



**CITY OF CASPER
RETIREE
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

LIFE

Lincoln Financial
(800) 423-2765
lfg.com

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

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 (January 1, 2019 – December 31, 2019). The choices you make will remain in effect during the plan year, unless you have a qualifying major life event.

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IMPORTANT INFORMATION

CITY OF CASPER

WHAT'S NEW FOR 2019?

MEDICAL PLAN

- Medicare eligible retirees are no longer eligible for the City's medical plan. **(Important: Your medical insurance with the City will terminate effective the day you become Medicare eligible. You must find alternate coverage and be enrolled in that coverage no later than the date you become Medicare eligible to avoid a gap or lapse in coverage.)**
- 10% Premium Increase from last year (2018).
- 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 coverage

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

ONLINE BENEFITS ENROLLMENT

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 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 UD = 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 & 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.*

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

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 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.

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.

CITY OF CASPER

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Our Legal Duty

We are required by applicable federal and state laws to maintain the privacy of your medical information. We are also required to give you this notice about our privacy practices, our legal duties, and your rights concerning your medical information. We must follow the privacy practices that are described in this notice while it is in effect. This notice takes effect **September 15, 2013**, and will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time, provided that applicable law permits such changes.

We reserve the right to make the changes in our privacy practices and the new terms of our notice effective for all medical information that we maintain, including medical information we created or received before we made the changes. Before we make a significant change in our privacy practices, we will change this notice and send the new notice to our health plan subscribers at the time of the change.

You may request a copy of our notice at any time. For more information about our privacy practices, or for additional copies of this notice, please contact us using the information listed at the end of this notice.

Uses and Disclosures of Medical Information

Under the HIPAA Privacy Rule, we may use or disclose your protected health information for certain purposes without your permission. This section describes the ways we can use and disclose your protected health information.

Treatment: We may disclose your medical information to a doctor or a hospital which asks us for it to assist in your treatment.

Payment: We use or disclose your protected health information without your written authorization in order to determine eligibility for benefits, seek reimbursement from a third party, or coordinate benefits with another health plan under which you are covered. For example, a health care provider that provided treatment to you will provide us with your health information. We use that information in order to determine whether those services are eligible for payment under our group health plan.

Health Care Operations: We use and disclose your protected health information in order to perform plan administration functions such as quality assurance activities, resolution of internal grievances, and evaluating plan performance. For example, we review claims experience in order to understand participant utilization and to make plan design changes that are intended to control health care costs.

However, we are prohibited from using or disclosing protected health information that is genetic information for underwriting purposes.

You and Your Authorization: We must disclose your medical information to you, as described below in the Individual Rights section of this notice. You may give us written authorization to use your medical information or to disclose it to anyone for any purpose. If you give us an authorization, you may revoke it in writing at any time. Your revocation will not affect any use or disclosures permitted by your authorization while it was in effect.

Without your written authorization, we may not use or disclose your medical information for any reason except those described in this notice.

To Family and Friends: If you agree or, if you are unavailable to agree, when the situation, such as medical emergency or disaster relief, indicates that disclosure would be in your best interest, we may disclose your medical information to a family member, friend or other person to the extent necessary

to help with your health care or with payment for your health care.

To Plan Sponsors: We may disclose your medical information and the medical information of others enrolled in your group health plan to the plan sponsor to permit it to perform plan administration functions. Please see your plan documents for a full explanation of the limited uses and disclosures that the plan sponsor may make of your medical information in providing plan administration functions for your group health plan.

To Business Associates: We may enter into contracts with entities known as Business Associates that provide services to or perform functions on behalf of the Plan. We may disclose protected health information to Business Associates once they have agreed in writing to safeguard the protected health information. For example, we may disclose your protected health information to a Business Associate to administer claims. Business Associates are also required by law to protect protected health information.

Underwriting: We may use and disclose your medical information for underwriting, premium rating or other activities relating to the creation, renewal or replacement of a contract of health insurance or health benefits. We will not use or further disclose this medical information for any other purpose, except as required by law, unless the contract of health insurance or health benefits is placed with us. In that case, our use and disclosure of your medical information will only be as described in this notice

Research; Death; Organ Donation: We may use or disclose your medical information for research purposes in limited circumstances. We may disclose the medical information of a deceased person to a coroner, medical examiner, funeral director, or organ procurement organization for certain purposes.

Public Health and Safety: We may disclose your medical information to the extent necessary to avert a serious and imminent threat to your health or safety or the health or safety of others. We may disclose your medical information to a government agency authorized to oversee the health care system or government programs or its contractors, and to public health authorities for public health purposes. We may disclose your medical information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence or other crimes.

