benefit Amount	66.67% of weekly salary	66.67% of monthly salary
Maximum Benefit	\$1,000 weekly	\$5,000 monthly
Benefit Waiting Period	30 days	180 days
Maximum Benefit Duration	22 Weeks	Social Security Normal Retirement Age

### VOLUNTARY SHORT-TERM DISABILITY RATES

WEEKLY EARNINGS	x	PREMIUM FACTOR	=	MONTHLY PREMIUM
	x	0.03067	=	

### EXAMPLE

WEEKLY EARNINGS	x	PREMIUM FACTOR	=	MONTHLY PREMIUM
\$610	x	0.03067	=	\$18.71





VOLUNTARY

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ALLSTATE & AFLAC

# WORKSITE VOLUNTARY BENEFITS

## ALLSTATE

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### GROUP ACCIDENT INSURANCE(OFF-THE-JOB)

Accident insurance can help provide you with a cushion to help cover expenses and living costs when you get hurt unexpectedly. While you can count on health insurance to cover medical expenses, it doesn't usually cover indirect costs that can arise with a serious or even not-so-serious injury. You may end up paying out of your own pocket for things like transportation, over-the-counter medicine, day care or sitters and extra help around the house. With accident insurance, the benefits you receive can help take care of these extra expenses and anything else that comes up.

**With Allstate's Group Accident Insurance you can have peace of mind knowing –**

- Coverage is guaranteed issue – no evidence of insurability required at initial enrollment.
- Benefits are paid directly to you unless assigned to someone else.
- Benefits are paid in addition to any other coverage.
- Coverage is portable and may be continued if the employee leaves the group.
- Employee or Family coverage available.

#### Plan highlights include\*

- Accidental Death & Dismemberment coverage up to \$40,000 (Low plan) or \$60,000 (High plan)
- Dislocation & Fracture benefits up to \$4,000/\$6,000
- Initial Hospital Confinement of \$1,000/\$1,500 and Daily Hospital Confinement of \$200/\$300 a day
- Physical Therapy of \$60/\$90 per day for up to 6 treatments per accident
- Outpatient Physician's Treatment Benefit of \$50 available for visiting a doctor on an outpatient basis for any reason (can be claimed up to twice per calendar year, per person or four times with dependent coverage)

### ACCIDENT SEMI-MONTHLY PREMIUMS- LOW PLAN

Employee Only	Employee + Spouse	Employee + Child	Family
\$3.80	\$8.68	\$10.64	\$13.95

### ACCIDENT SEMI-MONTHLY PREMIUMS- HIGH PLAN

Employee Only	Employee + Spouse	Employee + Child	Family
\$5.13	\$11.91	\$14.70	\$18.99

*\*For a complete description of benefits, please refer to brochure of plan design or certificate of coverage. Allstate Benefits is the marketing name used by American Heritage Life Insurance Company (Home Office, Jacksonville, FL), a wholly-owned subsidiary of The Allstate Corporation*

# WORKSITE VOLUNTARY BENEFITS

## ALLSTATE

### GROUP CRITICAL ILLNESS INSURANCE

Critical Illness insurance provides a lump sum benefit to help you cover the out-of-pocket expenses associated with a critical illness diagnosis.

**With Allstate Benefits Group Critical Illness Insurance you can have peace of mind knowing**

- Benefits are paid directly to you unless assigned
- Coverage that supplements your existing medical benefits
- Coverage is portable and may be continued if employee leaves the group
- Covered dependents receive 50% of the basic-benefit amount shown in your employer-selected plan, and 100% of the Wellness Benefit.

#### Plan highlights include\*

- Coverage for diagnosis of Heart Attack, Stroke, Coronary Artery By-Pass Surgery, Major Organ Transplant, End Stage Renal Failure, Invasive Cancer, Carcinoma In Situ.
- Wellness Benefit pays \$50 per covered person, per year, for completing a covered wellness exam.
- Waiver of Premium included.
- 6/12 preexisting conditions clause

### SEMI-MONTHLY PREMIUMS

#### LOW PLAN-\$10,000 BASIC BENEFIT AMOUNT – NON-TOBACCO

#### HIGH PLAN-\$20,000 BASIC BENEFIT AMOUNT – NON-TOBACCO

AGE	EE	EE+SP	EE+CH	F	EE	EE+SP	EE+CH	F
18 – 29	\$2.42	\$3.94	\$2.42	\$3.94	\$4.21	\$6.63	\$4.21	\$6.63
30 - 39	\$4.13	\$6.51	\$4.13	\$6.51	\$7.65	\$11.78	\$7.65	\$11.78
40 - 49	\$7.55	\$11.64	\$7.55	\$11.64	\$14.48	\$22.03	\$14.48	\$22.03
50 - 59	\$13.06	\$19.91	\$13.06	\$19.91	\$25.50	\$38.56	\$25.50	\$38.56
60 – 63	\$21.07	\$41.01	\$21.07	\$41.01	\$41.52	\$62.58	\$41.52	\$62.58
64+	\$27.14	\$41.01	\$27.14	\$41.01	\$53.65	\$80.78	\$53.65	\$80.78

