



EMPLOYEE *benefits* BOOKLET

January 1, 2014 - December 31, 2014



2014 Employee Benefits Booklet

City of Casper is pleased to make available to its employees a wide array of group insurance benefits. It is important to remind employees that the first line of resource to answering questions on benefits and claims payment is directly with the insurance carriers.

When you have a question on a benefit or a problem with a claim, we would encourage you to contact the insurance carriers who have your claims information and are very knowledgeable on the City of Casper insurance benefits.

Listed are the insurance carriers and contact telephone numbers.

CNIC Health Solutions	Medical	(877) 321-4412 www.cnichs.com
WellDyneRx	Rx	(888) 479-2000 www.welldynernx.com
Wise Provider Network	Provider Network	(866) 485-5205 www.wiseprovider.net
Delta Dental of Wyoming	Dental	(800) 735-3379 www.deltadentalwy.org
VSP	Vision	(800) 877-7195 www.vsp.com
National Benefit Services	Flexible Spending Account	(800) 274-0503 www.nbsbenefits.com
Cigna	Life and AD&D Disability	(800) 362-4462 www.cigna.com
GBS Benefits, Inc.	Jenna Hahn <i>Worksite Voluntary Products</i>	(800) 427-6586 x1149 jenna.hahn@gbsbenefits.com
GBS Benefits, Inc.	Marcie Hufford <i>Senior Account Manager</i>	(801) 364-7233 x1111 (800) 427-6586 x1111 marcie.hufford@gbsbenefits.com

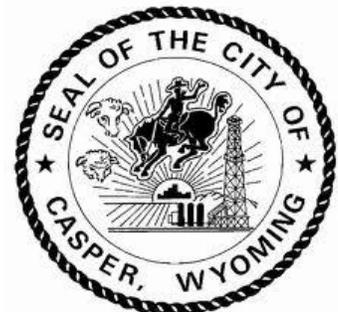
In an effort to make your benefits more understandable, this brief summary of your benefits has been prepared. The benefit booklet is provided as a summary of your employee benefits only. While the benefits listed are considered accurate, they are not a guarantee of service, or payment by the insurance company. For complete details regarding any of your employee benefits, please see plan summaries.

This summary of benefits is a cursory description of your employee benefits and should be considered such.

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ENROLLMENT GUIDELINES



Enrollment Guidelines

Welcome to the City of Casper 2014 Employee Benefits Booklet. This Booklet provides a quick overview of our benefits program and helps to remove confusion that sometimes surrounds employee benefits. This Booklet helps clarify plan concepts and philosophy and prepares you to make informed choices about your benefit options.

We have structured our benefits program to provide comprehensive coverage for you and your family. Benefit programs provide a financial safety net in the event of unexpected and potentially catastrophic events.

Eligibility

You are eligible to enroll for benefits if you are a full-time employee working 40 hours per week. New employees are eligible to enroll on the first of the month following date of hire. Your dependents are eligible if less than 26 years of age.

Open Enrollment

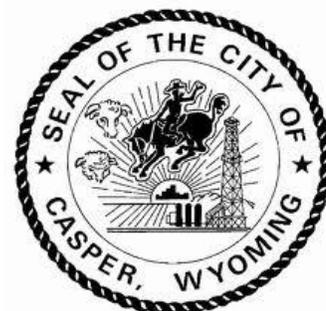
Open enrollment for benefit programs is once a year and all elections will take effect January 1, 2014. Until the enrollment deadline, you may change your benefit elections as you desire. After the enrollment deadline you may not change your benefit elections until the next open enrollment, unless a you have a change in family or employment status. You must notify Human Resources within 31 days of a qualified event and you have 31 days to complete and return a new enrollment/change form.

The elections you make now stay in effect through December 2014, unless a qualifying event occurs. Qualified life events are:

- *Marriage*
- *Divorce*
- *Birth*
- *Adoption*
- *Change in Custody*
- *Death*
- *Loss of Coverage*

When you have a qualifying event, you have 30 days to complete and return a new enrollment/change form.

MEDICAL



City of Casper

Medical Comparison 2014 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
	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
Professional Services			
Office Visits			
Primary Care Physicians	\$50	\$35	\$20
Outpatient Lab	\$50	\$35	\$20
Specialists	\$50	\$35	\$20
Mental Health & Chemical Dependency	\$50	\$35	\$20
Substance Abuse	\$50	\$35	\$20
Urgent Care	\$50	\$35	\$20
Acupuncture	\$50/10 visits maximum	\$35/10 visits maximum	\$20/10 visits maximum
Physical, Speech, Occupational Therapy	\$50 (12 visit maximum with no RX)	\$35 (12 visit maximum with no RX)	\$20 (12 visit maximum with no RX)
Chiropractic	\$50/10 visits maximum	\$35/10 visits maximum	\$20/10 visits maximum
Emergency Room	80% AD	80% AD	80% AD
Extended Care Facility	80% AD, 45 Day Lifetime Maximum	80% AD, 45 Day Lifetime Maximum	80% AD, 45 Day Lifetime Maximum
Newborn Nursery Care	80% AD	80% AD	80% AD
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 (Within 6 months of death)	80% AD (Within 6 months of death)	80% AD (Within 6 months of death)
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
	3 sessions per week, 36 sessions maximum	3 sessions per week, 36 sessions maximum	3 sessions per week, 36 sessions maximum
Organ Transplants			
All eligible charges	80% AD	80% AD	80% AD
Additional Benefits			
Employee Assistance Program	Available with Three Trails	Available with Three Trails	Available with Three Trails
Prescription Drugs			
Deductible	None	None	None
Retail			
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%

If your provider is not contracted with Wise Provider Networks, provider reimbursements will be sent directly to you. Please make arrangements with your provider's office.

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



The WISE Provider Network

As a member, you're part of a community of nearly 120,000 other Utah and Wyoming WISE members who are working to make more informed healthcare decisions. You also have access to a complete panel of providers—physicians, other healthcare professionals, and facilities—that deliver a wide range of healthcare services, from preventive care to the most highly specialized treatment. WISE physicians are selected after a careful credentialing and quality review process. To get the most out of your coverage, and pay less out of your pocket, use participating providers. In other words, choose wisely.

Smartphone Applications

The WISE Provider Network Smartphone app is currently available and free through the iTunes® App Store and is now available for Android through the Google® Play Store. This app will help members quickly and easily locate any provider or facility, including urgent care facilities, in the WISE Network. The app leverages a customer's location to help find a doctor that is close by, and gives real-time information at their fingertips, including:

- **WISE Provider by Specialty or Location**
Includes addresses, maps, estimated drive times, and provider phone numbers
- **WISE Urgent Care, Hospital, and ER locations**
Too often, customers will head to the emergency room with a sick child, wait two hours to be seen, then realize they could have visited an urgent care center with more efficient care at a much lower cost.



wiseprovider.net



The WISE Provider Directory

WISE maintains a web-based provider search engine in which physicians, specialists, hospitals, ERs, and urgent care facilities are updated daily. The directory enables you to search by provider or location and provides a Google map of the selected location. The online directory systematically refreshes as new network information becomes available. The directory, in its entirety, is validated annually. The directory is available on the web at www.wiseprovider.net. Paper provider directories may be printed from the web site.

Provider Search Directions

1. Go to www.wiseprovider.net
2. Click *Provider Search* in top left section of page
3. Select the directory you would like to search: *Provider*, *Location* or *Print Entire Directory*
4. Select your group, state, and the provider type you want to search
5. Fill in a provider or facility name—you can fill in a complete name or enter one or more letters
6. Fill in the city, county, and zip code if you prefer. Otherwise, click *Search* or to print this directory, click *Printable* at the bottom of this page
7. Your directory will now appear on the screen. Keep in mind you may have to scroll down to view the directory

HOW TO READ YOUR EXPLANATION OF BENEFITS SUMMARY

What is an Explanation of Benefits (EOB)?

An EOB is a notification explaining how your medical claim(s) are processed (including payment or denial).

PN63700590C
CNIC Health Solutions
 740 Wooten Rd., Suite 104
 Colorado Springs, CO 80915-3539



20110033396

Electronic Service Requested

3-DIGIT 626

23266 0.3564 AT 0.354



71

1. JOHN DOE
 123 MAIN ST.
 ANYTOWN, USA 84222

If you have any questions please give us a call at (719) 622-3300 or (877) 321-4412

- 2. Enrollee: JOHN DOE
- 3. Patient: JOHN DOE
- 4. Enrollee Id: 1140999999
- 5. Group: CITY OF CASPER
- 6. Claim #: 11101140
- 7. Patient #: ABCD1234
- 8. Date: 02/28/2011

ENV 23266 1 OF 1

- 7. **Date** – Date check run generated
- 8. **Provider** – the provider of your medical service. This could be an individual practice or a facility.
- 9. **Dates of Service** – the date your medical services were incurred.
- 10. **Service Code Description** – a code that indicates where services took place.
- 11. **Total Charge** – the total amount billed by your physician.
- 12. **Ineligible** – amount considered not eligible or not covered under the plan.
- 13. **Reason Code Description** – a code that explains why certain amounts were not covered.
- 14. **Discount Amount** – discount amount eligible based on provider agreement.

This is NOT a Bill-- Do NOT Send Payment

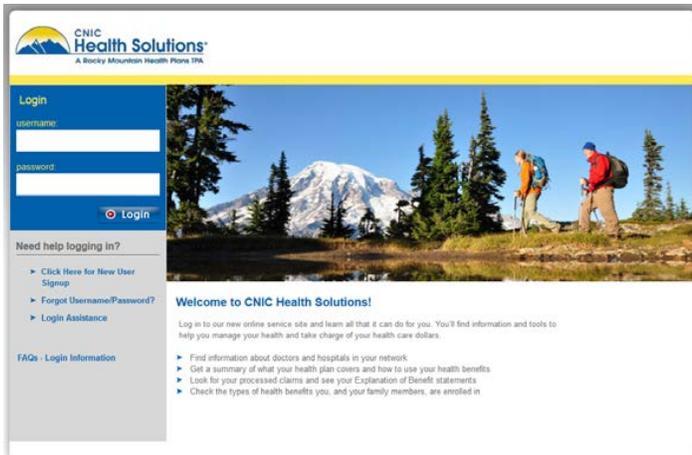
Explanation of Benefits for Services Provided By:
8. WELBY, MARCUS

9. Dates of Service	10. Service Code	11. Total Charge	12. Ineligible	13. Reason Codes	14. Discount Amount	15. PPO Codes	16. Covered By Plan	17. Deductible Amount	18. Co-Pay Amount	19. Balance	20. Paid At	21. Payment Amount	
12/12-12/12/2010	30	307.99	0.00		0.00			307.99	0.00	307.99	100%	307.99	
12/12-12/12/2010	20	94.50	0.00		0.00			94.50	0.00	94.50	100%	94.50	
TOTALS		402.49	0.00		0.00			402.49	0.00	402.49		402.49	
											Other Credits or Adjustments		
											Total Net Payment	0.00	22. 402.49
											Patient Responsibility		
											Total Net Payment	0.00	23. 402.49
											Patient Responsibility		
											Total Net Payment	0.00	24. 402.49

- 1. The address to which the EOB was mailed.
- 2. **Enrollee** – the person who signed the enrollment form.
- 3. **Patient** – the person who received medical services. This may be a subscriber or a dependent.
- 4. **Enrollee ID** – the identification for the person receiving medical services.
- 5. **Group** – the payor of your medical claim. If your company is a self-funded group, their name will appear here.
- 6. **Claim Number** – document control number generated by CNIC Health Solutions. If you need to call a member service representative to discuss the claim, this is an important number to give them.