As permitted or required by law. We may also use or disclose your protected health information without your written authorization for other reasons as *permitted* by law. We are *permitted* by law to share information, subject to certain requirements, in order to communicate information on health-related benefits or services that may be of interest to you, respond to a court order, or provide information to further public health activities (e.g., preventing the spread of disease) without your written authorization. We are also permitted to share protected health information during a corporate restructuring such as a merger, sale, or acquisition. We will also disclose health information about you when *required* by law, for example, in order to prevent serious harm to you or others.

Process and Proceedings: We may disclose your medical information in response to a court or administrative order, subpoena, discovery request, or other lawful process, under certain circumstances. Under limited circumstances, such as a court order, warrant, or grand jury subpoena, we may disclose your medical information to law enforcement officials.

Law Enforcement: We may disclose limited information to a law enforcement official concerning the medical information of a suspect, fugitive, material witness, crime victim or missing person. We may disclose the medical information of an inmate or other person in lawful custody to a law enforcement official or correctional institution under certain circumstances. We may disclose medical information where necessary to assist law enforcement officials to capture an individual who has admitted to participation in a crime or has escaped from lawful custody.

Military and National Security: We may disclose to military authorities the medical information of armed forces personnel under certain circumstances. We may disclose to authorized federal officials medical information required for lawful intelligence, counterintelligence, and other national security activities.

Other Disclosures and Revocation: In addition, most uses and disclosures of psychotherapy notes, disclosures for marketing purposes, and disclosures that constitute a sale of protected health information will require an authorization from you before the information may be disclosed. Such authorization can be revoked at any time.

Individual Rights

Access: You have the right to look at or get copies of your medical information, with limited exceptions. You may request that we provide copies in a format other than photocopies. We will use the format you request unless we cannot practicably do so. You must make a request in writing to obtain access to your medical information. You may obtain a form to request access by using the contact information listed at the end of this notice. You may also request access by sending us a letter to the address at the end of this notice. If you request copies, we will charge you \$0.50 for each page, \$10.00 per hour for staff time to locate and copy your medical information, and postage if you want the copies mailed to you. If you request an alternative format, we will charge a cost-based fee for providing your medical information in that format. If you prefer, we will prepare a summary or an explanation of your medical information for a fee. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Disclosure Accounting: You have the right to receive a list of instances in which we or our business associates disclosed your medical information for purposes other than treatment, payment, health care operations and certain other activities, since April 14, 2003. We will provide you with the date on which we made the disclosure, the name of the person or entity to which we disclosed your medical information, a description of the medical information we disclosed, the reason for the disclosure, and certain other information. If you request this list more than once in a 12-month period, we may charge you a reasonable, cost-based fee for responding to these additional requests. Contact us using the information listed at the end of this notice for a full explanation of our fee structure.

Restriction Requests: You have the right to request that we place additional restrictions on our use or disclosure of your medical information. We are not required to agree to these additional restrictions, but if we do, we will abide by our agreement (except in an

emergency). Any agreement we may make to a request for additional restrictions must be in writing signed by a person authorized to make such an agreement on our behalf. We will not be bound unless our agreement is so memorialized in writing.

Confidential Communication: You have the right to request that we communicate with you in confidence about your medical information by alternative means or to an alternative location. You must inform us that confidential communication by alternative means or to an alternative location is required to avoid endangering you. You must make your request in writing, and you must state that the information could endanger you if it is not communicated in confidence by the alternative means or to the alternative location as you want. We must accommodate your request if it is reasonable, specifies the alternative means or location, and continues to permit us to collect premiums and pay claims under your health plan.

Amendment: You have the right to request that we amend your medical information. Your request must be in writing, and it must explain why the information should be amended. We may deny your request if we did not create the information you want amended or for certain other reasons. If we deny your request, we will provide you a written explanation. You may respond with a statement of disagreement to be appended to the information you wanted amended. If we accept your request to amend the information, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

Electronic Notice: If you receive this notice on our web site or by electronic mail (e-mail), you are entitled to receive this notice in written form. Please contact us using the information listed at the end of this notice to obtain this notice in written form.

Questions and Complaints

If you want more information about our privacy practices or have questions or concerns, please contact us using the information listed at the end of this notice.

If you are concerned that we may have violated your privacy rights, or you disagree with a decision we made about access to your medical information or in response to a request you made to amend or restrict the use or disclosure of your medical information or to have us communicate with you in confidence by alternative means or at an alternative location, you may complain to us using the contact information listed at the end of this notice. You also may submit a

written complaint to the U.S. Department of Health and Human Services. We will provide you with the address to file your complaint with the U.S. Department of Health and Human Services upon request.

