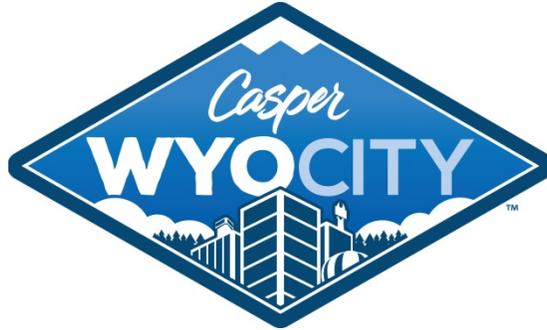


2016

# Retirees Employee Benefits Guide





## 2016 Employee Benefits Guide Contact Information

Need Help?

If you have questions regarding...	Contact	Call	Click or Email
<b>Medical</b>	Cigna	(800) 244-6224	<a href="http://www.mycigna.com">www.mycigna.com</a>
<b>Dental</b>	Delta Dental	(800) 521-2651	<a href="http://www.deltadentalins.com">www.deltadentalins.com</a>
<b>Vision</b>	VSP	(800) 877-7195	<a href="http://www.vsp.com">www.vsp.com</a>
<b>Life and AD&amp;D</b>	Lincoln Financial	(800) 423-2765	<a href="http://www.lfg.com">www.lfg.com</a>
<b>Plan brochures, materials, general benefits information</b>	Becky Nelson <i>Human Resources</i>	(307) 235-8289	<a href="mailto:bnelson@cityofcasperwy.com">bnelson@cityofcasperwy.com</a>
<b>Open enrollment questions, escalated claims issues</b>	Marcie Gentry <i>GBS Benefits, Inc.</i>	(801) 933-2612	<a href="mailto:marcie.gentry@gbsbenefits.com">marcie.gentry@gbsbenefits.com</a>



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# Important Information



# Online Benefits Enrollment • InfinityHR

*Enrolling for benefits is easy! Please follow the simple steps below to elect or waive coverage.*

## Information Needed

- If you're adding a dependent(s), you will need the following:
  - name
  - social security number
  - date of birth
  - home address (if different from yours)

## 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][BirthDate](mmdyyyy)**
  - **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.*
  - *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.
  - *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.

# City of Casper Notice of Privacy Practices

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**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.**

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## **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.

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## **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.

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, Becky Nelson, Privacy Officer

Telephone: (307) 235-8289

Fax: (307) 235-8273

E-mail: bnelson@cityofcasperwy.com

Address: 200 N. David, Casper, WY 82601

### Effective Date

This Notice is effective September 15, 2013.

## Women's Health and Cancer Rights Act Notice

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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.

## Newborns' and Mothers' Health Protection Act

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Under Federal law, group health plans and health insurance issuers offering group health insurance coverage generally may not restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, the plan or issuer may pay for a shorter stay if the attending provider (e.g. your physician, nurse midwife, or physician assistant), after consultation with the mother, discharges the mother or newborn earlier.

Also, under Federal law, plans and issuers may not set the level of benefits or out-of-pocket costs so that any later portion of the 48-hour (or 96-hour) stay is treated in a manner less favorable to the mother or newborn than any earlier portion of the stay.

In addition, a plan or issuer may not, under Federal law, require that a physician or other health care provider obtain authorization for prescribing a length of stay of up to 48 hours (or 96 hours).

*For plan participants residing in California, the following maternity minimum stay provisions also apply:* If the hospital stay is less than 48 hours after a normal vaginal delivery or less than 96 hours after a cesarean delivery, this plan will cover a follow-up visit for the mother and newborn within 48 hours of discharge, when prescribed by the treating physician. This visit shall be provided by a licensed health care provider whose scope of practice includes postpartum and newborn care. The treating physician, in consultation with the mother, shall determine whether this visit shall occur at home, in a medical facility, or at the physician's office.

## Mandatory Insurer Reporting Law

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Employees are required to provide Social Security numbers for all dependents enrolled in the medical plan. You will be asked to enter Social Security numbers for all dependents you enroll on your medical plan. The reason for this requirement is the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMESA). This law requires that providers of group health plans must report certain information (Social Security numbers of plan participants) to the Secretary of Health and Human Services (HHS) to determine Medicare entitlement. The reporting party will be the insurer or third-party administrator, or plan administrator or fiduciary if the plan is self-insured and self-administered. The law also provides penalties for noncompliance. This law became effective on January 1, 2009.

## Mental Health Parity & Addiction Equity Act (MHPAEA) Notice

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The MHPAEA imposes the following requirements on plans that provide both medical and surgical benefits as well as mental health or substance use disorder benefits:

- The financial requirements that apply to mental health or substance use disorder benefits cannot be more restrictive than the predominant financial requirements that apply to substantially all medical and surgical benefits under the Plan, and no separate cost-sharing requirements can be applied only to mental health or substance use disorder benefits.
- The treatment limitations that apply to mental health or substance use disorder benefits cannot be more restrictive than the predominant treatment limitations that apply to substantially all medical and surgical benefits under the Plan, and no separate treatment limitations can be applied only to mental health or substance use disorder benefits.