CNIC offers internet-based connectivity to enhance delivery of your health care. Online features are available 24 hours a day, seven days a week for your convenience. This website supplies these secure and reliable electronic applications at your fingertips:

- Online Deductible and Out-of-Pocket information
- Eligibility Information
- Claims status and Explanation of Benefits
- Customer service express requests
- Claims Summary Export
- Links to provider websites
- Plan documents
- Printable forms
- Contact Information



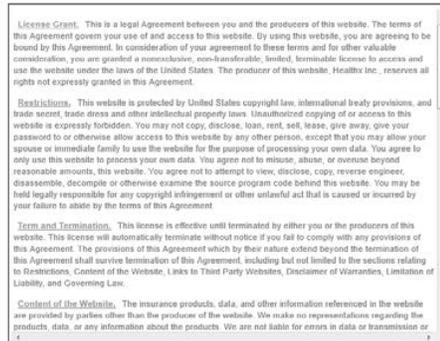
When logging into the website, go to www.cnichs.com and click on Members. If you are a new user, click "New members please click [HERE](#) to create an account." Follow these instructions to complete the form as it relates to you. Please be sure to include a valid e-mail address; this is where you will be notified of paid claims available for online viewing as well as responses to express requests.

Registration

Registration is a four-part process and begins with the License Agreement. Review and click on "Agree" to continue.

The next steps consist of entering basic information and creating an ID and password.

— Step 1 of 4: License Agreement —



Step 2 of 4: Validation

* Date of Birth:

* Group Number:

* Member ID/SSN:

Validation

Please enter your date of birth, group number, and member ID from your card. Do NOT enter dashes or spaces when entering your member ID number.

Step 3 of 4: Create User ID (Username) and Password

* Username:

* E-mail Address:

* Confirm E-mail Address:

* Password:

* Confirm Password:

Select a Secret Question:

or Enter your own:

* Secret Answer:

Account

Username: Username must be at least 3 in length start with a letter. Characters accepted are: alpha-numeric, (.dot), -(dash) and @

Please enter your full email address, for example, **name@domain.com**

Password: At least 8 characters/Alpha-numeric and special characters -_!#\$%&*@~^!/?/+

Step 4 of 4: Verify

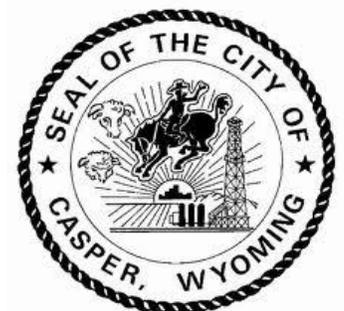
Registration Complete.

Username:

First Name:
Last Name:
E-Mail Address:
Address:

DENTAL

Delta Dental





SUMMARY OF BENEFITS
City of Casper - Group #70024

BENEFIT PERCENTAGE

- 100% Preventive and Diagnostic Services (**Not subject to deductible**)
 - Exams, bitewing x-rays, prophylaxis (cleaning), fluoride treatment, full mouth x-rays, space maintainers, sealants
- 80% Basic Services
 - Amalgam, synthetic fillings, stainless steel crowns, extractions and impacted extractions, root canal therapy, periodontal therapy, emergency treatment for relief of pain
- 60% Major Services
 - Crowns, onlays, bridges, full dentures, partial dentures, dental implants
- 60% Orthodontic Services
 - Orthodontic diagnostic services, appliance therapy, orthodontic surgical therapy
 - For dependent children to age 19 (end of month)
- Dependent children: Covered until age 26 (end of month)
- Deductible: \$50 individual/\$150 maximum per family
- Annual Maximum: \$1,500 per person
- Orthodontic Maximum: \$1,500 lifetime maximum

Predetermination or preauthorization of benefits is recommended for all dental care in the amount of \$250 or more.

The Delta Difference - Network of Participating Dentists

- The dentist office fills out the forms.
- The dentist office mails the forms.
- There is not a usual and customary chargeback.
- Managed dental costs.
- Payment directly to the dentist.

BENEFITS

- Preventive and Diagnostic:
 - Exams and/or Prophylaxis twice per calendar year
 - Bitewing x-rays twice per calendar year
 - Full mouth x-rays once every 36 months
 - Fluoride treatment for dependent children once every twelve months to age 19 (end of month)
 - Space maintainers for dependent children to age 19 (end of month)
 - Sealants on posterior permanent teeth once every three years for dependent children to age 19 (end of month)
- Basic:
 - Amalgam restorations or synthetic restorations (white fillings on posterior teeth are a benefit)
- Major:
 - Crowns and onlays are a benefit only if teeth cannot be restored with amalgam (must be extensively decayed or fractured) and they are a benefit once in a 5 year period
 - Bridges, partial dentures and full dentures are a benefit once in a 5 year period
 - Crowns and bridges are not a benefit for children under the age of 16
 - Relines or rebases are benefits twice in a five year period
- Orthodontic:
 - For dependent children ONLY, through the end of the month age 19 is attained

EXCLUSIONS

- Before the date the Subscriber's dental coverage starts
- For procedures covered by medical policy benefits
- Developmental malformation, acquired malformation and cosmetic procedures and treatment
- Prosthetic services are not a replacement for 5 years
- Periodontal splinting
- Procedures performed to change or restore vertical dimension, lost as a result of abrasion or attrition
- Overdentures, temporary full dentures
- Cosmetic dentistry, acid etch, laminates, bite guards, athletic mouthguards and precision attachments
- Temporomandibular Joint Disturbances
- Pre-medication, analgesia or conscious sedation
- General anesthesia, except when medically necessary and when the treatment is performed by a dentist
- The removal and/or maintenance of implants

****Complete details explained in the Master Contract on file with your group. These benefits are also available in booklet form upon request.**

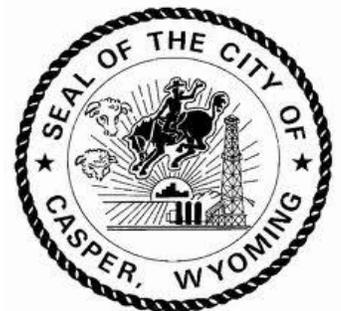
Delta Dental of Wyoming

P.O. Box 29 * 6234 Yellowstone Rd * 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

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.

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®.

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

Contact us.
vsp.com
800.877.7195



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

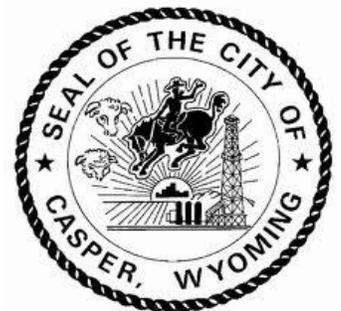
Benefit	Description	Copay	Frequency
Your Coverage with a VSP Doctor			
WellVision Exam	<ul style="list-style-type: none"> Focuses on your eyes and overall wellness 	\$10	Every 12 months
Prescription Glasses		\$25	See frame and lenses
Frame	<ul style="list-style-type: none"> \$130 allowance for a wide 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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LIFE

Cigna



Basic & Voluntary Term Life, Basic & Voluntary Personal Accident Insurance Overview

Prepared for the employees of City of Casper



What would happen to your family if you and your income were gone?

- Could they maintain their standard of living?
- Pay for college tuition?
- Household bills?
- What about monthly mortgage or rent?

Three in 10 households carry no life insurance on anyone in the household.

Household Trends in U.S. Life Insurance Ownership. LIMRA, 2010

Half of U.S. households now believe they are underinsured.

Household Trends in U.S. Life Insurance Ownership. LIMRA, 2010

Basic Term Life Insurance Coverage – paid by your employer

Employee - If you are an active, full-time employee, excluding employees classified as an Executive or Senior Executive and work at least 40 hours per week for your employer, you are eligible for coverage on the first of the month after 30 days of active service.

- Benefit Amount and Maximum – 1X Annual Compensation, to a maximum of \$32,000
- Guaranteed Coverage Amount – 1X Annual Compensation, to a maximum of \$32,000
- Benefit Reduction Schedule – Benefits will reduce to 65% at age 65, 45% at age 70, and 25% at age 75.

Basic Dependent Term Life Insurance Coverage – paid by you

- Spouse - Flat \$2,000
- Benefit Reduction Schedule – Benefits will reduce to 65% at age 65, 45% at age 70, and 25% at age 75.
- Unmarried, Dependent Children - Birth to 14 days - \$500, 14 days to 26 years \$1,000

Voluntary Term Life Insurance Coverage – paid by you

Employee – If you are an active, full-time employee, excluding employees classified as an Executive or Senior Executive and work at least 40 hours per week for your employer, you are eligible for coverage on the first of the month after 30 days of active service.

- Benefit Amount – Units of \$10,000
- Guaranteed Coverage Amount – \$300,000
- Maximum – \$500,000
- Benefit Reduction Schedule – Benefits will reduce to 65% at age 65, 45% at age 70, and 25% at age 75.

Your Spouse — Is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – Units of \$10,000
- Guaranteed Coverage Amount - \$30,000
- Maximum – \$250,000, not to exceed 100% of the employee's coverage amount
- Benefit Reduction Schedule – Benefits will reduce to 65% at age 65, 45% at age 70, and 25% at age 75.