We support your right to protect the privacy of your medical information. We will not retaliate in any way if you choose to file a complaint with us or with the U.S. Department of Health and Human Services.

Contact Office: Human Resources, Keith Hageman, Privacy Officer

Telephone: (307) 235-8289

Fax: (307) 235-7575

E-mail: khageman@casperwy.gov

Address: 200 N. David, Casper, WY 82601

Effective Date

This Notice is effective August 4, 2016.

Women's Health and Cancer Rights Act Notice

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient, for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses; and
- Treatment of physical complications of the mastectomy, including lymphedema.

These benefits will be provided subject to the same deductibles, co-payments and coinsurance applicable to other medical and surgical benefits provided under this plan. See the Summary Plan Description.

Following the initial reconstruction, any additional modification or revision is covered only to the extent that it is not otherwise limited or excluded from coverage by your plan.

For additional information on WHCRA benefits, contact the Human Resource Department at 307-235-8344.

Medicare Part D Notice of Creditable Coverage

Important Notice from the City of Casper About Your Prescription Drug Coverage and Medicare

If you or your dependents are not eligible for Medicare, you may disregard this notice.

This notice applies to those covered under the City of Casper Benefit Plan. Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with our Benefit Plan and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan.

If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. The City of Casper has determined that the prescription drug coverage offered by the City of Casper Benefit Plan is, on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current City of Casper Benefit Plan coverage will not be affected. Medicare eligible individuals who become eligible for Medicare Part D can keep this coverage if they elect Part D and this plan will pay primary to Medicare Part D coverage. If you do decide to join a Medicare drug plan and drop your current coverage under our plan, be aware that you and your dependents will not be able to get back this coverage back except at the next annual open enrollment or if you have a "special enrollment" event.

Medicare Part D Notice of Creditable Coverage

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with the City of Casper Benefit Plan and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person at the number listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through the City of Casper Benefit Plan changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov.
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date:	August 8, 2018
Name of Entity/Sender:	City of Casper
Contact – Position/Office:	Human Resource Department
Address:	200 N. David, Casper, WY 82601
Phone Number:	307-285-8344

HIPAA Special Enrollment Notice

This notice explains your right to enroll in or make changes to your group health insurance coverage mid-year.

Loss of Other Coverage

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage). However, you must request enrollment within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage), except as specified below for Medicaid or CHIP coverage.

Marriage, Birth or Adoption

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption.

Medicaid or CHIP Coverage

If you or your dependents become eligible to participate in a Medicaid or Children's Health Insurance Plan (CHIP) premium assistance program, you may enroll for coverage under our health plan if you notify the plan administrator within 60 days after you become eligible to participate in Medicaid or CHIP.

If you or your dependents lose coverage under a Medicaid or CHIP premium assistance program due to loss of eligibility, you may enroll in our health plan if you apply to enroll within sixty (60) days of the loss of coverage under Medicaid or CHIP. If you enroll within sixty (60) days, the effective date of coverage is the first day after your Medicaid or CHIP coverage ended.

To request special enrollment or obtain more information, contact the City of Casper Human Resource Department, 200 N. David, Casper, WY 82601 or 307-235-8228.

NOTICE REGARDING WELLNESS PROGRAM

The City of Casper has a voluntary wellness program available to employees, spouses and retirees. The program offers various activities which may include preventive care visits and wellness-related activities. Incentives such as prize drawings or cash equivalents may be available for employees, spouses and retirees who participate. If you are physically unable to participate in any of the health-related activities, you may be entitled to a reasonable accommodation or an alternative standard. You may request a reasonable accommodation or an alternative standard by contacting Becky Nelson, Health and Safety Specialist, at 307-235-7514.

Protections from Disclosure of Medical Information

We are required by law to maintain the privacy and security of your personally identifiable health information. Although the City of Casper and its wellness program affiliates may use aggregate information it collects to design a program based on identified health risks in the workplace, the City of Casper will never disclose any of your personal information either publicly or to the employer, except as necessary to respond to a request from you for a reasonable accommodation needed to participate in the wellness program, or as expressly permitted by law. Medical information that personally identifies you that is provided in connection with the wellness program will not be provided to your supervisors or managers and may never be used to make decisions regarding your employment.