Large plans and self-insured plans are not *required* to provide coverage for mental health conditions or substance use disorders, but if they do they must comply with the MHPAEA. Small insured plans are required under the Affordable Care Act to provide coverage for mental health conditions and substance use disorders, beginning with the 2014 plan year.

## Genetic Information Non-Discrimination Act (GINA)

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In accordance with GINA, this Plan does not deny coverage or benefits, or charge a higher rate or premium, to an otherwise healthy individual found to have a potential genetic condition or genetic predisposition towards a disease or disorder. If PHI is used or disclosed for underwriting purposes, the Plan is prohibited from using or disclosing any of your PHI that is genetic information for such purposes. GINA defines genetic information as that obtained from an individual's genetic test results, as well as genetic test results of family members and the occurrence of a disease or disorder in family members.

# Medical

Cigna



# City of Casper

## Cigna Medical Comparison 2016 Plan Design

### Illustrative Purposes Only

		Buy Down Plan	Mid Option Plan	Buy Up Plan
		In-Network	In-Network	In-Network
Deductible		\$2500/\$5000	\$1500/\$3000	\$750/\$1500
Out of Pocket Maximum		\$5000/\$10000	\$3000/\$6000	\$2000/4000
Deductible Included in OOP Maximum		Yes	Yes	Yes
Professional Services		Network Providers Only - Non contracted provider visits are subject to deductible + coinsurance	Network Providers Only - Non contracted provider visits are subject to deductible + coinsurance	Network Providers Only - Non contracted provider visits are subject to deductible + coinsurance
Office Visits	Primary Care Physicians	\$50	\$35	\$20
	Labwork (performed in physician's office)	\$50	\$35	\$20
	Specialists	\$50	\$35	\$20
	Mental Health & Chemical Dependency	\$50	\$35	\$20
	Substance Abuse	\$50	\$35	\$20
	Urgent Care	\$50	\$35	\$20
	Accupuncture	\$50/10 visits maximum	\$35/10 visits maximum	\$20/10 visits maximum
	Physical, Speech, Occupational Therapy Chiropractic	\$50 (Unlimited with no RX) \$50/10 visits maximum	\$35 (Unlimited with no RX) \$35/10 visits maximum	\$20 (Unlimited with no RX) \$20/10 visits maximum
Emergency Room		80% AD	80% AD	80% AD
Extended Care Facility		80% AD, 90 Day Calendar Year Maximum	80% AD, 90 Day Calendar Year Maximum	80% AD, 90 Day Calendar Year Maximum
Newborn Nursery Care		80% DW	80% DW	80% DW
Preadmission Testing		100% DW	100% DW	100% DW
Pregnancy		80% AD	80% AD	80% AD
Private Duty Nursing (Inpatient Only)		80% AD	80% AD	80% AD
Ambulance Service				
Ground Transportation		80% AD	80% AD	80% AD
Air Ambulance		80% AD	80% AD	80% AD
Diagnostic X-ray and Lab Expenses				
Minor Lab / X-Ray		\$50	\$35	\$20
Major Lab / X-Ray		80% AD	80% AD	80% AD
Imaging Charges (MRI, etc.)		80% AD	80% AD	80% AD
Hospital Outpatient Surgery		80% AD	80% AD	80% AD
Durable Medical Equipment		80% AD	80% AD	80% AD
Preventive Care				
Preventive Care		100% DW	100% DW	100% DW
Hospice Care				
In-Home Care		100% AD	100% AD	100% AD
Inpatient Care		100% AD	100% AD	100% AD
Acute Inpatient		100% AD	100% AD	100% AD
Bereavement Counseling		80% AD	80% AD	80% AD
Home Health Care		100% AD, 60 visit Calendar Year maximum	100% AD, 60 visit Calendar Year maximum	100% AD, 60 visit Calendar Year maximum
Inpatient Services				
Hospital / Physicians		80% AD	80% AD	80% AD
Mental Health & Chemical Dependency		80% AD	80% AD	80% AD
Substance Abuse		80% AD	80% AD	80% AD
Cardiac Rehabilitation				
		80% AD	80% AD	80% AD
		36 days maximum	36 days maximum	36 days maximum
Additional Benefits				
Employee Assistance Program		Available with Three Trails	Available with Three Trails	Available with Three Trails
Prescription Drugs				
Retail	Deductible	None	None	None
	Tier 1	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance
	Tier 2	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance
	Tier 3	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance
	Mail Order	\$5+20% / \$20+20% / \$30+50%	\$5+20% / \$20+20% / \$30+50%	\$5+20% ? \$20+20% / \$30+50%

*\*For detailed information on these benefits - please refer to the plan document and summary plan description booklet.*

# GUIDE TO YOUR EXPLANATION OF BENEFITS

## Simple format.

See how your benefits are working for you with this easy-to-understand document. It shows you the costs associated with the medical care you've received. When a claim is filed under your Cigna benefits plan, you get an Explanation of benefits (EOB). Because we know health care expenses can be confusing, we've simplified the language and summarized the most important information about the claim.