Your Unmarried, Dependent Children — Under age 26, as long as you apply for and are approved for coverage for yourself.

- Benefit Amount – Birth to 14 days: \$500
14 days to 26 years: \$10,000
- Maximum – \$10,000

No one may be covered more than once under this plan.

Guaranteed Coverage for Voluntary Term Life Insurance Coverage

Guaranteed Coverage Amount is the amount of coverage you can elect without answering any medical questions or taking a health exam. Guaranteed Coverage is only available during Initial Enrollment and other times as approved. If you apply for coverage that is above the Guaranteed Coverage Amount, or if you are applying for coverage after 31 days after you become eligible, you must fill out a Medical Evidence of Insurability form. All dependent child benefits are guaranteed issue.

How Much Your Coverage will Cost per Month for Voluntary Life & Voluntary Accident

Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Age	Employee Cost Per \$1,000	Spouse Cost Per \$1,000	Benefit	Premium Cost
<20	\$0.09	\$0.103	50-54	\$0.429	\$0.294	Voluntary Child per \$1,000 of Coverage Elected	\$0.27
20-24	\$0.125	\$0.138	55-59	\$0.671	\$0.684		
25-29	\$0.125	\$0.138	60-64	\$1.013	\$1.026		
30-34	\$0.125	\$0.138	65-69	\$1.696	\$1.709		
35-39	\$0.146	\$0.159	70+	\$3.427	\$3.44		
40-44	\$0.197	\$0.21					
45-49	\$0.281	\$0.251					

* Costs are subject to change

Cost Calculation Example

	Age	Monthly Cost per \$1,000		Benefit				Monthly Cost
Example	33	.125	X	100,000	÷	1,000	=	\$12.50
<i>Yours</i>			X		÷	1,000	=	

Other Coverage Features

Accelerated Death Benefit — Terminal Illness

If you or your spouse is diagnosed by two unaffiliated physicians as terminally ill with a life expectancy of 12 months or less, the benefit for terminal illness provides for up to 75% of the Term Life Insurance coverage amount in force or \$399,000, whichever is less, to be paid to the insured. This benefit is payable only once in the insured's lifetime, and will reduce the life insurance death benefit.

If your active service ends due to disability, at age 60 or over, your coverage will continue while you are disabled. Benefits will remain in force until the earliest of: the date you are no longer disabled, the date the policy terminates, the date you are Disabled for 12 consecutive months, or the day after the last period for which premiums are paid.

You are considered disabled if, because of injury or sickness, you are unable to perform all the material duties of your Regular Occupation, or you are receiving disability benefits under your Employer's plan.

Continuation for Disability for Employees Age 60 or over

Extended Death Benefit



The extended death benefit ensures that if you become disabled prior to age 60, and die before it is determined if you qualify for Waiver of Premium, we will pay the life insurance benefit if you remain disabled during that period. If you qualify for this benefit and have insured your spouse or children, their coverage is also extended. No additional premium payment is required for the extended coverage.

Waiver of Premium

If you are totally disabled prior to age 60 and can't work for at least 9 months, you won't need to pay premiums for your coverage while you are disabled, provided the insurance company approves you for this benefit. You are considered totally disabled when you are completely unable to engage in any occupation for wage or profit because of injury or sickness. This benefit will remain in force until age 65, subject to proof of continuing disability each year. If you qualify and have insured your spouse or children, their premium is also waived.

Rehabilitation During a Period of Disability

If the insurance company determines that you are a suitable candidate for rehabilitation, the insurance company may require you to participate in an assessment and rehabilitation plan, not to exceed 18 months. A rehabilitation plan may consist of educational, vocational or physical rehabilitation or may include modified work or work on a part-time basis. If you refuse such assistance without good cause (a medical reason

preventing participation, in whole or in part, in the rehabilitation plan), insurance under this plan will end.

Conversion

If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Family members may convert their coverage as well. Converted policies are subject to certain benefits and limits as outlined in the conversion brochure which may be requested as needed. Premiums may change at this time.

Portability

This plan allows you to continue all of your voluntary coverage if you leave your employer. Premiums may change at this time. Just pay your premiums directly to the insurance company. Coverage may be continued for you and your spouse until age 70. Coverage may also be continued for your children.

Exclusions

Voluntary life insurance will not be paid if loss of life is the result of suicide that occurs within the first two years of coverage.

Personal Accident Insurance Coverage

Basic Personal Accident Insurance Coverage – paid by your employer

Employee - If you are an active, full-time employee, excluding employees classified as an Executive or Senior Executive and work at least 40 hours per week for your employer, you are eligible for coverage on the first of the month after 30 days of active service.

- Benefit Amount and Maximum – 1X Annual Compensation rounded to the nearest \$1,000 if not already a multiple, to a maximum of \$32,000
- Benefit Reduction Schedule – Benefits will reduce to 65% at age 65, 45% at age 70, and 25% at age 75.

Voluntary Personal Accident Insurance Coverage – paid by you

Employee - If you are an active, full-time employee, excluding employees classified as an Executive or Senior Executive and work at least 40 hours per week for your employer, you are eligible for coverage on the first of the month after 30 days of active service.

- Benefit Amount – An amount equal to the approved voluntary life insurance
- Benefit Reduction Schedule – Providing you are still employed, your benefits will reduce to 65% at age 65, 45% at age 70, and 25% at age 75.

Your Spouse — Is eligible provided that you apply for and are approved for coverage for yourself.

- Benefit Amount – An amount equal to the approved voluntary life insurance
- Benefit Reduction Schedule – Providing you are still employed, your benefits will reduce to 65% at age 65, 45% at age 70, and 25% at age 75.

Your Unmarried, Dependent Children — Under age 26, as long as you apply for and are approved for coverage

for yourself.

- Benefit Amount – An amount equal to the approved voluntary life insurance

No one may be covered more than once under this plan.

You may need to request changes to your existing coverage if, in the future, you no longer have dependents who qualify for coverage. We will refund premium if you do not notify us of this and it is determined at the time of a claim that premium has been overpaid.

A Valuable Combination of Benefits

To help survivors of severe accidents adjust to new living circumstances, we will pay benefits according to the chart below.

If, within 365 days of a covered accident, bodily injuries result in:	We will pay this % of the benefit amount:
Loss of life	100%
Total paralysis of upper and lower limbs, or Loss of any combination of two: hands, feet or eyesight, or Loss of speech and hearing in both ears	100%
Total paralysis of both lower or upper limbs	75%
Total paralysis of upper and lower limbs on one side of the body, or Loss of hand, foot or sight in one eye, or Loss of speech or loss of hearing in both ears, or Severance and Reattachment of one hand or foot	50%
Total paralysis of one upper or lower limb, or Loss of all four fingers of the same hand, or Loss of thumb and index finger of the same hand	25%
Loss of all toes of the same foot	20%

Only one benefit (the largest) will be paid for losses from the same accident.

Additional Benefits of Personal Accident Insurance

For Wearing a Seatbelt & Protection by an Airbag

Additional 10% benefit but not more than \$10,000 if the covered person dies in an automobile accident while wearing a seatbelt or approved child restraint. We will increase the benefit by an additional 10% but not more than \$10,000 if the insured person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag).

For Comas

1% of full benefit amount, for up to 11 months, if you, your spouse, or your children are in a coma for 30 days or more as a result of a covered accident. If the covered person is still in a coma after 11 months, or dies, the full benefit amount will be paid.

For Exposure & Disappearance

Benefits are payable if you or an insured family member suffer a covered loss due to unavoidable

exposure to the elements as a result of a covered accident.

If your or an insured family member's body is not found within one year of the disappearance, wrecking or sinking of the conveyance in which you or an insured family member were riding, on a trip otherwise covered, it will be presumed that you sustained loss of life as a result of a covered accident.

What is Not Covered

Self-inflicted injuries or suicide while sane or insane; commission or attempt to commit a felony or an assault; any act of war, declared or undeclared; any active participation in a riot, insurrection or terrorist act; bungee jumping; parachuting; skydiving; parasailing; hang-gliding; sickness, disease, physical or mental impairment, or surgical or medical treatment thereof, or bacterial or viral infection; voluntarily using any drug, narcotic, poison, gas or fumes except one

prescribed by a licensed physician and taken as prescribed; while operating any type of vehicle while under the influence of alcohol or any drug, narcotic or other intoxicant including any prescribed drug for which the covered person has been provided a written warning against operating a vehicle while taking it; while the covered person is engaged in the activities of active duty service in the military, navy or air force of any country or international organization (this does not include Reserve or National Guard training, unless it extends beyond 31 days); traveling in an aircraft that is owned, leased or controlled by the sponsoring organization or any of its subsidiaries or affiliates; air travel, except as a passenger on a regularly scheduled commercial airline or in an aircraft being used by the Air Mobility Command or its foreign equivalent; being flown by the covered person or in which the covered person is a member of the crew.

When Your Coverage Begins and Ends

Coverage becomes effective on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any

necessary payroll deductions. Your coverage will not begin unless you are actively at work on the effective date. Dependent coverage will not begin for any dependent who on the effective date is hospital or home confined; receiving chemotherapy or radiation treatment; or disabled and under the care of a physician. Coverage will continue while you and your dependents remain eligible, the group policy is in force, and required premiums are paid.

Conversion

If, before you reach age 70, this group coverage is reduced or ends for any reason except non-payment of premium or age, you can convert to an individual policy. No medical certification is needed. To continue coverage, you must apply for the conversion policy and pay the first premium in effect for your age and occupation within 31 days after your group coverage ends. Family members may convert their coverage as long as they have not reached the maximum age limitation. Converted policies are subject to certain benefits and limits as outlined in your certificate, should you become insured under the plan.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of coverage are set forth in Group Policy No. FLX-965050, FLX-965049, OK-966649 and OK-966650. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. "Cigna" and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2013

DISABILITY

Cigna



Short-term Disability Insurance Overview

Prepared for the employees of City of Casper



Short-term Disability Insurance Coverage – *paid by your employer*

Eligibility – Active, full-time employees of the employer regularly working a minimum of 40 hours per week excluding employees represented by a bargaining unit, will become eligible on the first of the month after 30 days of active service.

Weekly Benefit – This plan pays a benefit of up to 67% of your weekly covered earnings — to a maximum of \$700 per week. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the “Effects of Other Income Benefits” section.

Definition of Disability – Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your covered earnings from working in your regular occupation. We will require proof of earnings and continued disability.

