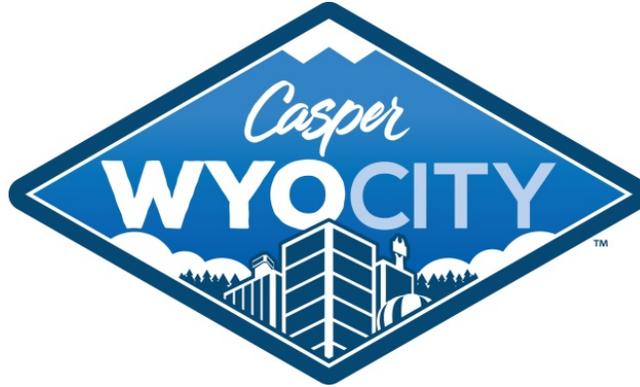




EMPLOYEE BENEFITS GUIDE

JANUARY 1, 2017 - DECEMBER 31, 2017

RETIREE



If you have questions regarding...	Call	Click
General Benefits Information Keith Hageman, <i>Human Resources</i>	(307) 235-8289	khageman@casperwy.gov
Medical CIGNA	(800) 244-6224	www.mycigna.com
Dental Delta Dental of Wyoming	(800) 735-3379	www.deltadentalins.com
Vision VSP	(800) 877-7195	www.vsp.com
Life Lincoln Financial	(800) 423-2765	www.lfg.com

This communication highlights some of your benefit plans. Your actual rights and benefits are governed by the official plan documents. If any discrepancy exists between this communication and the official plan documents, the plan documents will prevail. We reserve the right to change any benefit plan without notice. Benefits are not a guarantee of employment.

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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 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

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 for additional information.

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 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 sponsor has determined that the prescription drug coverage offered by the City of Casper 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 Medical 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 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 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:	September 12, 2016
Name of Entity/Sender:	City of Casper
Contact--Position/Office:	Human Resource Department
Address:	200 N. David, Casper WY 82601
Phone Number:	307-235-8344

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.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 1-31-2017)

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 Keith Hageman, Benefits Technician, at (307) 235-8289.

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 City of Casper		4. Employer Identification Number (EIN) 83-6000049	
5. Employer address 200 N. David Street		6. Employer phone number (307) 235-8344	
7. City Casper	8. State WY	9. ZIP code 82601	
10. Who can we contact about employee health coverage at this job? Keith Hageman, Benefits Technician			
11. Phone number (if different from above) (307) 235-8289		12. Email address khageman@casperwy.gov	

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:

Employees regularly scheduled to work 30 or more hours per week.

•With respect to dependents:

We do offer coverage. Eligible dependents are:

A covered employee's legal spouse. A covered employee's child(ren). Child(ren) means natural child, adopted child, stepchild, or foster child. See plan document.

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 will guide you through the process. Here's the employer information you'll enter when you visit 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)

City of Casper Wellness Program

Learn More about Improving your Personal Health Status and Save on your Health Insurance Premium!

Your health is arguably your most important asset. To help you maintain and improve your health, City of Casper offers several programs to assist you in these efforts. Here are the great opportunities the City of Casper offers:

Annual Biometric Screenings:

This includes testing for employees, retirees, and spouses (if applicable) for cholesterol, HDL, LDL, triglycerides, and glucose paid on behalf of the City's Health Plan. Those who elect not to participate are electing to pay an additional 20% on their health insurance premium for 2016. The results of the health screening and assessment will remain confidential throughout the process. The City of Casper will not be given your individual results.

Online Health Risk Assessment:

This is a confidential service provided by Cigna. After completing a series of questions, and biometric screening data, 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 a topic related to the trended aggregate results from the annual biometric report. Health Talks are provided by professionals who have expertise on the related topics. The City of Casper allows employees to attend during work time.