## The choice is yours: online, paper or both.

Your EOB is now online at [myCigna.com](http://myCigna.com). You can choose to go paperless, continue getting paper EOBs by mail or opt for both.

## Online EOBs are:

- Safely stored on [myCigna.com](http://myCigna.com).
- Easy to access anywhere, 24 hours a day.
- Printable from your computer if you need a paper copy.

## PAGE 1 SUMMARY

The Summary page gives an overview of the ways your benefits are working for you – quickly see what was submitted, what's been paid and what you owe.

Date of service and health care professional are both listed for easier reference.

The amount you owe does not reflect any amount you may have already paid.

This reflects the total value of your plan – the amount you saved by visiting an in-network health care professional or facility, and the amount paid by your plan.



**Cigna**  
Cigna Health and Life Insurance Company

**Customer service**  
Call the number on the back of your ID card or  
1.800.244.6224 (1.800.Cigna24)  
[myCigna.com](http://myCigna.com)  
*If you have any questions about this document,  
please call Customer Service at the number above.  
Please have your reference number ready.*

### Explanation of benefits

for a claim received for YOUR NAME, Reference # 86599999999999

Summary of a claim for services on November 9, 2012  
for services provided by Wellbeing, I, MD

Amount billed	\$189.00	This was the amount that was billed for your visit on 11/09/2012.
Discount	\$70.05	<b>You saved \$70.05.</b> Cigna negotiates discounts with health care professionals and facilities to help you save money.
Amount not covered	\$0.00	This is the portion of your bill that's not covered by your Cigna plan. You may or may not need to pay this amount. See the Notes section on the following pages for more information.
What Cigna plan paid	\$107.06	Cigna paid \$107.06 to Wellbeing, I MD on 11/18/2012.
What I owe	<b>\$11.89</b>	This is the amount you owe after your discount, what your Cigna plan paid, and what your accounts paid. People usually owe because they may have a deductible, have to pay a percentage of the covered amount, or for care not covered by their plan. Any amount you paid when you received care may reduce the amount you owe.
You saved	<b>94%</b>	You saved \$177.11 (or 94%) off the total amount billed. This is a total of your discount and what your Cigna plan paid. To maximize your savings, visit <a href="http://www.myCigna.com">www.myCigna.com</a> or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

**GO YOU**<sup>®</sup>



If you're unsure of words or terms, look them up in the Glossary.

Your Rights of review and appeal will help you figure out what to do if you disagree with any of the benefits decisions made on this claim.

**Glossary**

**Amount billed:** The amount charged by the health covered dependents.

**Amount not covered:** The portion of the amount bill

**Rights of review and appeal**

If you have any questions about this explanation of b

If you're not satisfied with this decision, you can start

The Claims detail page follows the Glossary page. Here, you'll find:

The dollar amount and percentage Cigna paid toward the covered amount, minus any copay/deductible you're responsible for.

The portion of covered expenses you're responsible for paying. For example, if your Cigna plan covers 90% of the covered amount, you pay the remaining 10%.

What you have left in your plan deductibles and out-of-pocket expenses.

Help with making an appeal if you're unsatisfied with part or all of your claim being denied. The information is state-specific.

- ★ If your "Covered amount" is less than your "Amount billed," it could be due to Cigna discounts (a portion you don't have to pay) or amounts not covered (a portion you might have to pay). The Notes section will tell you specific details.



Claim received for Reference # 8659999999999999  
Your Name U99999999  
ID U99999999

THIS IS NOT A BILL

**Claim detail**  
Cigna received this claim on November 15, 2012 and processed it on November 18, 2012.

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/Deductible	What Cigna plan paid	% paid	Coinsurance	See notes
11/09/12	PHYSICIAN	189.00	70.05	0.00	118.95	0.00	107.06	90	11.89	A
<b>Total</b>		<b>\$189.00</b>	<b>\$70.05</b>	<b>\$0.00</b>	<b>\$118.95</b>	<b>\$0.00</b>	<b>\$107.06</b>		<b>\$11.89</b>	

\*After you have met your deductible, the cost of the covered expenses are shared by you and your health plan. The percentage of covered expenses you are responsible for is called coinsurance.

**What I need to know for my next claim**  
 You've now paid a total of \$1,000 toward your \$1,000 in-network deductible for this plan year.  
 You've now paid a total of \$1,500 toward your \$1,500 out-of-network deductible for this plan year.  
 You've now paid a total of \$1,500 toward your \$4,000 in-network out-of-pocket expenses for this plan year.  
 You've now paid a total of \$1,500 toward your \$5,500 out-of-network out-of-pocket expenses for this plan year.

**Other important information that I need to know**  
 Part 919 of the Rules of the Illinois Division of Insurance requires that our company advise you that if you wish to take this matter up with the Illinois Division of Insurance, it maintains an Office of Consumer Health Insurance (OCHI) in Chicago at 100 W. Randolph Street, Suite 9-301, Chicago, Illinois, 60601-3395 and in Springfield at 320 West Washington Street, Springfield, Illinois 62767-0001. The OCHI can also be reached toll free within Illinois at 877.527.9431. The main telephone number for the Chicago office is 312.814.2420 and for the Springfield office is 217.782.4515.