Covered Earnings – Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

Elimination Period – You must be disabled for 30 days from either accident or sickness.

Cost – The cost of this insurance program is paid by your employer.

Effects of Other Income Benefits – The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.
- Amounts payable under the Railroad Retirement Act.
- Amounts payable under any local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.
- Amounts payable by company sponsored sick leave or salary continuation plan.
- Amounts payable by any franchise or group insurance or similar plan.
- Benefits payable under work-loss provisions of any mandatory “no fault” auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.

Forty-two percent of Americans live paycheck-to-paycheck.

CareerBuilder, 2011 Survey

60 percent of Americans do not have a “rainy day” fund to cover three months of unanticipated financial emergencies.

FINRA Foundation State-by-state Financial Capability Survey, 2011

- Income sources that **WILL NOT** reduce your benefits under this plan are:
 - Benefits paid by personal, individual disability income policies.
 - Individual deferred compensation agreements.
 - Employee savings plans, including thrift plans, stock options or stock bonuses.
 - Individual retirement funds, such as IRA or 401(k) plans.
 - Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

Additional Plan Details

Earnings While Disabled

Benefits will be reduced for any week that benefits plus income from employment exceeds 100% of weekly covered earnings.

Benefit Duration

Once you qualify for benefits under this plan, you continue to receive them until the end of the 22 week benefit period, or until you no longer qualify for benefits, whichever occurs first.

Termination of Disability Benefits

Your benefits will terminate on the earliest of any of the following dates: the date the insurance company determines you are no longer disabled; the date you earn from any occupation more than the percentage of indexed earnings as defined in your definition of disability; the date the maximum benefit period ends; the date you cease to get appropriate care; the date you die; the date you refuse to participate without good cause in all required phases of the rehabilitation plan; the date you fail to cooperate with us in the administration of the claim. Benefits may be resumed if you begin to cooperate in the rehabilitation plan within 30 days of the date benefits terminated.

Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; cosmetic surgery or medically unnecessary surgical procedures; an injury or sickness for which you are entitled to benefits from Workers' Compensation or occupational disease law; an injury or sickness that is work-related; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

Plan Termination

Coverage terminates if the group policy is terminated, if you cease to be in active service, if you are no longer a member of an eligible class of employees, the day after the last date for which premium has been paid by you or the employer, or the date you become eligible for a plan of benefits intended to replace this coverage.

If you are disabled and receiving benefits under this plan, your benefits and coverage will continue until the expiration of your benefit period, or until you no longer qualify for benefits under the plan, whichever comes first.

When Coverage Takes Effect

Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of insurance are set forth in Group Policy No. LK-751256. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. "Cigna" and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2013



Long-term Disability Insurance Overview

Prepared for the employees of City of Casper



Long-term Disability Insurance Coverage – *paid by your employer*

Eligibility – Active, full-time employees of the employer regularly working a minimum of 40 hours per week excluding employees represented by a bargaining unit, will become eligible on the first of the month after 30 days of active service.

Monthly Benefit – This plan pays a benefit of up to 67% of your monthly covered earnings — to a maximum of \$5,000 per month. Your benefit amount will be reduced by any amounts payable to you by any of the sources listed under the “Effects of Other Income Benefits” section.

Definition of Disability – Disability means that, solely because of a covered injury or sickness, you are unable to perform the material duties of your regular occupation and you are unable to earn 80% or more of your indexed earnings from working in your regular occupation. After benefits have been payable for 24 months, you are considered disabled if solely due to your injury or sickness, you are unable to perform the material duties of any occupation for which you are (or may reasonably become) qualified by education, training or experience, and you are unable to earn 60% or more of your indexed earnings. We will require proof of earnings and continued disability.

Covered Earnings – Covered earnings means your wages or salary, not including bonuses, commissions and other extra compensation.

Elimination Period – You must be disabled for 180 days before benefits may be payable.

Benefit Duration – Once you qualify for benefits under this plan, you continue to receive them until the end of the benefit period shown below, or until you no longer qualify for benefits, whichever occurs first.

Your benefit period begins on the first day after you complete your elimination period. And, should you remain disabled, your benefits continue according to the following schedule, depending on your age at the time you become disabled.

Maximum Benefit Period – The later of employee’s SSNRA* or the Maximum Benefit Period Listed below.

Age at Disability	Age 62 or younger	63	64	65	66	67	68	69+
Duration of Payments (months)	To age 65 or the date the 42 nd monthly benefit is payable, if later	36	30	24	21	18	15	12

*SSNRA means the Social Security Normal Retirement Age in effect under the Social Security Normal Retirement Act on the Policy Effective Date.

Forty-two percent of Americans live paycheck-to-paycheck.

CareerBuilder, 2011 Survey

60 percent of Americans do not have a “rainy day” fund to cover three months of unanticipated financial emergencies.

FINRA Foundation State-by-state Financial Capability Survey, 2011



Termination of Disability Benefits

Your benefits will terminate on the earliest of any of the following dates: the date the insurance company determines you are no longer disabled; the date you earn from any occupation more than the percentage of indexed earnings as defined in your definition of disability; the date the maximum benefit period ends; the date you cease to get appropriate care; the date you die; the date you refuse to participate without good cause in all required phases of the rehabilitation plan; the date you fail to cooperate with us in the administration of the claim. Benefits may be resumed if you begin to cooperate in the rehabilitation plan within 30 days of the date benefits terminated.

Cost – The cost of this insurance program is paid by your employer.

Effects of Other Income Benefits – The disability benefit provided by this plan is a total benefit; that is, it will be reduced by any disability benefits payable on behalf of you or your dependents, or a qualified third party on behalf of you or your dependents, whether or not you are actually receiving them.

Other income sources that may reduce your benefits under this plan include:

- Any Social Security disability or retirement benefits you or any third party receive (or are assumed to receive) on your own behalf; or which your dependents receive (or are assumed to receive) because of your entitlement to such benefits.
- Benefits payable by a Canadian and/or Quebec provincial pension plan.
- Amounts payable under the Railroad Retirement Act.
- Amounts payable under local, state, provincial or federal government disability or retirement plan or law as it pertains to the employer.
- Employer-paid portion of company retirement plan benefits.
- Amounts payable by company sponsored sick leave or salary continuation plan.
- Amounts payable by any franchise or group insurance or similar plan.
- Benefits payable under work-loss provisions of any mandatory “no fault” auto insurance.
- Any amounts paid on account of loss of earnings or earning capacity through settlement, judgment, arbitration or otherwise, where a third party may be liable, regardless of whether liability is determined.
- Amounts payable under any workers’ compensation (including temporary or permanent disability benefits), occupational disease, and unemployment compensation. This includes damages, compromises or settlements paid in place of such benefits, whether or not liability is admitted.

Income sources that **WILL NOT** reduce your benefits under this plan are:

- Benefits paid by personal, individual disability income policies.
- Individual deferred compensation agreements.
- Employee savings plans, including thrift plans, stock options or stock bonuses.
- Individual retirement funds, such as IRA or 401(k) plans.
- Profit-sharing, investment or other retirement or savings plans maintained in addition to an employer-sponsored pension plan.

Additional Plan Details

Earnings While Disabled

During the first 24 months that benefits are payable, benefits will be reduced if benefits plus income from employment exceeds 100% of pre-disability covered earnings. After that, benefits will be reduced by 50% of earnings from employment.

Pre-existing Conditions

Benefits are not payable for medical conditions for which you incurred expenses, took prescription drugs, received medical treatment, care or services (including diagnostic measures,) or for which a reasonable person would have consulted a physician during the 3 months just prior to the most recent effective date of insurance.

Benefits are not payable for any disability resulting from a pre-existing condition unless the disability occurs after you have been insured under this plan for at least 12 months after your most recent effective date of insurance.

Limited Benefit Period

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months: Anxiety-disorders, delusional (paranoid) or depressive disorders, eating disorders, mental illness, somatoform disorders (including psychosomatic illnesses).

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

Disabilities caused by or contributed to by any one or more of the following conditions are subject to a lifetime limit of 24 months: Alcoholism, drug addiction or abuse.

Benefits are payable during periods of hospital confinement for these conditions for hospitalizations lasting more than 14 consecutive days that occur before the 24-month lifetime limit is exhausted. Once the 24-month benefits are exhausted, the plan pays no further benefits.

Exclusions

This plan does not pay benefits for a disability which results, directly or indirectly, from any of the following: Suicide, attempted suicide, or whenever you injure yourself on purpose; war or any act of war, whether or not declared; active participation in a riot; commission of a felony; the revocation, restriction or non-renewal of your license, permit or certification necessary for you to perform the duties of your occupation, unless solely due to injury or sickness otherwise covered by the policy.

In addition, we will not pay disability benefits for

any period of disability during which you are incarcerated in a penal or corrections institution for any reason.

Plan Termination

Coverage terminates if the group policy is terminated, if you cease to be in active service, if you are no longer a member of an eligible class of employees, the day after the last date for which premium has been paid by you or the employer, or the date you become eligible for a plan of benefits intended to replace this coverage.

If you are disabled and receiving benefits under this plan, your benefits and coverage will continue until the expiration of your benefit period, or until you no longer qualify for benefits under the plan, whichever comes first.

When Coverage Takes Effect

Your coverage takes effect on the later of the program's effective date, the date you become eligible, the date we receive your completed enrollment form, or the date you authorize any necessary payroll deductions.

If you have to submit evidence of good health, your coverage takes effect on the date we agree, in writing, to cover you.

If you're not actively at work on the date your coverage would otherwise take effect, you'll be covered on the date you return to work.

Family Survivor Benefit

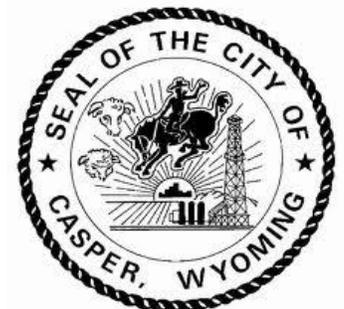
If you die while receiving disability benefits, we will pay a survivor benefit based on 100% of the total of your last month's benefit plus the amount of any disability earnings by which this benefit had been reduced for that month. This plan pays a single lump sum equal to 3 months of benefits. We pay this benefit directly to your lawful spouse, or to your children in equal shares, if there is no lawful spouse. If you have no lawful spouse or children, we pay this benefit to your estate.