Annual On-site Flu Vaccination Clinic:

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

Enhanced Disease Management:

The City of Casper pays for all prescriptions associated with diagnosed heart disease and diabetes for those enrolled in the Enhanced Disease Management program with Cigna (please see specific program for requirements that apply).

HEALTH 101: Consumer Management Program:

This is an online program offered through Cigna to educate and empower consumers of medical care. The program includes an online transparency tool for covered health plan participants so that they may evaluate costs of medical care prior to getting treatment.

Musculoskeletal Health Programs:

This includes on-site ergonomic assessments and special incentives for people who enroll in the upcoming program.

Workplace Health Challenges:

These are periodic internal challenges to help people have fun with health challenges. Prizes and incentives are typically provided to those who participate.

We are excited to offer you the opportunity to gain an understanding of the current state of your health, to provide important resources for you to maintain or improve your health and to offer you financial incentives for your participation and meaningful engagement with our wellness program.

Rewards for participating in our wellness program are available to all covered employees. If you think you might be unable to meet a requirement for the reward under our wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact Allyson Zebre, azebre@cityofcasperwy.com and City of Casper will work with you to find a wellness program with the same reward that is right for you in light of your health status.

Medical

CIGNA



City of Casper

Cigna Medical Comparison 2017 Plan Design

Illustrative Purposes Only

		Buy Down Plan	Mid Option Plan	Buy Up Plan
		In-Network	In-Network	In-Network
Deductible		\$3,000/\$6,000	\$2,000/\$4,000	\$1,000/\$2,000
Out of Pocket Maximum		\$6,000/\$12,000	\$4,000/\$8,000	\$3,000/\$6,000
Deductible Included in OOP Maximum		Yes	Yes	Yes
Professional Services		Network Providers Only - Non contracted provider visits are subject to deductible + copay	Network Providers Only - Non contracted provider visits are subject to deductible + copay	Network Providers Only - Non contracted provider visits are subject to deductible + copay
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	\$50 (Unlimited with no RX)	\$35 (Unlimited with no RX)	\$20 (Unlimited with no RX)
	Chiropractic	\$50/10 visits maximum	\$35/10 visits maximum	\$20/10 visits maximum
Emergency Room		20% AD	20% AD	20% 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 / Local Pharmacy	\$5+20% / \$20+20% / \$30+50%	\$5+20% / \$20+20% / \$30+50%	\$5+20% ? \$20+20% / \$30+50%
Specialty Meds		50% / \$200 Max	50% / \$200 Max	50% / \$200 Max

AD = After Deductible

**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. You can choose to go paperless, continue getting paper EOBs by mail or opt for both.

Online EOBs are:

- Safely stored on 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
*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	You saved \$70.05. 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	\$11.89	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	94%	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 www.myCigna.com or call customer service to estimate treatment costs, or to compare cost and quality of in-network health care professionals and facilities.

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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
Total		\$189.00	\$70.05	\$0.00	\$118.95	\$0.00	\$107.06		\$11.89	

*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 1.800.889cigna (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 PharmacySM and retail pharmacies.

3. Use Cigna Home Delivery PharmacySM

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? Call the toll-free number on the back of your ID card.

Together, all the way.[®]



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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 PharmacySM 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.

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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.SM
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"> • Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2–4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21 once a year • Ages 22 and older periodic visits, as doctor advises

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 ¹		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 ²		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"> • 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) • All men ages 35 and older, or ages 20–35 if risk factors • All women ages 45 and older, or ages 20–45 if risk factors
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"> • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification

 = Men,  = Women,  = Children/Adolescents

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening		Newborns
Contraception counseling/education. Contraceptive products and services ^{13,4}		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 ¹)		Children older than 6 months
Domestic and interpersonal violence screening		All women
Fall prevention in older adults (physical therapy, vitamin D supplementation ¹)	 	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 ¹		Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing		Women at risk <ul style="list-style-type: none"> Genetic counseling must be provided by an independent board-certified genetic counselor or clinical geneticist prior to BRCA1/BRCA2 genetic testing BRCA1/BRCA2 testing requires precertification
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 ¹		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. 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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90-DAY PRESCRIPTION FILLS

Filling your maintenance medications just got easier with Cigna 90 NowSM

You have a lot going on. Taking your medication every day and remembering to pick up your refill every month isn't always easy. We have a program that can help – it's called Cigna 90 Now.