**Notes**  
 A. Thank you for using the CIGNA HealthCare preferred provider organization (PPO) network. This represents your savings, so you are not required to pay for this amount. This provider is prohibited from billing the patient for the difference. If you have already paid the amount in full, please request reimbursement from your provider. IN or CA, health care professionals, for information regarding the contractual source of your discounted rate, please contact CIGNA customer service at 1.800.889.cigna (882.4462)



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# YOUR CIGNA PHARMACY BENEFIT



## Five ways to get the most out 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 a generic, preferred brand, non-preferred brand or specialty medication.

### 2. Use the Prescription Drug Price Quote tool

View medication cost based on your pharmacy plan, see if there are lower cost alternatives and compare prices between Cigna Home Delivery Pharmacy<sup>SM</sup> and retail pharmacies.

### 3. Use Cigna Home Delivery Pharmacy<sup>SM</sup>

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<sup>®</sup>. 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? Call the toll-free number on the back of your ID card.**

**Together, all the way.<sup>®</sup>**



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# Click with a site that CLICKS WITH YOU

**myCigna.com** is completely personalized, so it's easy to quickly find *exactly* what you're looking for.

- **Find** doctors and medical services
- **Manage** and track claims
- **See** cost estimates for medical procedures
- **Compare** quality of care ratings for doctors and hospitals
- **Access** a variety of health and wellness tools and resources

Manage your health and health care expenses with ease. It's all waiting for you on **myCigna.com**.

## Connect with better health. Here's how:

### Health and wellness

- **My health assessment.** In just twenty minutes, this confidential, online questionnaire will give you a better understanding of your health today – and teach you simple steps for improving your health in the future.
- **Condition and wellness resources.** Using our interactive medical library, find information on health conditions, first aid, medical exams, wellness and more.

### Cost estimates and quality of care ratings

- **Find a doctor.** Personalized search results make it easy to find the right doctor for you. Search by name, specialty, procedure, location and other criteria.
- **Estimate medical costs.** Review estimated costs for specific, in-network procedures, treatments and facilities so there aren't any surprises.
- **Compare hospitals and doctors.** See how they compare by cost, patient outcomes and more.
- **Quality of care.** Quality distinctions and cost-efficiency ratings for doctors appear with every search result, with quality-designated doctors appearing at the top of your list.
- **Prescription drug price quote tool.** Compare prices between Cigna Home Delivery Pharmacy<sup>SM</sup> and our network of retail pharmacies to help ensure you're getting the best price possible.
- **Manage and track claims.** Quickly search and sort claims, as well as track account balances, like deductibles and out-of-pocket maximums.

**GO YOU**<sup>®</sup>



## Prescription services

- **Live pharmacists 24/7** to help answer all your prescription drug-related questions and put you at ease.
- **Refill prescriptions with Cigna Home Delivery Pharmacy.** Save time and money by reordering prescriptions online and getting up to a 90-day supply delivered right to your mailbox.
- **Manage your Cigna Home Delivery Pharmacy prescription orders.** You can easily place a new order, track shipments and view how many refills you have left on your prescription.
- **Sign up for QuickFill.** This refill reminder service lets you know when your prescription is about to run out – and fill it at the same time.
- **Instant access to Cigna Home Delivery Pharmacy and retail prescription information.** View your pharmacy claim history, plan details and account balances.

It's all designed to click with you.

You can access myCigna.com from any smartphone or web-enabled mobile device.\*  
With the myCigna Mobile App, it's never been easier to be on the go and in the know.



**Your health has met its App.<sup>SM</sup>**  
Get the myCigna Mobile App today!\*



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# Understanding your PREVENTIVE CARE HEALTH COVERAGE

Getting the right preventive care services at the right time can help you stay healthier by:

- Preventing certain illnesses and health conditions from happening; or
- Detecting a health problem at a stage that may be easier to treat.

That's why your Cigna plan covers designated preventive care services. When you receive care in-network, it generally is at a lower cost to you. Depending on your plan, in-network preventive care services may be covered at 100% – but be sure to check your plan materials for details about your specific medical plan.

To make sure you get the care you need – without any unexpected out-of-pocket costs – it's important for you to understand the following:

- What a preventive care service is; and
- Which services your health plan will cover.

## What is a preventive care service?

**Preventive care services** are provided when you don't have any symptoms and haven't been diagnosed with the health issue connected with the preventive service. For example, a flu vaccination is given to prevent the flu before you get it. Other

preventive care services like mammograms can help detect an illness when there aren't any symptoms. Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. During a wellness exam, you and your doctor will determine what tests and health screenings are right for you based on your age, gender, personal health history and current health.

Even when your appointment is for a preventive exam, you may receive other services during that exam that are not preventive care services. For example, your doctor may check on a chronic condition such as heart disease. When your doctor determines that you have a medical issue present, the additional screenings and tests after this diagnosis are no longer considered preventive. These services are covered under your plan's medical benefits, not your preventive care benefits. This means you may be responsible for paying a different share of the cost than you do for preventive care services.