This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of insurance are set forth in Group Policy No. LK-963512. Please refer to your Certificate of Insurance or Summary Plan Description for more detailed information. Coverage is underwritten by Life Insurance Company of North America, a Cigna company. "Cigna" and the Tree of Life logo are registered service marks of Cigna Intellectual Property, Inc. © Cigna 2013



FLEXIBLE SPENDING ACCOUNT

National Benefit Services



FLEXIBLE BENEFITS PLAN

City of Casper

HIGHLIGHTS

City of Casper has established a "Flexible Benefits Plan" to help you pay for your out-of-pocket medical expenses. One of the most important features of our Plan is that the benefits being offered are generally ones that you are already paying for, but normally with money that has first been subject to income and Social Security taxes. Under our Plan, these same expenses will be paid for with a portion of your pay before Federal income or Social Security taxes are withheld. This means that you will pay less tax and have more money to spend and save. However, if you received a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

GENERAL PLAN INFORMATION

Plan Name:

**City of Casper
Flexible Benefits Plan**

Address:..... 200 North David
Casper, WY 82601

Telephone: (307)235-8228

Tax I.D. Number:.....83-6000049

Plan Number:..... 501

Plan Effective Date:1/1/1992

Amended:.....1/1/2013

Plan Year End:.....December 31st

Maximum Medical Limit:.....\$2,500

Maximum Dependent Care Limit:.....\$5,000

Grace Period:..... 75 Days

Run-out Period:..... 90 Days

Plan Administrator:..... City of Casper

Company Contact:Becky Nelson

CONTRIBUTIONS

Before each Plan Year begins, you will select the benefits you want and how much of the contributions should go toward each benefit. It is very important that you make these choices carefully based on what you expect to spend on each covered benefit or expense during the Plan Year.

Generally, you cannot change the elections you have made after the beginning of the Plan Year. However, there are certain limited situations when you can change your elections if you have a "change in status". Please refer to your Summary Plan Description for a change in status listing.

ELIGIBILITY

If you work for the company 40 hours a week, when averaged over a successive twelve (12) month period either in a regular or temporary position, you will be eligible to join the Plan following 30 days of employment.

You will enter the Plan on the first day of the month following 30 days of employment.

BENEFITS

Under our Plan, you can choose the following benefits.

Health Flexible Spending Account:

The Health Flexible Spending Account (FSA) enables you to pay for expenses allowed under Section 105 and 213(d) of the Internal Revenue Code which are not covered by our insured medical plan and save taxes at the same time. The most that you can contribute to your Health Flexible Spending Account each Plan Year is \$2,500.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work-related dependent day-care cost with pre-tax dollars. Please see Summary Plan Description for definition of eligible dependent. The law places limits on the amount of money that can be paid to you in a calendar year. Generally, your reimbursement may not exceed the lesser of: (a) \$5,000 (if you are married filing a joint return or you are head of a household) or \$2,500 (if you are married filing separate returns; (b) your taxable compensation; (c) your spouse's actual or deemed earned income. Also, in order to have the reimbursements made to you from this account be excludable from your income, you must provide a statement from the service provider including the name, address, and in most cases, the taxpayer identification number of the service provider on your tax form for the year, as well as the amount of such expense as proof that the expense has been incurred.

Premium Expense Account:

A Premium Expense Account allows you to use tax-free dollars to pay for certain premium expenses under various insurance programs that we offer you.

Please note: Policies other than company sponsored policies (i.e. spouse's or dependents' individual policies etc.) may not be paid through the Flexible Benefits Plan. Furthermore, qualified long-term care insurance plans may not be paid through the Flexible Benefits Plan.

BENEFITS PAYMENT

During the course of the Plan Year, you may submit requests for reimbursement of expenses you have incurred. Expenses are considered "incurred" when the service is performed, not necessarily when it is paid for. You can get a claim form at www.NBSbenefits.com for reimbursement.

Any monies left at the end of the Plan year will be forfeited. You must submit claims no later than 90 Days after the end of the Plan Year for the Health Flexible Spending Account and the Dependent Care Flexible Spending Account. However, if you have unused contributions in your Health Care Expense Account from the immediately preceding plan year, and you incur qualified medical care expenses during the grace period; you may be reimbursed for those expenses as if the expenses had been incurred in the prior plan year.

HIGHLY COMPENSATED & KEY EMPLOYEES

Under the Internal Revenue Code, "highly compensated employees" and "key employees" generally are Participants who are officers, shareholders or highly paid.

If you are within these categories, the amount of contributions and benefits for you may be limited so that the Plan as a whole does not unfairly favor those who are highly paid, their spouses or their dependents. Please refer to your Summary Plan Description for more information. You will be notified of these limitations if you are affected.

FAMILY AND MEDICAL LEAVE ACT

Notwithstanding anything in the Plan to the contrary, in the event any benefit under this Plan becomes subject to the requirements of the Family and Medical Leave Act of 1993 and regulations thereunder, this Plan shall be operated in accordance with proposed Regulation 1.125-3.

ADDITIONAL PLAN INFORMATION

As a participant in the Plan, you are entitled to certain rights and protections under the Employee Retirement Income Security Act of 1974 (ERISA). Please refer to your Summary Plan Description for more information on your ERISA rights. Terminated Employees have 60 Days after their date of termination to submit receipts for services prior to their termination date.

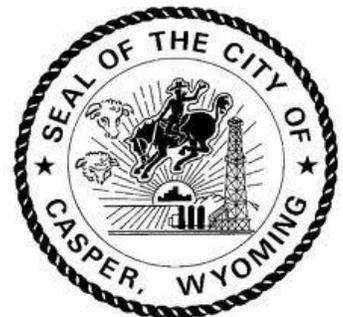
Updated 11/1/2012



(801) 532-4000 - Salt Lake City, UT

EFAP

*City of Casper
Employee Family and
Assistance Program*



Life isn't always easy, EFAP can help.

Did You Know?

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

Employees and family members who use the counseling office of the EFAP can be assured of receiving confidential assistance from professional counselors. Information will not be given to your employer unless you desire it. **There is no limit to the number of times you can use the service.**



Who is Eligible?

All City employees are eligible for free counseling services.

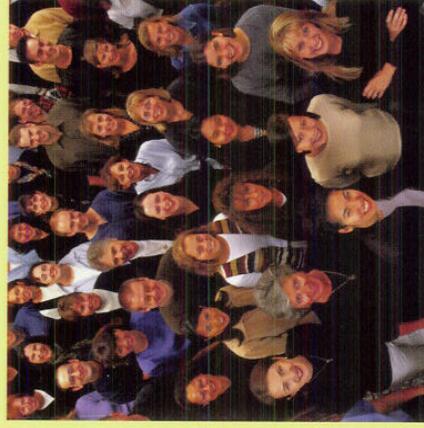
Full time employees, retirees and their immediate family members are eligible for free counseling at Three Trails EFAP.

Part-time and seasonal employees can arrange for free counseling services at Central Wyoming Counseling Center by calling them at 237-9583.

Some concerns that may be brought to EFAP are, but are not limited to:

- Emotional/Psychological Issues
- Relationship Challenges
- Alcohol and/or Drug Abuse
- Parent/Child Conflicts

As a client of the EFAP, you will have your concerns thoroughly addressed. If your needs cannot be adequately handled in a timely manner or fall outside of the expertise of the EFAP counselor, you will be given an appropriate referral. In these situations, your counselor will help you find the proper help for your particular concerns. Any financial obligation from fees by outside referrals is the responsibility of the client. You may return for follow-up after receiving services elsewhere.

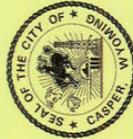


To Make an Appointment at Three Trails EFAP

You can call 237-5750 anytime during Three Trails office hours to schedule an appointment. The office is closed from noon to 1pm Monday through Thursday, though appointments during this time can be arranged.

The person being seen is encouraged to make the appointment themselves, though not required. A voice mail can be left during non-business hours and the call will be returned as soon as possible. You are asked to arrive fifteen minutes early for your first appointment to fill out necessary forms so we can serve you better.

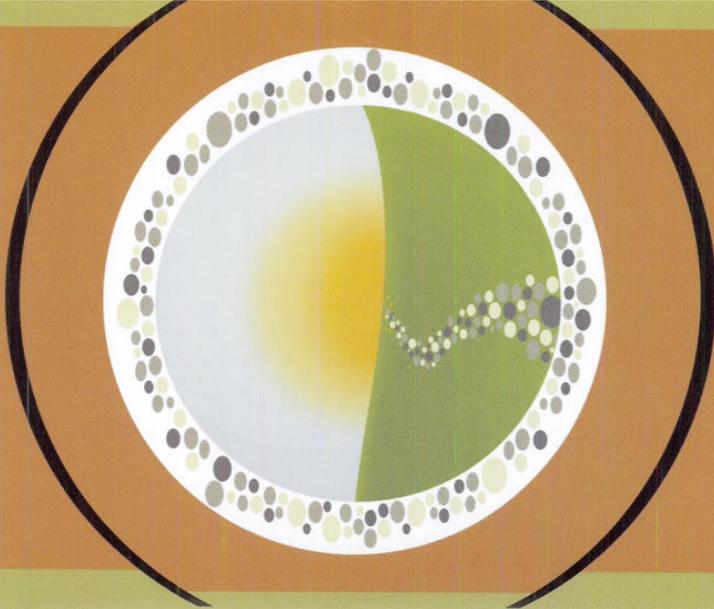
Three Trails EFAP
812 South David Street
Casper, WY 82601
(307) 237-5750
<http://threetrailsefap.com/>