More choice

Your plan includes a new maintenance medication program called Cigna 90 Now. Maintenance medications are taken regularly, over time, to treat an ongoing health condition. **Cigna 90 Now offers you more choice in how, and where, you can fill your prescription.**

Choose what works best for you

- If you choose to fill your prescription in a 90-day supply, you have to use a 90-day retail pharmacy in your plan's new network, or Cigna Home Delivery PharmacySM.*
- If you choose to fill your prescription in a 30-day supply, you can use any pharmacy in your plan's new network, including Cigna Home Delivery Pharmacy.



You choose! 90-day or 30-day supply.

Where you can fill a 90-day prescription

With Cigna 90 Now, your plan offers a new retail pharmacy network that gives you more choice in where you can fill your 90-day prescriptions.

There are thousands of retail pharmacies in your new network. They include local pharmacies, grocery stores, retail chains and wholesale warehouse stores – all places where you may already shop! If you prefer the convenience of having your medications delivered to your home, you can also use Cigna Home Delivery Pharmacy to fill your prescriptions.*

For more information about your new pharmacy network, you can go to **Cigna.com/Rx90network**.



Why fill a 90-day supply?

Filling your prescriptions in a 90-day supply may help you stay healthy because having a 90-day supply of your medication on-hand typically means you're less likely to miss a dose.** It also means you can make fewer visits to the pharmacy to refill your medication, and depending on your plan, you may be able to save money by filling your prescriptions 90-days at a time.

Here are some of the 90-day retail pharmacies in your network:***

- **CVS** (including Target and Navarro)
- **Walmart**
- **Kroger** (including Harris Teeter Pharmacy, Pick N Save Pharmacy, Fred Meyer Pharmacy, Fry's Food and Drug)
- **Access Health** (including Benzer Pharmacy, Marcs, Big Y Pharmacy, Marsh Drugs, LLC, Snyder Drug Emporium)
- **Good Neighbor Pharmacies** (including Big Y Pharmacy, Super RX Pharmacy, Medical Center Pharmacy, Family Pharmacy, King Kullen Pharmacy)
- **Cardinal Health** (including Freds Pharmacy, Medicine Shoppe Pharmacy, Harris Teeter Pharmacy, Medicap Pharmacy)

Together, all the way.®



Prefer to have your medications delivered to your door?

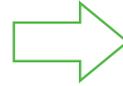
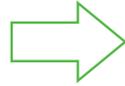
Then Cigna Home Delivery Pharmacy may be right for you! We'll deliver your maintenance medication to you at the location of your choice. And standard shipping is always free. No more waiting in line at the pharmacy! For more information, please call Customer Service at **800.285.4812**, or visit **Cigna.com/home-delivery-pharmacy**.



Questions?

Please call Customer Service at **800.Cigna 24 (800.244.6224)**. We're here to help.

90-Day Fills



Get a 90-day prescription for your medication

Take your prescription to a 90-day retail pharmacy in your network, or mail to Cigna Home Delivery Pharmacy

Receive your medication in a 90-day supply for convenience

30-Day Fills



Get a 30-day prescription for your maintenance medication

Take your prescription to any retail pharmacy in your network, or mail to Cigna Home Delivery Pharmacy

Receive your medication

* Plans vary, so some plans may not include Cigna Home Delivery Pharmacy. Please check your plan materials for more information on what pharmacies are covered under your plan.

** Internal Cigna analysis performed March 2016, utilizing 2015 Cigna national book of business average medication adherence (customer adherent > 80% PDC), 90-day supply vs. those who received a 30-day supply taking antidiabetics, RAS antagonist and statins.