The charts on the following pages outline the various services and supplies considered as preventive care under your plan. If you have additional questions about preventive care services, talk to your doctor or call Cigna at the toll-free number on the back of your ID card.



## Wellness exams

SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)		<ul style="list-style-type: none"> <li>• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months</li> <li>• Additional visit at 2–4 days for infants discharged less than 48 hours after delivery</li> <li>• Ages 3 to 21 once a year</li> <li>• Ages 22 and older periodic visits, as doctor advises</li> </ul>

The following routine immunizations are currently designated preventive services:

SERVICE	SERVICE
Diphtheria, Tetanus Toxoids and Acellular Pertussis (DTaP, Tdap, Td)	Meningococcal (MCV)
Haemophilus influenzae type b conjugate (Hib)	Pneumococcal (pneumonia)
Hepatitis A (HepA)	Poliovirus (IPV)
Hepatitis B (HepB)	Rotavirus (RV)
Human papillomavirus (HPV) (age and gender criteria apply depending on vaccine brand)	Varicella (chickenpox)
Influenza vaccine	Zoster (shingles)
Measles, mumps and rubella (MMR)	

You may view the three immunization schedules on the CDC website: [cdc.gov/vaccines/schedules/](https://www.cdc.gov/vaccines/schedules/).

## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Alcohol misuse screening		All adults
Anemia screening		Pregnant women
Aspirin to prevent cardiovascular disease <sup>1</sup>		Men ages 45–79; women ages 55–79
Autism screening		18, 24 months
Bacteriuria screening		Pregnant women
Breast cancer screening (mammogram)		Women ages 40 and older, every 1–2 years
Breast-feeding support/counseling, supplies <sup>2</sup>		During pregnancy and after birth
Cervical cancer screening (pap test) HPV DNA test with pap test		Women ages 21–65, every 3 years Women ages 30–65, every 5 years
Chlamydia screening		Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening		<ul style="list-style-type: none"> <li>• Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes)</li> <li>• All men ages 35 and older, or ages 20–35 if risk factors</li> <li>• All women ages 45 and older, or ages 20–45 if risk factors</li> </ul>
Colon cancer screening		<p>The following tests will be covered for colorectal cancer screening, ages 50 and older:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually</li> <li>• Flexible sigmoidoscopy every 5 years</li> <li>• Double-contrast barium enema (DCBE) every 5 years</li> <li>• Colonoscopy every 10 years</li> <li>• Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification</li> </ul>

 = Men,  = Women,  = Children/Adolescents

## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening		Newborns
Contraception counseling/education. Contraceptive products and services <sup>13,4</sup>		Women with reproductive capacity
Depression screening	  	Ages 12-18, All adults
Developmental screening		9, 18, 30 months
Developmental surveillance		Newborn 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Diabetes screening	 	Adults with sustained blood pressure greater than 135/80
Discussion about potential benefits/risk of breast cancer preventive medication		Women at risk
Dental caries prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride <sup>1</sup> )		Children older than 6 months
Domestic and interpersonal violence screening		All women
Fall prevention in older adults (physical therapy, vitamin D supplementation <sup>1</sup> )	 	Community-dwelling adults ages 65 and older with risk factors (coverage effective upon your plan's start or anniversary date on or after 5/1/13)
Folic acid supplementation <sup>1</sup>		Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing		Women at risk <ul style="list-style-type: none"> <li>Genetic counseling must be provided by an independent board-certified genetic counselor or clinical geneticist prior to BRCA1/BRCA2 genetic testing</li> <li>BRCA1/BRCA2 testing requires precertification</li> </ul>
Gestational diabetes screening		Pregnant women
Gonorrhea screening		Sexually active women at risk
Hearing screening (not complete hearing examination)		All newborns by 1 month. Ages 4, 5, 6, 8, and 10 or as doctor advises
Healthy diet/nutrition counseling	  	Ages 6 and older - to promote improvement in weight status. Adults with hyperlipidemia, those at risk for cardiovascular disease or diet-related chronic disease
Hemoglobin or hematocrit		12 months
Hepatitis B screening		Pregnant women
HIV screening and counseling	  	Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women, annually
Iron supplementation <sup>1</sup>		6-12 months for children at risk
Lead screening		12, 24 months
Metabolic/hemoglobinopathies (according to state law)		Newborns
Obesity screening	  	Ages 6 and older. All adults
Oral health evaluation/assess for dental referral		12, 18, 24, 30 months. Ages 3 and 6
Osteoporosis screening		Age 65 or older (or under age 65 for women at risk). Computed tomographic bone density study requires precertification
PKU screening		Newborns
Ocular (eye) medication to prevent blindness		Newborns
Prostate cancer screening (PSA)		Men ages 50 and older or age 40 with risk factors
Rh incompatibility test		Pregnant women
Sexually transmitted diseases counseling		Sexually active women, annually