City of Casper Employee Family and Assistance Program Committee

200 N. David
Casper, WY 82601
(307) 235-8274

efapcommittee@cityofcasperwy.com



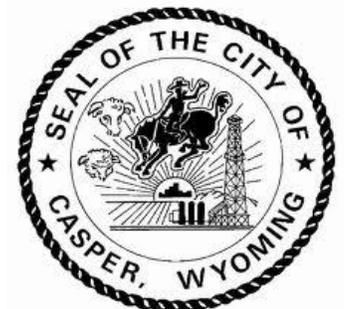
City of Casper

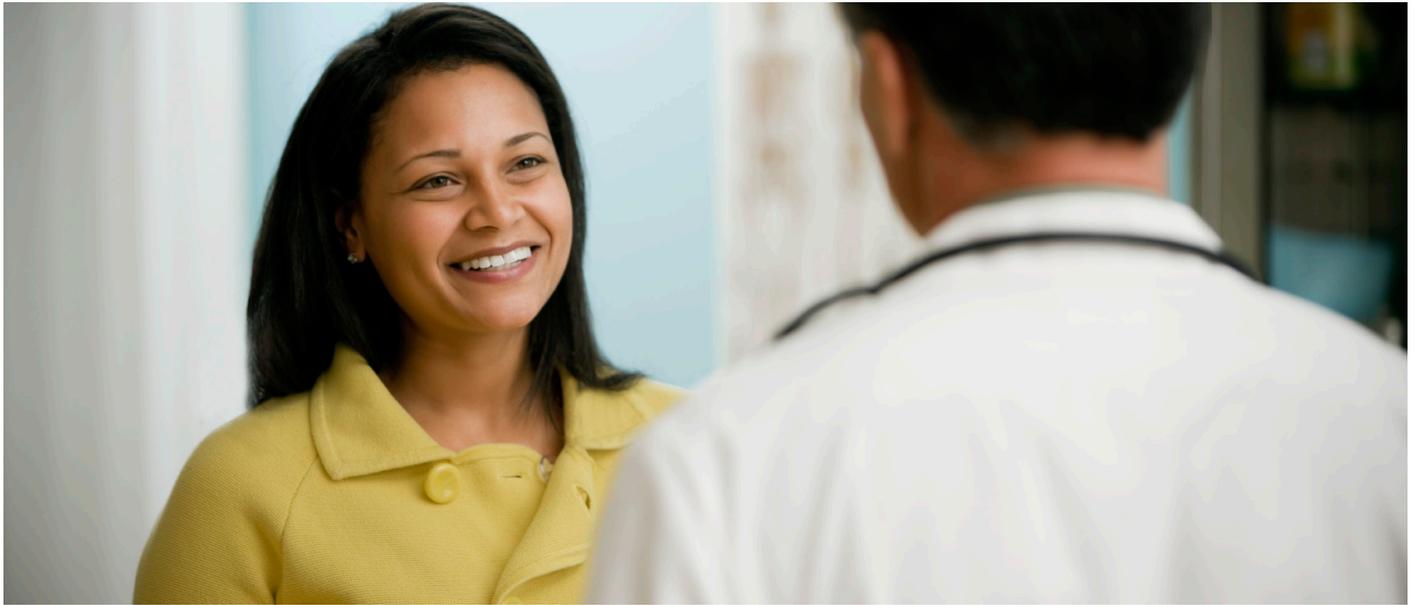
Employee and Family Assistance Program



To schedule an appointment:
(307) 237-5750

ADDITIONAL INFORMATION





Preventive Care Coverage

The following is a list of services considered preventive when billed with a preventive diagnosis code by your doctor. Unless otherwise indicated, these services are generally covered once every 12 months. Consult your doctor for recommended screening guidelines.

Adult Preventive Services

(Ages 18 and older)

Laboratory Tests

- Basic Metabolic Panel / Comprehensive Metabolic Panel
- General Health Panel
- Complete Blood Count (CBC)
- Thyroid (TSH)
- Prostate Cancer (PSA)
- Diabetes Screening
- Urinalysis
- Cholesterol Screening
- Gonorrhea Screening
- Human Papillomavirus (HPV) Testing
- Chlamydia Screening
- Human Immunodeficiency Virus (HIV) Screening
- Syphilis Screening
- Tuberculosis (TB) Testing

Procedures

- Pap Smear
- Screening Mammogram
- Colon Cancer Screening
- Abdominal Aortic Aneurysm (males only, once between ages 65 and 75)
- Bone Density/DEXA (once every two years in women ages 60 and older)

Examinations / Counseling

- Physical Examination
- Eye Exam
- Tobacco Use Counseling
- Alcohol Misuse Screening and Counseling
- Hearing Screening (ages 65 and older)
- Glaucoma Screening
- Sexually Transmitted Infections, Counseling
- Dietary Counseling (only for certain diet-related chronic diseases)

Immunizations

- Influenza
- Tetanus or Tetanus, Diphtheria, and Pertussis (Td, Tdap)
- Pneumococcal
- Hepatitis A
- Meningitis
- Zoster (ages 60 and older)
- Human Papilloma Virus (HPV) (ages 9 to 26)

Contraception

- Diaphragms
- Cervical Caps
- IUDs
- Generic Oral Contraceptives
- Plan B

Preventive Care Coverage

Pediatric Preventive Services

(Younger than age 18)

Examinations / Counseling

- Well-Child Visit (preventive when billed on the following schedule: birth; 2 to 4 days; 2 to 4 weeks; 2, 4, 6, 9, 12, 15, and 18 months; ages 2, 2 ½; once a year from ages 3 to 18)
- Eye Exam
- Developmental Testing
- Newborn Hearing Screening (younger than age one)
- Hearing Screening (ages 10 and younger)

Laboratory Tests

- Newborn Metabolic Screening (younger than age one)
- PKU Screening (younger than age one)
- Thyroid (younger than age one)
- Sickle Cell Disease Screening (younger than age one)
- Lead Screening
- HIV Screening
- TB Testing

Immunizations (as recommended by the CDC/ACIP)

- Measles, Mumps, Rubella (MMR)
- Diphtheria, Tetanus, Pertussis (Dtap, DT, DTP)
- Haemophilus Influenzae Type B (Hib, DtaP-Hib-IPV, DTP-Hib, Dtap-Hib)
- Hepatitis B (HepB)
- Polio (OPV, IPV, DtaP-Hep-LPV)
- Influenza
- Pneumococcal
- Hepatitis A
- Hepatitis B
- Meningitis
- Varicella (including MMVR)
- Rotavirus
- Human Papilloma Virus (HPV) (ages 9 to 26)

Obstetrical Preventive Services

(Younger than age 18)

These tests are specific to pregnant women. To determine which additional non-obstetrical services may be considered preventive, please refer to the Adult or Pediatric Preventive Services lists.

Laboratory Tests

- Iron Deficiency Anemia Screening
- Diabetes Screening
- Urine Study to Detect Asymptomatic Bacteriuria (first prenatal visit or at 12 to 16 weeks gestation)
- Rubella Screening
- Rh(D) Incompatibility Screening
- Lead Screening
- Hepatitis B Infection Screening (at first prenatal visit)
- Gonorrhea Screening
- HPV Testing
- Chlamydia Screening
- HIV Screening
- Syphilis Screening
- TB Testing

Type of Preventive Service	HHS Guideline for Health Insurance Coverage	Frequency
Well-woman visits.	Well-woman preventive care visit annually for adult women to obtain the recommended preventive services that are age and developmentally appropriate, including preconception and prenatal care. This well-woman visit should, where appropriate, include other preventive services listed in this set of guidelines, as well as others referenced in section 2713.	Annual, although HHS recognizes that several visits may be needed to obtain all necessary recommended preventive services, depending on a woman's health status, health needs, and other risk factors.
Screening for gestational diabetes.	Screening for gestational diabetes.	In pregnant women between 24 and 28 weeks of gestation and at the first prenatal visit for pregnant women identified to be at high risk for diabetes.
Human papillomavirus testing.	High-risk human papillomavirus DNA testing in women with normal cytology results.	Screening should begin at 30 years of age and should occur no more frequently than every 3 years.
Counseling for sexually transmitted infections.	Counseling on sexually transmitted infections for all sexually active women.	Annual.
Counseling and screening for human immune-deficiency virus.	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
<p>Contraceptive methods and counseling.</p> <p>This includes:</p> <ul style="list-style-type: none"> (1) condoms; (2) Diaphragms; (3) Sponges; (4) Cervical Caps; (5) Spermicide; (6) Oral contraceptives – (e.g., the pill, mini-pill, and hormones); (7) the patch; (8) vaginal rings; (9) injections; (10) IUDs; (11) Implantable Rods; (12) sterilization surgery; and (13) sterilization implants. <p>This does NOT include: abortion or abortifacient drugs (but <u>does include</u> emergency contraception – Plan B, Plan B One Step, Ella, and Next Choice).</p>	All Food and Drug Administration approved contraceptive methods, sterilization procedures, and patient education and counseling for all women with reproductive capacity.	<p>As prescribed.</p> <p>Note: to the extent that a group determines that it satisfies the safe harbor requirements or does not intend to comply with the contraceptive mandates – please indicate specifically what contraceptive methods on this list, the group will not be covering.</p>
Breastfeeding support, supplies, and counseling.	Comprehensive lactation support and counseling, by a trained provider during pregnancy and/or in the postpartum period, and costs for renting breastfeeding equipment.	In conjunction with each birth.
Screening and counseling for interpersonal and domestic violence.	Screening and counseling for interpersonal and domestic violence.	Annual.

Important Information Regarding Health Care Reform and Changes to Your Benefits

Notice Lifetime Limit No Longer Applies and Enrollment Opportunity

The lifetime limit on the dollar value of benefits under this group health plan no longer applies. Individuals whose coverage ended by reason of reaching a lifetime limit under the plan are eligible to enroll in the plan. For more information contact Human Resources.

Notice of Opportunity to Enroll in connection with Extension of Dependent Coverage to Age 26

Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because of the availability of dependent coverage of children ended before attainment of age 26 are eligible to enroll in this group health plan coverage. Enrollment will be effective January 1, 2014. For more information, contact Human Resources.

Medicare Part D

IF...

- You or your spouse are age 65 or older;
- You or your spouse are eligible for Medicare due to having end stage renal disease, or
- You or your spouse are eligible for Medicare due to disability –

Then this information is for you

City of Casper has determined that the prescription drug coverage offered is expected to pay out as much as the standard Medicare prescription drug coverage will pay and is considered Creditable Coverage.

Because your existing coverage is at least as good as standard Medicare prescription drug coverage, you can keep this coverage and not pay extra if you later decide to enroll in Medicare prescription drug coverage.

Individuals can enroll in a Medicare prescription drug plan when they first become eligible for Medicare and each year from October 15th – December 7th.

You should also know that if you drop or lose your coverage through City of Casper and don't enroll in Medicare prescription drug coverage after your current coverage ends, you may pay more to enroll in Medicare prescription drug coverage later.

If you go 63 days or longer without prescription drug coverage that's at least as good as Medicare's prescription drug coverage, your monthly premium will go up at least 1% per month for every month that you did not have coverage. For example, if you go nineteen months without coverage, your premium will always be at least 19% higher than what many other people pay. You'll have to pay this higher premium as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to enroll.

For more information about this notice or your current prescription drug coverage...