*** Participating 90-day network pharmacies as of April 2016. Subject to change.

Para obtener ayuda en español llame al número en su tarjeta de Cigna.

Health benefit plans vary, but in general to be eligible for coverage a drug must be approved by the Food and Drug Administration (FDA), prescribed by a health care professional, purchased from a licensed pharmacy and medically necessary. If your plan provides coverage for certain prescription drugs with no cost-share, you may be required to use an in-network pharmacy to fill the prescription. If you use a pharmacy that does not participate in your plan's network, your prescription may not be covered, or reimbursement may be limited by your plan's copayment, coinsurance or deductible requirements. Refer to your plan documents for costs and complete details of your plan's prescription drug coverage.

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Dental

Delta Dental



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

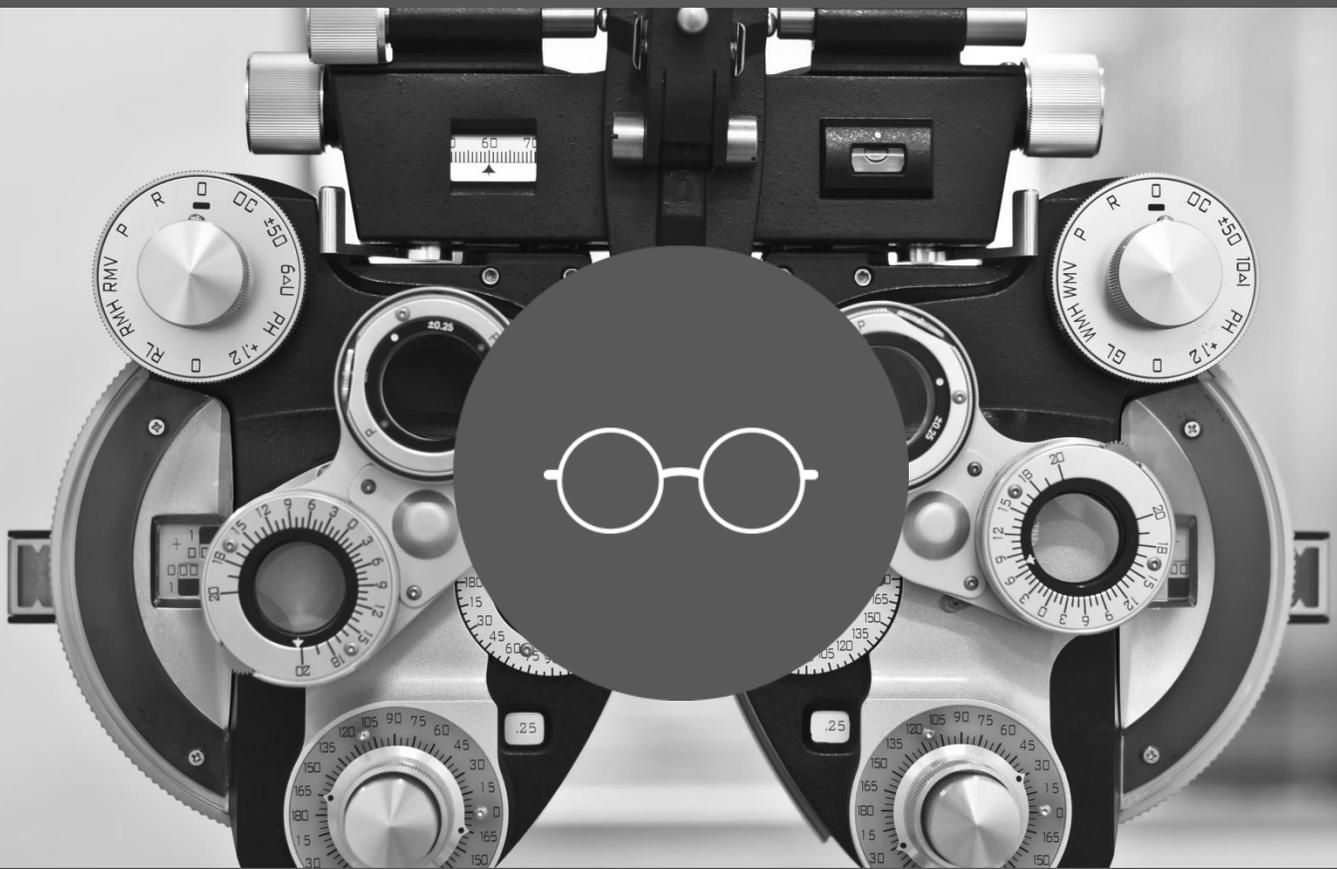
Preventive & Diagnostic Services (Type I) None
 Basic Services (Type II) None
 Major Services (Type III) None
 Ortho Services (Type IV) None