Your health information will not be sold, exchanged, transferred, or otherwise disclosed, except to the extent permitted by law to carry out specific activities related to the wellness program, and you will not be asked or required to waive the confidentiality of your health information as a condition of participating in the wellness program or receiving an incentive. Anyone who receives your information for purposes of providing you services as part of the wellness program will abide by the same confidentiality requirements. The only individuals who may receive your personally identifiable health information include a wellness vendor, if retained by the City of Casper to provide wellness services, Cigna, our benefit consultants at GBS Benefits, Inc., and our data analytics warehouse, Deerwalk, in order to provide you with services under the wellness program.

In addition, all medical information obtained through the wellness program will be maintained separate from your personnel records, information stored electronically will be encrypted, and no information you provide as part of the wellness program will be used in making any employment decision. Appropriate precautions will be taken to avoid any data breach. In the event a data breach occurs involving information you provide in connection with the wellness program, we will notify you immediately. You may not be discriminated against in employment because of the medical information you provide as part of participating in the wellness program, nor may you be subjected to employment action if you choose not to participate. If you have questions or concerns regarding this notice or about protections against discrimination and employment action, please contact Becky Nelson, Health and Safety Specialist, at 307-235-7514.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____ (mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



MEDICAL

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- PRE-65 RETIREES

	Total Premium Per Month
Retiree Only	\$704.70
Retiree & Spouse	\$1,596.44
Retiree & Child(ren)	\$1,303.72
Family	\$1,678.66

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- PRE-65 RETIREES

	Total Premium Per Month
Retiree Only	\$765.97
Retiree & Spouse	\$1,735.26
Retiree & Child(ren)	\$1,417.09
Family	\$1,824.63



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

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

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

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

DELTA DENTAL OF WYOMING

DENTAL

DELTA DENTAL OF WYOMING

PREMIER PLAN

PLAN FEATURES

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

DENTAL PREMIUMS

	Monthly Premium
Retiree Only	\$39.77
Retiree & Spouse	\$79.54
Retiree & Child(ren)	\$73.57
Family	\$104.27



VISION

VSP



VISION VSP

VSP CHOICE

PLAN FEATURES	IN-NETWORK You Pay	OUT-OF-NETWORK* Plan Reimburses You
Exam (once every 12 months)	\$10	Up to \$45
Frames (one 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
Lenses (one 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
Contact Lenses (one every 12 months)	\$130 allowance, Co-Payment does not apply	Up to \$105
Laser Vision Correction	15% off regular price 5% off promotional price	N/A

VISION PREMIUMS

	Monthly Premium
Retiree Only	\$8.04
Two-Party	\$11.66
Family	\$20.91

HEARING AID DISCOUNT

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



LIFE

LINCOLN FINANCIAL

OPTIONAL LIFE LINCOLN FINANCIAL

Life Insurance benefits provide you and your loved ones financial protection in the event of an illness, accident, or death.

OPTIONAL LIFE INSURANCE

You 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.

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 by calling Lincoln Financial.

PLAN FEATURES	RETIREE BNEEFIT	SPOUSE AND DEPENDENT BENEFIT
Life Benefit Amount	\$10,000	Spouse - \$1,000 Child: Birth to 14 days old - \$500 Child: 14 days old – age 26 - \$1,000
Monthly Cost	\$2.10	\$0.63
Age Reductions	Reduces by 90% at age 70 Benefits terminate at age 99	Reduces by 50% at age 70 Benefits terminate at age 99



WELLNESS

CITY OF CASPER

WELLNESS PROGRAM

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.

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.

HEARING HEALTH DISCOUNT PROGRAM

AMPLIFON

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 to take advantage of these great offers!

PREMIUMS

MEDICAL & PHARMACY - CIGNA

Buy-Down Plan	
Status	Total Premium Per Month
<i>Retiree</i>	\$704.70
<i>Retiree + Spouse</i>	\$1,596.44
<i>Retiree + Child(ren)</i>	\$1,303.72
<i>Family</i>	\$1,678.66

Mid-Option (Base) Plan	
Status	Total Premium Per Month
<i>Retiree</i>	\$765.97
<i>Retiree + Spouse</i>	\$1,735.26
<i>Retiree + Child(ren)</i>	\$1,417.09
<i>Family</i>	\$1,824.63

DENTAL – DELTA DENTAL

Premier Plan	
Status	Total Premium Per Month
<i>Employee</i>	\$39.77
<i>Employee + Spouse</i>	\$79.54
<i>Employee + Child(ren)</i>	\$73.57
<i>Family</i>	\$104.27

VISION - VSP

VSP Signature	
Status	Total Premium Per Month
<i>Employee</i>	\$8.04
<i>Employee + 1</i>	\$11.66
<i>Family</i>	\$20.91

CITY OF CASPER

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