If you have questions about this notice, check with your medical carrier at an Open Enrollment meeting or contact Human Resources. You will receive this notice annually and at other times in the future, such as before the next period you can enroll in Medicare prescription drug coverage, and if this coverage changes. You also may request a Certificate of Creditable Coverage.

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 prescription drug plans. For more information about Medicare prescription drug plans:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see 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.

**Medicaid and the Children’s Health Insurance Program (CHIP)
Offer Free or Low-Cost Health Coverage To Children And Families**

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage. These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, you can contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or **www.insurekidsnow.gov** to find out how to apply. If you qualify, you can ask the State if it has a program that might help you pay the premiums for an employer-sponsored plan.

Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer’s health plan is required to permit you and your dependents to enroll in the plan – as long as you and your dependents are eligible, but not already enrolled in the employer’s plan. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance.**

If you live in one of the following States, you may be eligible for assistance paying your employer health plan premiums. The following list of States is current as of January 31, 2011. You should contact your State for further information on eligibility –

ALABAMA – Medicaid	CALIFORNIA – Medicaid
Website: http://www.medicaid.alabama.gov Phone: 1-800-362-1504	Website: http://www.dhcs.ca.gov/services/Pages/TPLRD_CAU_cont.aspx Phone: 1-866-298-8443
ALASKA – Medicaid	COLORADO – Medicaid and CHIP
Website: http://health.hss.state.ak.us/dpa/programs/medicaid/ Phone (Outside of Anchorage): 1-888-318-8890 Phone (Anchorage): 907-269-6529	Medicaid Website: http://www.colorado.gov/ Medicaid Phone (In state): 1-800-866-3513 Medicaid Phone (Out of state): 1-800-221-3943 CHIP Website: http:// www.CHPplus.org CHIP Phone: 303-866-3243
ARIZONA – CHIP	
Website: http://www.azahcccs.gov/applicants/default.aspx Phone (Outside of Maricopa County): 1-877-764-5437 Phone (Maricopa County): 602-417-5437	
ARKANSAS – CHIP	FLORIDA – Medicaid
Website: http://www.arkidsfirst.com/ Phone: 1-888-474-8275	Website: http://www.fdhc.state.fl.us/Medicaid/index.shtml Phone: 1-877-357-3268
GEORGIA – Medicaid	MISSOURI – Medicaid
Website: http://dch.georgia.gov/ Click on Programs, then Medicaid Phone: 1-800-869-1150	Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005
IDAHO – Medicaid and CHIP	MONTANA – Medicaid
Medicaid Website: www.accesstohealthinsurance.idaho.gov Medicaid Phone: 1-800-926-2588 CHIP Website: www.medicaid.idaho.gov CHIP Phone: 1-800-926-2588	Website: http://medicaidprovider.hhs.mt.gov/clientpages/clientindex.shtml Phone: 1-800-694-3084
INDIANA – Medicaid	NEBRASKA – Medicaid
Website: http://www.in.gov/fssa Phone: 1-800-889-9948	Website: http://www.dhhs.ne.gov/med/medindex.htm Phone: 1-877-255-3092
IOWA – Medicaid	NEVADA – Medicaid and CHIP
Website: www.dhs.state.ia.us/hipp/ Phone: 1-888-346-9562	Medicaid Website: http://dwss.nv.gov/ Medicaid Phone: 1-800-992-0900 CHIP Website: http://www.nevadacheckup.nv.org/ CHIP Phone: 1-877-543-7669
KANSAS – Medicaid	
Website: https://www.khpa.ks.gov Phone: 1-800-792-4884	

KENTUCKY – Medicaid	NEW HAMPSHIRE – Medicaid
Website: http://chfs.ky.gov/dms/default.htm Phone: 1-800-635-2570	Website: www.dhhs.nh.gov/ombp/index.htm Phone: 603-271-4238
LOUISIANA – Medicaid	NEW JERSEY – Medicaid and CHIP
Website: http://www.lahipp.dhh.louisiana.gov Phone: 1-888-342-6207	Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 1-800-356-1561 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710
MAINE – Medicaid	
Website: http://www.maine.gov/dhhs/OIAS/public-assistance/index.html Phone: 1-800-321-5557	
MASSACHUSETTS – Medicaid and CHIP	NEW MEXICO – Medicaid and CHIP
Medicaid & CHIP Website: http://www.mass.gov/MassHealth Medicaid & CHIP Phone: 1-800-462-1120	Medicaid Website: http://www.hsd.state.nm.us/mad/index.html Medicaid Phone: 1-888-997-2583 CHIP Website: http://www.hsd.state.nm.us/mad/index.html Click on Insure New Mexico CHIP Phone: 1-888-997-2583
MINNESOTA – Medicaid	
Website: http://www.dhs.state.mn.us/ Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	
NEW YORK – Medicaid	TEXAS – Medicaid
Website: http://www.nyhealth.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: https://www.gethipptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA – Medicaid	UTAH – Medicaid
Website: http://www.nc.gov Phone: 919-855-4100	Website: http://health.utah.gov/upp Phone: 1-866-435-7414
NORTH DAKOTA – Medicaid	VERMONT – Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-800-755-2604	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA – Medicaid	VIRGINIA – Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Medicaid Website: http://www.dmas.virginia.gov/rcp-HIPP.htm _Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.famis.org/ CHIP Phone: 1-866-873-2647
OREGON – Medicaid and CHIP	WASHINGTON – Medicaid
Medicaid & CHIP Website: http://www.oregonhealthykids.gov Medicaid & CHIP Phone: 1-877-314-5678	Website: http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm Phone: 1-800-562-3022 ext. 15473
PENNSYLVANIA – Medicaid	WEST VIRGINIA – Medicaid
Website: http://www.dpw.state.pa.us/partnersproviders/medicallasistance/doingbusiness/003670053.htm Phone: 1-800-644-7730	Website: http://www.wvrecovery.com/hipp.htm Phone: 304-342-1604
RHODE ISLAND – Medicaid	WISCONSIN – Medicaid
Website: www.dhs.ri.gov Phone: 401-462-5300	Website: http://www.badgercareplus.org/pubs/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA – Medicaid	WYOMING – Medicaid
Website: http://www.scdhhs.gov Phone: 1-888-549-0820	Website: http://www.health.wyo.gov/healthcarefin/index.html Phone: 307-777-7531

To see if any more States have added a premium assistance program since January 31, 2011, or for more information on special enrollment rights, you can contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Ext. 61565

OMB Control Number 1210-0137 (expires 09/30/2013)

Generic Prescriptions

\$4 30-Day Supply or a \$10 90-Day Supply

These programs may assist you in paying a reduced amount for generic medications, as well as, reducing utilization of the medical prescription benefits.

Did You Know?

Even if the generic substitute for one of your prescription drugs is not on one of the \$4 lists, generic drugs are often 80% less expensive than brand name drugs, so switching to a generic will have a large impact on your pocketbook whether you switch pharmacies or not. To see if you would benefit from a switch to a generic drug, do some comparison shopping. One of the better places to do this is at www.crbestbuydrugs.org, a Consumer Reports site.

Tips

- When you receive a prescription from your doctor, ask if a generic equivalent is available.
- The member must present the written prescription to the pharmacist and request the \$4-Generic price.
- The member should not present the medical ID card. The pharmacy will not submit a claim to the insurance carrier.

How can I find out if my prescription is on the \$4-Generic Drug List?

- Most of the generic programs offer approximately 150 to 300 generic drugs at a discounted price.
- The generic drugs offered cover most diseases and most chronic conditions such as arthritis, heart disease, high blood pressure, depression and diabetes.
- You may search for the generic medication on the pharmacy's website below or contact the pharmacy to inquire if the generic medication the provider prescribed is on the pharmacy's \$4-Generic Drug List.

Wal-Mart & Sam's Club

http://i.walmartimages.com/i/if/hmp/fusion/customer_list.pdf

Walgreens

<https://webapp.walgreens.com/MYWCARDWeb/pdf/Value-PricedGenericsList.pdf>

Smiths Pharmacy

http://www.smithsfoodanddrug.com/pharmacy/generics/Pages/alphabetical_drug_list.aspx

GBS Benefits, Inc. Pharmacy Services

Rx Comparison Tool

Save Money on Your Prescription Drugs!



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

Isn't health insurance all I need?

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

How can I find these savings?

The GBS Rx Comparison Tool provides you with instant access to current prices on more than 6,000 drugs at virtually every pharmacy in America.

1. On the web: www.gbsbenefits.com/rxcomparisontool.html

Instantly look up current drug prices at CVS, Walgreens, Walmart, Costco, and other local pharmacies. You'll find:

- Huge savings on prescriptions not covered by your insurance
- Discounted prices for many generics that may be less than your copay
- Savings tips, coupons, and helpful information about your prescriptions
- A pharmacy locator with 24-hour pharmacies and other helpful information

Best of all, these discounts work for every member of your family – even pets!

2. On your phone

On the pricing tool main page (www.gbsbenefits.com/rxcomparisontool.html) you can select the mobile browser version from your phone. You will be prompted to install a GBS Rx bookmark (icon) on your phone's desktop. The next time you want to access the GBS Rx Pricing Tool, simply tap the icon on your phone's desktop and the mobile version of the tool will open in your phone's browser.

Please Note:

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



GBS Benefits, Inc. | 465 South 400 East, Suite 300 | Salt Lake City, UT 84111 | Phone (801) 364-7233
www.gbsbenefits.com

GBS Benefits, Inc. Pharmacy Services

Rx Comparison Tool Frequently Asked Questions



With GBS Benefits Rx Comparison Tool, you can compare drug prices at over 70,000 pharmacies, and discover free coupons and savings tips.

1. I have health insurance. How can I use the GBS Rx Comparison Tool?

If you have health insurance, you can still find prescription drug savings that may be lower than your usual copay. Health insurance typically provides you with two pharmacy benefits:

1. A discounted price for your medications
2. A set copay price for your medications

Here are 3 options to consider when filling medications with insurance:

1. Is the drug covered by your plan? If so, how much does it cost?
 - o Depending on your insurance plan's prescription drug list, your drug could be on a non-preferred formulary tier (requiring a higher copay). Or, for many brand name drugs, your plan may only pay a percentage of a discounted price. Always check your with your insurance carrier to obtain pricing and compare with the coupon or cash prices found on the GBS Rx Comparison Tool.
2. Have you satisfied your deductibles?
 - o Many insurance plans have a deductible to meet before they pay for your medications. In these cases, you'll usually still receive a discounted rate, but it may not be as low as other prices the GBS Rx Comparison Tool can find. Check your insurance company's website for more information.
3. Can you find a better price than your copay?
 - o Don't be surprised if local retail and mail order prices are well under your copay. The typical insurance plan in America offers a \$10 copay or higher. Many generic drugs can be bought for less than \$10. Why pay \$10 when you could pay \$4?