DEPENDENT ELIGIBILITY

End of the month age 26 is attained

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
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 or call 800.877.7195.
- **Review your benefit information.**
Visit 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 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
Your Coverage with a VSP Doctor			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide selection of frames 20% off amount over your allowance 	Included in Prescription Glasses	Every 24 months
Lenses	<ul style="list-style-type: none"> Single vision, lined bifocal, and lined trifocal lenses Polycarbonate lenses for dependent children 	Included in Prescription Glasses	Every 12 months
Lens Options	<ul style="list-style-type: none"> Standard progressive lenses Premium progressive lenses Custom progressive lenses Average 35-40% off other lens options 	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
Contacts (instead of glasses)	<ul style="list-style-type: none"> \$130 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) 	Up to \$60	Every 12 months
Extra Savings and Discounts	Glasses and Sunglasses <ul style="list-style-type: none"> 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. 		
	Retinal Screening <ul style="list-style-type: none"> Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. 		
	Laser Vision Correction <ul style="list-style-type: none"> Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor 		
Your Coverage with Other Providers			
Visit vsp.com 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	
<small>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.</small>			

Enroll in VSP today.
 You'll be glad you did.
 Contact us. vsp.com
 800.877.7195

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Save 30-60% on Hearing Aids with VSP and TruHearing

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

Example savings (per aid)

Sample Product	Avg. Retail Price	TruHearing Price	Your Savings
Starkey Z Series i20	\$1,660	\$895	\$765
Oticon Ria 2 Pro	\$2,350	\$1,150	\$1,200
ReSound LiNX ² 5	\$2,060	\$1,250	\$810

 *Connects wirelessly to iPhone®!*

Call now to find out how much you
_____ can save as a VSP member!

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

Life

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

Accelerated Death Benefit	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.
Conversion	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.
Guarantee Issue	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.
Seatbelt Benefit – Air Bag Benefit	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.
Limited Activity	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.
Term Life	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

LifeKeysSM	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.
TravelConnectSM	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

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, 2017 – December 31, 2017

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>Employee + Children</i>	\$1,039.65
<i>Family</i>	\$1,338.64
<i>Retiree One Under 65 & 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>Employee + Children</i>	\$601.51
<i>Family</i>	\$1,338.64

Mid-Option (Base) Plan for Pre-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$610.83
<i>Employee + Spouse</i>	\$1,383.78
<i>Employee + Children</i>	\$1,130.05
<i>Family</i>	\$1,455.05
<i>Retiree One Under 65 & 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>Employee + Children</i>	\$653.82
<i>Family</i>	\$1,455.05

Buy-Up Plan for Pre-65 Retirees	
Status	Total Premium Per Month
<i>Employee</i>	\$659.69
<i>Employee + Spouse</i>	\$1,494.49
<i>Employee + Children</i>	\$1,220.45
<i>Family</i>	\$1,571.45
<i>Retiree One Under 65 & 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>Employee + Children</i>	\$706.12
<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 + 1</i>	\$15.54
<i>Family</i>	\$27.86



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