 = Men,  = Women,  = Children/Adolescents

## Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Sexually transmitted infections (STI) screening	  	All sexually active adolescents. All adults at risk
Sickle cell disease screening		Newborns
Skin cancer prevention counseling to minimize exposure to ultraviolet radiation	  	Ages 10–24
Syphilis screening	  	Individuals at risk; Pregnant women
Tobacco use/cessation interventions	 	All adults; Pregnant women
Tuberculin test		Children and adolescents at risk
Ultrasound aortic abdominal aneurysm screening		Men ages 65–75 who have ever smoked
Vision screening (not complete eye examination)		Ages 3, 4, 5, 6, 8, 10, 12, 15 and 18 or as doctor advises

 = Men,  = Women,  = Children/Adolescents

Other coverage: Your plan supplements the preventive care services listed above with additional services that are commonly ordered by primary care physicians during preventive care visits. These include services such as urinalysis, EKG, thyroid screening, electrolyte panel, Vitamin D measurement, bilirubin, iron and metabolic panels.



- 1 Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost.
- 2 Subject to the terms of your plan's medical coverage, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment.
- 3 Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.
- 4 Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

These preventive health services are based on recommendations from the U.S. Preventive Services Task Force (A and B recommendations), the Advisory Committee on Immunization Practices (ACIP) for immunizations, the American Academy of Pediatrics' Periodicity Schedule of the Bright Futures Recommendations for Pediatric Preventive Health Care, the Uniform Panel of the Secretary's Advisory Committee on Heritable Disorders in Newborns and Children and, with respect to women, evidence-informed preventive care and screening guidelines supported by the Health Resources and Services Administration. For additional information on immunizations, visit the immunization schedule section of [www.cdc.gov](http://www.cdc.gov). This document is a general guide. Always discuss your particular preventive care needs with your doctor.

### Exclusions

This document provides highlights of preventive care coverage generally. Some preventive services may not be covered under your plan. For example, immunizations for travel are generally not covered. Other non-covered services/supplies may include any service or device that is not medically necessary or services/supplies that are unproven (experimental or investigational). For the specific coverage terms of your plan, refer to the Evidence of Coverage, Summary Plan Description or Insurance Certificate.

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# Dental

Delta Dental





**City of Casper - Group #70024**

**Premier Plan (Off Exchange)**

**Summary of Benefits**

(Please refer to the handbook for more detailed benefits)

<b>Covered Services</b>	<b>Benefit Waiting Period</b>	<b>% Paid by DDWY</b>
<b>Preventive and Diagnostic (Type I)</b> <ul style="list-style-type: none"> <li>• Oral Exams twice per calendar year</li> <li>• Prophylaxis twice per calendar year</li> <li>• Bitewing x-rays twice per calendar year</li> <li>• Full mouth x-rays once every 36 months</li> <li>• Fluoride once every 12 months (to age 19)</li> <li>• Space maintainers (to age 19)</li> <li>• Sealants on posterior permanent teeth once every 3 years (to age 19)</li> </ul>	None	100% Not subject to deductible
<b>Basic (Type II)</b> <ul style="list-style-type: none"> <li>• Emergency treatment for relief of pain</li> <li>• Extractions &amp; other oral surgery</li> <li>• Preformed crowns, amalgam and synthetic restorations</li> <li>• Pulpal &amp; root canal filling</li> <li>• Treatment of diseases of the tissues supporting the teeth</li> </ul>	None	80%
<b>Major (Type III)</b> <ul style="list-style-type: none"> <li>• Crowns</li> <li>• Prosthetics (bridges, partial dentures and complete dentures)</li> <li>• Dental implants</li> </ul>	None	60%
<b>Orthodontics (Type IV)</b> <ul style="list-style-type: none"> <li>• For dependent children (to age 19)</li> </ul>	None	60%

The Effective Date of this Policy is the first of the month following one (1) month of your full-time employment.

**DEDUCTIBLE LIMITATIONS**

Individual Deductible \$50  
Family Deductible \$150

**ANNUAL MAXIMUM BENEFIT**

Plan Year January - December  
Yearly Maximum (per person) \$1,500

**ORTHODONTIA LIFETIME MAXIMUM** \$1,500

**WAITING PERIOD**

Preventive & Diagnostic Services (Type I) None  
Basic Services (Type II) None  
Major Services (Type III) None  
Ortho Services (Type IV) None