If a "cash" price is available ("no coupon necessary"), you can still use your insurance card and get that cash price – in doing so, your purchase automatically goes toward your insurance deductible, if applicable.

Important Things to Know about Our Rx Comparison Tool

For a typical drug at a typical pharmacy, you will likely find a number of prices – the "cash" price (the price you would pay for a prescription in the absence of any coupons or insurance discounts), discount prices (which involve presenting a coupon), membership prices (which might involve you joining a pharmacy's program), and negotiated prices (what you might get with your employer's insurance).

GBS Benefits, Inc. Pharmacy Services

Rx Comparison Tool Frequently Asked Questions

2. How do these discounts work with my insurance prescription card?

The GBS Rx Comparison Tool is available as a complement to your existing insurance plan. Always compare your insurance card pricing with any other available discounts or coupons to make sure you are getting the best price available. It is important to know your insurance carriers prescription drug list as certain medications may require prior authorization, have a quantity level limit or are limited to a 30-day supply at a retail pharmacy. If you use a coupon for your prescription, you must pay for the medication up front and submit a claim to your insurance carrier for deductible credit and/or reimbursement. If you use the cash price listed on the GBS Rx Pricing Comparison Tool, your pharmacist should bill your insurance carrier automatically and there is no need to file a manual claim. For specific information relative to your insurance plan, please call your insurance carrier .

3. How do I find the price of the drug?

You can find the price for your prescription in your zip code or city on the GBS Benefits Rx Comparison Tool Page, www.gbsbenefits.com/rxcomparisontool.html. You will first need to enter your employer name, then you can use the Rx Comparison Tool to search by drug name, and preferred location for your pharmacy (city, state, or zip code).

4. How do I change the dosage and quantity to match my prescription?

After you have searched for a drug by name and location, you can change the dosage and quantity in the gray menu on the left-hand side of the page.

5. My drug/pharmacy is missing, or doesn't show up in the search results.

There are a few reasons why a pharmacy may not come up in your search. You may need to adjust the search radius for the city or zip code you are using. You can do this by adjusting the location in the gray menu on the left-hand side of the page. You can also select to "View More Pharmacies" at the bottom of the pharmacy/price screen and it will expand your pharmacy search. It is also possible that your pharmacy does not have prices or discounts available for the medication you are looking. If you do not see your drug or pharmacy, keep checking back as we are always making additions and improvements.

6. I can't print the coupon.

The coupon should open in a new tab on your browser. A "pop-up blocker" could prevent your coupon page from opening. You will also want to make sure you have javascript and cookies enabled.

7. Do I need to print a coupon every time I fill a prescription?

Once you use a coupon, it will remain on file at your pharmacy and can be used for any medication you fill at that pharmacy. Be sure to check back on the website for any price changes before refilling or to look for coupons specific to another drug.

8. Do coupons expire?

Our coupons do not expire. Your pharmacist should save your coupon information and you can continue to save on refills or other drugs without having to do anything. Not that prices change frequently, but you may want to double check occasionally to see if you can find additional savings (which may require a new coupon).

9. Where can I find the mobile version for my phone?

The mobile version of the pricing tool can be found by using your phone's internet browser and going to the pricing tool main page (www.gbsbenefits.com/rxcomparisontool.html). You can also go to the GBS Benefits home page (www.gbsbenefits.com) and then select the GBS Rx Comparison Tool icon. Once on the mobile site, you will be prompted to install a GBS Rx Mobile bookmark (icon) on your phone's desktop. The next time you want to access the GBS Rx Comparison Tool, simply tap the icon/app on your phone's desktop and the mobile version of the tool will open in your phone's browser.

GBS Benefits, Inc. Pharmacy Services

Rx Comparison Tool Frequently Asked Questions

10. The prices are wrong.

Many of the discounted prices displayed require you to present a coupon to receive the discounted price reflected online. If you are using the coupon or “cash” price, and the price is still wrong, please use the “Report a Price” link to let us know.

11. I can save money at a nearby pharmacy. Will my current pharmacy match the price of a competitor?

Often times, yes. Ask the pharmacist. It is okay to ask for the pharmacy’s ‘best price’ or to ask if they’ll match another pharmacy’s price. In some cases, pharmacies have better pricing available if asked.

12. How do I transfer a prescription from one pharmacy to another that has better pricing?

The process is very simple. Go to the pharmacy TO WHICH you want to fill your prescription and tell them you have an existing prescription at another pharmacy you would like to transfer. The new pharmacy will call the old pharmacy and request the transfer on your behalf.

13. How do I use the pricing tool if I take multiple drugs?

If you take more than one prescription on an ongoing basis, it may make sense to utilize more than one pharmacy to maximize overall savings. However, you may want to identify a single pharmacy where the greatest discounts can be obtained overall. In the example below, we examine pricing for five common generic drugs to identify the pharmacy with the lowest cost overall.

Pharmacy	Price			Total
	Generic Liptor, 20mg	Generic Plavix, 75mg	Generic Singulair, 10mg	
Pharmacy 1	\$16	\$11	\$27	\$54
Pharmacy 2	\$17	\$14	\$28	\$59
Pharmacy 3	\$19	\$16	\$43	\$78

14. How can I reduce the cost of prescriptions?

Prescriptions can be very expensive, especially if you don’t have insurance. Some ways to lower your Rx costs include:

- **Strategies**
 - **Generic vs. Brand:** Brand name drugs are expensive. Generics are much cheaper. Always look for generic alternatives where available.
 - **Pill Splitting:** For many drugs, increasing the dose does not increase the price. Always check with your doctor and pharmacist before splitting your pills.
 - **Just Ask:** Many pharmacies will negotiate on prices... IF you ask. Some pharmacies will price-match, but don’t advertise it.
- **Discount Programs**
 - **Discount Coupons:** Coupons can reduce the cash price you pay by up to 75%. Most pharmacies accept them.
 - **Manufacturer Coupons:** Many brand drug makers offer coupons (also called copay cards) to offset the high cost of their drugs. You will see these listed when available.
 - **Pharmacy Discount Programs:** Many major pharmacies offer a limited list of discounted generic drugs. Some offer additional discounts when you join a free or paid membership program.



GBS Benefits, Inc. | 465 South 400 East, Suite 300 | Salt Lake City, UT 84111 | Phone (801) 364-7233
www.gbsbenefits.com

Information Needed

1. Username/Password (temporary password)
2. If you're adding a spouse/child you will need their **SSN & Date of Birth**

Step 1 - Getting started

1. In your web browser type www.hrconnection.com in the address bar.
2. **Enter your Username**
3. **Temporary Password** = Casper14
4. **Old Password** = Casper14
5. New Password Requirements: minimum of 7 characters (capital letter, lowercase letter and a number)

Step 2 – Verify your Personal, Dependent Information

1. Click  at the top left hand corner of the screen
2. Click on the  next to you and each of your dependents and verify the information, then click **SAVE** at the bottom of the screen.
3. Make sure the status shows pending after you have confirmed/updated your personal and dependent information
4. If you need to add a dependent, click Add Contact (This is located in the upper right corner above "Actions".)
5. Once all of your information has been verified/updated see Step 3.

Step 3 – Make Your Open Enrollment Elections

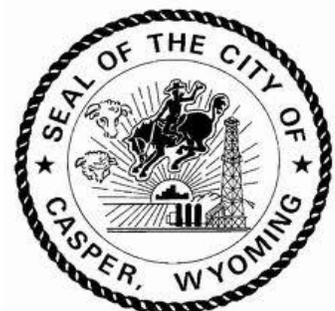
1. Click on the  next to Medical
2. Select or waive the coverage
3. At the bottom of the screen click the box next to each dependent that needs to be covered.
4. Click **Elect and Continue** to continue to the next benefit option. Once you are done making your elections you will confirm your elections, see Step 4.

Step 4 - Confirm your Elections

1. Click on **Confirm Open Enrollment Elections**
2. Verify your elections are correct & all your dependents are listed as they should be for each plan
3. Click **Confirm**
4. Pop up box will appear to **Print your Confirmation Summary**.
5. Click **Yes**
6. You will now be in a new window where you can print any forms applicable to you. If there are no forms click done.
7. Sign the Confirmation Summary and turn into your HR Department.

You are now done enrolling online.

PREMIUMS



City of Casper
Employee Contributions & Premiums
January 1, 2014 – December 31, 2014

Medical

Buy-Down Plan				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
<i>Employee</i>	\$526.30	\$457.65	\$68.65	\$34.33
<i>Employee + Spouse</i>	\$1,052.60	\$915.30	\$137.30	\$68.65
<i>Employee + Child(ren)</i>	\$973.65	\$846.66	\$127.00	\$63.50
<i>Family</i>	\$1,378.89	\$1,199.90	\$179.99	\$90.00

Mid-Option (Base) Plan				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
<i>Employee</i>	\$572.06	\$457.65	\$114.41	\$57.21
<i>Employee + Spouse</i>	\$1,114.13	\$915.30	\$222.82	\$111.41
<i>Employee + Child(ren)</i>	\$1,058.32	\$846.66	\$211.66	\$105.83
<i>Family</i>	\$1,499.88	\$1,199.90	\$299.98	\$149.99

Buy-Up Plan				
Status	Total Premium Per Month	Employer Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
<i>Employee</i>	\$617.82	\$457.65	\$160.18	\$80.09
<i>Employee + Spouse</i>	\$1,235.66	\$915.30	\$320.36	\$160.18
<i>Employee + Child(ren)</i>	\$1,149.99	\$846.66	\$296.33	\$148.17
<i>Family</i>	\$1,619.87	\$1,199.90	\$419.97	\$209.99

Dental – Delta Dental

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

Vision – VSP

Status	Total Premium Per Month	Employer Contribution Per Month	Employee Contribution Per Month (12 Pay Periods)
<i>Employee</i>	\$10.21	-	\$10.21
<i>Employee + Spouse</i>	\$14.80	-	\$14.80
<i>Employee + Child(ren)</i>	\$26.53	-	\$26.53



BENEFITS, INC.

465 South 400 East, Suite 300
Salt Lake City, UT 84111
Phone: (801) 364-7233