*Please see the next page for more additional information*

# WORKSITE VOLUNTARY BENEFITS

## ALLSTATE

### SEMI-MONTHLY PREMIUMS

LOW PLAN-\$10,000 BASIC BENEFIT  
AMOUNT – TOBACCO

HIGH PLAN-\$20,000  
BASIC BENEFIT AMOUNT –  
TOBACCO

AGE	EE	EE+SP	EE+CH	F	EE	EE+SP	EE+CH	F
18 – 29	\$3.58	\$5.68	\$3.58	\$5.68	\$6.54	\$10.11	\$6.54	\$10.11
30 - 39	\$6.56	\$10.14	\$6.56	\$10.14	\$12.47	\$19.03	\$12.47	\$19.03
40 - 49	\$13.65	\$20.79	\$13.65	\$20.79	\$26.68	\$40.33	\$26.68	\$40.33
50 - 59	\$22.69	\$34.34	\$22.69	\$34.34	\$44.74	\$67.43	\$44.74	\$67.43
60 – 63	\$37.22	\$56.15	\$37.22	\$56.15	\$73.83	\$111.05	\$73.83	\$111.05
64+	\$48.61	\$73.23	\$48.61	\$73.23	\$96.60	\$145.20	\$96.60	\$145.20

### GROUP HOSPITAL INDEMNITY INSURANCE - AFLAC

If unexpected medical needs arise, will your major medical insurance cover enough of the expense? Benefits from a Hospital Indemnity plan can be used to assist you in paying: deductibles, coinsurance, out-of-network costs, etc. Benefits are paid regardless of other coverage and this plan is compatible with Health Savings Accounts.

- Initial Hospital Confinement benefit = \$500
- Daily Hospital Confinement benefit = \$300/day for up to 180 days
- Intensive Care Hospital Confinement benefit = \$300/day for up to 180 days

### HOSPITAL SEMI-MONTHLY PREMIUMS

EE	EE+SP	EE+CH	F
\$11.53	\$22.68	\$16.40	\$27.55

# HEARING HEALTH DISCOUNT PROGRAM

## AMPLIFON

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Did you know- currently, 1 in 9 Americans (that's 36 million people!) have hearing loss. That number is expected to double by 2030. But 95% of hearing loss can be treated with hearing aids.

### THE AMPLIFON HEARING HEALTH CARE PACKAGE

- **Hearing aid low price guarantee** - if you find the same product at a lower price, bring us the local quote and we'll not only match it, we'll beat it by 5%.
- **Risk-free 60-day trial period** - with no restocking fees, 100% money-back guarantee if you're not satisfied with the hearing aids.
- **3 year warranty** – one of the longest in the industry.
- **Free batteries** – two year supply (max 160 cells per hearing aid, an approximate \$150 value).
- **1 year of follow-up care**
- **Offer extended to your family and friends.**
- **40% off** hearing testing and diagnostics.

### HOW IT WORKS

It's simple with Amplifon

1. Call Amplifon at 844-529-5779 and a Patient Care Advocate will assist you in finding a hearing care provider near you.
2. Advocates explain the Amplifon process, request your mailing information and assist you in making an appointment with a hearing care provider.
3. Amplifon will send information to you and the hearing care provider. This will ensure your Amplifon program is activated.

Call us at 844-529-5779 or visit us online at [www.amplifonusa.com/newbenefits](http://www.amplifonusa.com/newbenefits) to take advantage of these great offers!



# EMPLOYEE ASSISTANCE PROGRAM

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THREE TRAILS EFAP

# EMPLOYEE ASSISTANCE PROGRAM

## THREE TRAILS EFAP

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### WHAT IS AN EFAP?

The Employee and Family Assistance Program (EFAP) is a unique community-based partnership of local employers and employees. EFAP emphasizes prevention and early intervention. Providing professional help early can prevent more serious problems later. Through counseling and education, EFAP promotes ways to achieve emotional well being and a healthy lifestyle.

This model of providing assistance was developed in British Columbia, Canada, in 1980. Because of the program's proven track record, it has been established in eighteen communities across Canada.

The Three Trails EFAP is the first one of this model to be adopted in the United States. Member organizations share a belief that support to employees and their families provides a stronger, healthier workplace and community.