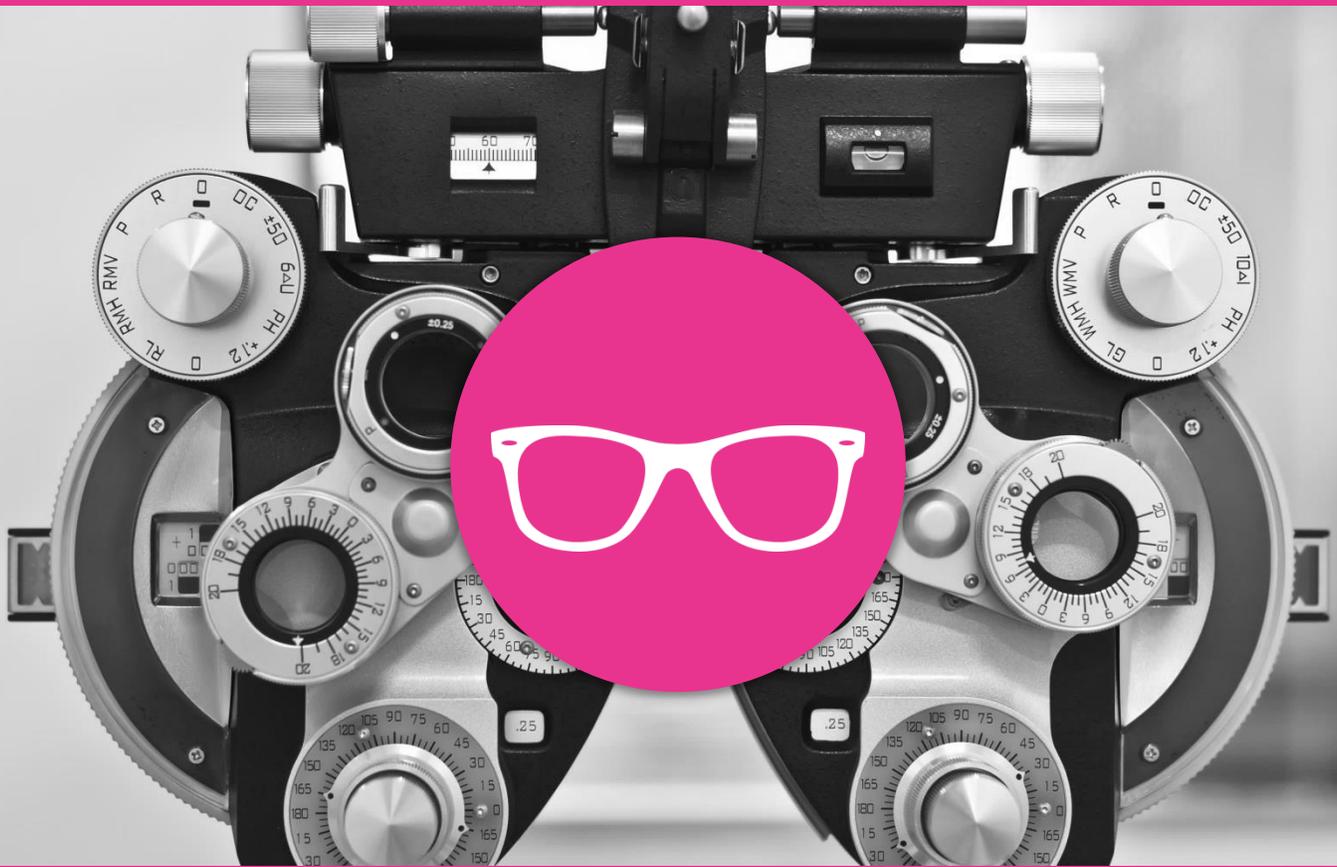
**DEPENDENT ELIGIBILITY**

End of the month age 26 is attained

**Delta Dental of Wyoming**  
6234 Yellowstone Rd \* P.O. Box 29 \* Cheyenne, WY 82003-0029  
307-632-3313 or 1-800-735-DDPW (3379)  
Hours: 8:00 a.m. to 5:00 p.m. Monday through Thursday/8:00 a.m. to 4:00 p.m. Friday  
[www.deltadentalwy.org](http://www.deltadentalwy.org)

# Vision

VSP



## Keep your eyes healthy with CITY OF CASPER and VSP® Vision Care.

Why enroll in VSP? Your eyes deserve the best care to keep them healthy year after year. Plus with VSP, you'll get a great value on your eyecare and eyewear.

### You'll like what you see with VSP.

- **Value and Savings.** You'll get great benefits on your exam and eyewear at an affordable price.
- **Personalized Care.** You'll get quality care that focuses on your eyes and overall wellness through a WellVision Exam® from a VSP doctor. When you see a VSP doctor, you'll get the most out of your benefit and have lower out-of-pocket costs. Plus, with a VSP doctor your satisfaction is guaranteed—if you're not 100% happy, we'll make it right.
- **Great Eyewear.** Choose the eyewear that's right for you and your budget.
- **Choice of Providers.** With open access to see any eyecare provider, you can see the one who's right for you. Choose a VSP doctor or any other provider.

Enroll in VSP today.  
You'll be glad you did.

Contact us.  
[vsp.com](http://vsp.com)  
800.877.7195

### Using your VSP benefit is easy.

- **Find an eyecare provider who's right for you.**  
To find a VSP doctor, visit [vsp.com](http://vsp.com) or call 800.877.7195.
- **Review your benefit information.**  
Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.**  
There's no ID card necessary.

**That's it! We'll handle the rest**—there are no claim forms to complete when you see a VSP doctor.

### Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options for you and your family. Choose from great brands, like bebe®, Calvin Klein, Disney, FENDI, Nike, and Tommy Bahama®.



# Your VSP Vision Benefits Summary

CITY OF CASPER and VSP provide you with an affordable eyecare plan.

Visit [vsp.com](http://vsp.com) for more details on your vision benefit and for exclusive savings and promotions for VSP members.