### WHAT CONCERNS CAN I BRING?

Varieties of personal or family difficulties include, but are not limited to:

- Emotional/Psychological Issues
- Relationship Challenges
- Alcohol and/or Drug Abuse
- Parent/Child Conflicts
- While concerns such as financial or legal matters falls out of the expertise of the EFAP counselors, you will be assisted in finding the proper referral. When in doubt, see a counselor.

### HOW TO MAKE AN APPOINTMENT

You may call 307-237-5750 anytime from 9:00 am to 6:00 pm Monday and Wednesday, 9:00 am to 7:00 pm on Tuesday and Thursday and 8:00 am to 1:00 pm on Friday to schedule an appointment. The office is closed from 12:00 pm to 1:00 pm M-Th, though appointments during this time can be arranged.

The person being seen is encouraged to make the appointment himself/herself, unless he/she is a child. A voice mail may be left during non-business hours, and the call will be returned as soon as possible. You should arrive ten minutes early for your first appointment to fill out necessary forms so we can serve you better.

### Three Trails

#### Employee and Family Assistance Program

812 South David

Casper, WY 82601

Phone: 307-237-5750

Fax: 307-237-5772

E-Mail: [threetrails@threetrailsefap.org](mailto:threetrails@threetrailsefap.org)

[www.threetrailsefap.org](http://www.threetrailsefap.org)

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# WELLNESS

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CITY OF CASPER



# WELLNESS PROGRAM

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## **Learn More about Improving your Personal Health Status *and* Earn Rewards for Participating in Wellness Activities!**

Your health is arguably your most important asset. The City of Casper offers several programs to assist you in maintaining and/or improving your personal health. The great opportunities the City of Casper offers include:

### **ONLINE HEALTH RISK ASSESSMENT**

This is a confidential service provided by Cigna. After completing a series of questions, you can determine what areas of your health you'd like to improve and/or maintain.

### **HEALTH TALKS**

Every month a health talk is offered to employees and spouses on different topics and solutions to help you live a healthier life. Health Talks are provided by professionals who have expertise on the related topics. The City of Casper allows employees to attend during work time.

### **ANNUAL ON-SITE FLU VACCINATION CLINIC**

The City of Casper makes it easy and convenient for you and your family to get your flu vaccination right at City Hall.

### **HEALTH CHALLENGES**

The City of Casper offers various voluntary wellness activities such as health challenges. Incentives such as prize drawings or cash equivalents may be available for employees, spouses and retirees who participate. A reasonable accommodation or an alternative standard may be available if you are physically unable to participate in any of the wellness activities.

### **ENHANCED DISEASE MANAGEMENT**

The City of Casper pays for specified physician office visits and prescriptions associated with diagnosed heart disease and diabetes for those enrolled in the Enhanced Disease Management program with Cigna. Please see the specific program information for coverage and requirements that apply.

**For more information, contact Becky Nelson, Health and Safety Specialist, at 307-235-7514.**

# PREMIUMS

## MEDICAL & PHARMACY - CIGNA

Buy-Down Plan				
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
<i>Employee</i>	\$681.87	\$609.79	\$72.08	\$36.04
<i>Employee + Spouse</i>	\$1,363.76	\$1,219.60	\$144.16	\$72.08
<i>Employee + Child(ren)</i>	\$1,261.48	\$1,128.13	\$133.35	\$66.68
<i>Family</i>	\$1,787.80	\$1,598.82	\$188.98	\$94.49

Mid-Option (Base) Plan				
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
<i>Employee</i>	\$734.72	\$614.59	\$120.13	\$60.07
<i>Employee + Spouse</i>	\$1,469.48	\$1,229.21	\$240.27	\$120.14
<i>Employee + Child(ren)</i>	\$1,359.27	\$1,137.02	\$222.25	\$111.13
<i>Family</i>	\$1,926.39	\$1,611.42	\$314.97	\$157.49

## DENTAL – DELTA DENTAL

Premier Plan				
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
<i>Employee</i>	\$39.77	\$31.82	\$7.95	\$3.98
<i>Employee + Spouse</i>	\$79.54	\$63.63	\$15.91	\$7.96
<i>Employee + Child(ren)</i>	\$73.57	\$58.86	\$14.71	\$7.36
<i>Family</i>	\$104.27	\$83.42	\$20.85	\$10.43

## VISION - VSP

VSP Signature			
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month (12 Pay Periods)
<i>Employee</i>	\$8.04	\$0.00	\$8.04
<i>Employee + 1</i>	\$11.66	\$0.00	\$11.66
<i>Family</i>	\$20.91	\$0.00	\$20.91

## NOTES

## CITY OF CASPER

This guide was created for the employees of the City of Casper by GBS Benefits.