VSP Doctor Network: VSP Signature

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Doctor</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>20% off amount over your allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 35-40% off other lens options</li> </ul>	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Extra Savings and Discounts</b>	<b>Glasses and Sunglasses</b>		
	<ul style="list-style-type: none"> <li>30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b>		
	<ul style="list-style-type: none"> <li>Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam.</li> </ul>		
	<b>Laser Vision Correction</b>		
	<ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		
<b>Your Coverage with Other Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP doctor.			
Exam.....up to \$50	Lined Trifocal Lenses.....up to \$100	Frame.....up to \$70	Progressive Lenses.....up to \$75
Single Vision Lenses.....up to \$50	Contacts.....up to \$105	Lined Bifocal Lenses.....up to \$75	
VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.			

Enroll in VSP today.  
You'll be glad you did.  
Contact us. [vsp.com](http://vsp.com)  
800.877.7195

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# Life and AD&D

Lincoln Financial





Group Term Life Insurance  
Life

SUMMARY OF BENEFITS

Sponsored by: City of Casper

*All Retirees*

Coverage	Benefit Amount Employee	Benefit Amount Spouse and Dependents
Life	\$10,000	Spouse: \$1,000 Child: 1 day to 6 months: \$500 Child: 14 days to age 26: \$1,000

Guarantee Issue	\$10,000	
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Monthly Cost	Employee	Spouse and Dependents
	\$1.90	\$0.63

Benefit Reduction	Employee	Spouse
Benefits will reduce:	90% at age 70; Benefits terminate at employee age 99	50% at age 70 Benefits terminate at Employees age 99 or Retirement, whichever occurs first

Additional Benefits		
See Understanding Your Benefits Page:	Accelerated Death Benefit Seatbelt Benefit – Air Bag Benefit Conversion	

Enrolling for Coverage	Employee	Spouse or Dependent
Eligibility:	All employees in an eligible class.	Effective date of coverage will be delayed if Spouse or dependent is in a period of limited activity on policy issue date.

(Please see other side)

## Understanding Your Benefits

<b>Accelerated Death Benefit</b>	Accelerated Death Benefit provides an option to be paid a portion of your life insurance benefit when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you must be covered under this policy for the amount of time defined by the policy.
<b>Conversion</b>	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election normally must be made within 31 days of your date of termination.
<b>Guarantee Issue</b>	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without providing Evidence of Insurability. Evidence of Insurability will be required for any amounts above this, for late enrollees or increases in insurance, and it will be provided at your own expense.
<b>Seatbelt Benefit – Air Bag Benefit</b>	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less.
<b>Limited Activity</b>	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
<b>Term Life</b>	A death benefit is paid to the designated beneficiary upon the death of the insured. Coverage is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.

## Additional Benefits

<b>LifeKeys<sup>SM</sup></b>	Online will & testament preparation service, identity theft resources and beneficiary assistance support for all employees and eligible dependents covered under the Group Term Life and/or AD&D policy.
<b>TravelConnect<sup>SM</sup></b>	Travel assistance services for employees and eligible dependents traveling more than 100 miles from home.

**For assistance or additional information Contact Lincoln Financial Group at**

(800) 423-2765; reference ID:  
**CASPERCTY2**

[www.LincolnFinancial.com](http://www.LincolnFinancial.com)

NOTE: This is not intended as a complete description of the insurance coverage offered. Controlling provisions are provided in the policy, and this summary does not modify those provisions or the insurance in any way. This is not a binding contract. A certificate of coverage will be made available to you that describes the benefits in greater detail. Should there be a difference between this summary and the policy, the policy will govern.

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# Premiums



**City of Casper**  
 Retiree Contributions & Premiums  
 January 1, 2016 – December 31, 2016

**Medical & Pharmacy Cigna**

Buy-Down Plan for Pre-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$561.96
<i>Employee + Spouse</i>	\$1,273.08
<i>Family</i>	\$1,338.64
<i>Retiree One Under 65 &amp; One Over 65</i>	\$887.02

Buy-Down Plan for Post-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$325.14
<i>Employee + Spouse</i>	\$650.24
<i>Family</i>	\$1,338.64

Mid-Option (Base) Plan for Pre-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$600.66
<i>Employee + Spouse</i>	\$1,201.34
<i>Family</i>	\$1,574.87
<i>Retiree One Under 65 &amp; One Over 65</i>	\$964.15

Mid-Option (Base) Plan for Post-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$353.41
<i>Employee + Spouse</i>	\$706.79
<i>Family</i>	\$1,455.05

Buy-Up Plan for Pre-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$648.72
<i>Employee + Spouse</i>	\$1,297.44
<i>Family</i>	\$1,700.86
<i>Retiree One Under 65 &amp; One Over 65</i>	\$1,041.28

Buy-Up Plan for Post-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$381.68
<i>Employee + Spouse</i>	\$763.33
<i>Family</i>	\$1,571.45

**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 Plan	
Status	Total Premium Per Month
<i>Employee</i>	\$10.72
<i>Employee + Spouse</i>	\$15.54
<i>Employee + Child(ren)</i>	\$27.86
<i>Family</i>	\$27.86





**BENEFITS, INC.**

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