

*Retiree*

# **EMPLOYEE *benefits* BOOKLET**

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*January 1, 2014 - December 31, 2014*



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## 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.

<b>CNIC Health Solutions</b>	<b>Medical</b>	(877) 321-4412 <a href="http://www.cnichs.com">www.cnichs.com</a>
<b>WellDyneRx</b>	<b>Rx</b>	(888) 479-2000 <a href="http://www.welldynernx.com">www.welldynernx.com</a>
<b>Wise Provider Network</b>	<b>Provider Network</b>	(866) 485-5205 <a href="http://www.wiseprovider.net">www.wiseprovider.net</a>
<b>Delta Dental of Wyoming</b>	<b>Dental</b>	(800) 735-3379 <a href="http://www.deltadentalwy.org">www.deltadentalwy.org</a>
<b>VSP</b>	<b>Vision</b>	(800) 877-7195 <a href="http://www.vsp.com">www.vsp.com</a>
<b>Cigna</b>	<b>Life and AD&amp;D</b>	(800) 362-4462 <a href="http://www.thehartford.com">www.thehartford.com</a>
<b>GBS Benefits, Inc.</b>	<b>Marcie Hufford</b> <i>Senior Account Manager</i>	(801) 364-7233 x1111 (800) 427-6586 x1111 <a href="mailto:marcie.hufford@gbsbenefits.com">marcie.hufford@gbsbenefits.com</a>

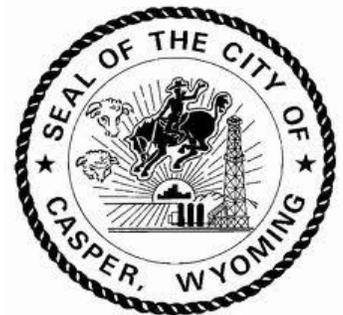
*In an effort to make your benefits more understandable, this brief summary of your benefits has been prepared. The benefit booklet is provided as a summary of your employee benefits only. While the benefits listed are considered accurate, they are not a guarantee of service, or payment by the insurance 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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# MEDICAL

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# 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
Professional Services		Network Providers Only - Non contracted provider visits are subject to deductible + coinsurance	Network Providers Only - Non contracted provider visits are subject to deductible + coinsurance	Network Providers Only - Non contracted provider visits are subject to deductible + coinsurance
Office Visits	Primary Care Physicians	\$50	\$35	\$20
	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				
Retail	Deductible	None	None	None
	Tier 1	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance	\$5 + 20% Co-Insurance
	Tier 2	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance	\$20 + 20% Co-Insurance
	Tier 3	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance	\$30 + 50% Co-Insurance
	Mail Order	\$5+20% / \$20+20% / \$30 + 50%	\$5+20% / \$20+20% / \$30 + 50%	\$5+20% / \$20+20% / \$30 + 50%

*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.



## 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](http://www.wiseprovider.net). Paper provider directories may be printed from the web site.

## Provider Search Directions

1. Go to [www.wiseprovider.net](http://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

[wiseprovider.net](http://wiseprovider.net)

# 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).

P26270609C

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



20110303389

**Electronic Service Requested**

3-DIGIT 826

23266 0.3564 AT 0.354



71

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

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



1 OF 1  
ENV 23266

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

**This is NOT a Bill-- Do NOT Send Payment**

Explanation of Benefits for Services Provided By:  
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
<b>TOTALS</b>		402.49	0.00		0.00			402.49	0.00	402.49		402.49
										<b>Other Credits or Adjustments</b>		0.00
										<b>Total Net Payment</b>		402.49
										<b>Patient Responsibility</b>		0.00

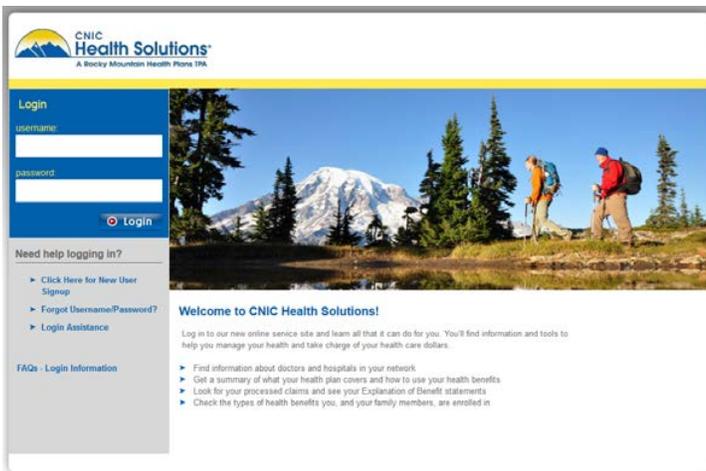
- The address to which the EOB was mailed.
  - Enrollee** – the person who signed the enrollment form.
  - Patient** – the person who received medical services. This may be a subscriber or a dependent.
  - Enrollee ID** – the identification for the person receiving medical services.
  - Group** – the payor of your medical claim. If your company is a self-funded group, their name will appear here.
  - 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.
- Date** – Date check run generated
  - Provider** – the provider of your medical service. This could be an individual practice or a facility.
  - Dates of Service** – the date your medical services were incurred.
  - Service Code Description** – a code that indicates where services took place.
  - Total Charge** – the total amount billed by your physician.
  - Ineligible** – amount considered not eligible or not covered under the plan.
  - Reason Code Description** – a code that explains why certain amounts were not covered.
  - Discount Amount** – discount amount eligible based on provider agreement.
  - PPO Codes**- Provider Network code
  - Covered by Plan** – the amount payable to the provider for services rendered minus copays, coinsurance, or deductibles, if applicable.
  - Less Deductible**
  - Less Copay**
  - Balance** – Covered by Plan minus deductible and copay amounts.
  - Paid At - % Coinsurance**
  - Payment Amount** – the amount remaining after applying coinsurance percentage.
  - Less Other Amounts**
  - Total Net Payment** – the amount paid by your plan.
  - Patient Responsibility** – this is the amount the patient may be responsible to pay the provider.

# CNIC Online Services



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



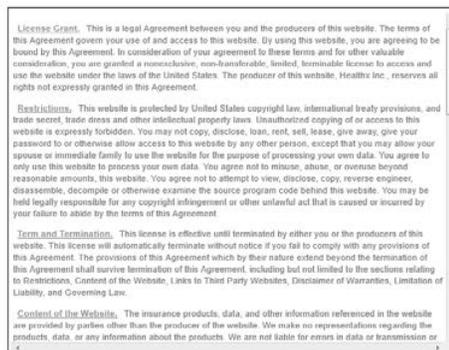
When logging into the website, go to [www.cnichs.com](http://www.cnichs.com) and click on Members. If you are a new user, click "New members please click [HERE](#) to create an account." Follow these instructions to complete the form as it relates to you. Please be sure to include a valid e-mail address; 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



Agree Disagree

Customer Service: (877) 321-4412

## 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 @  
**Password:** At least 8 characters/Alpha-numeric and special characters -\_!#\$%&\*@~^!/?+  
Please enter your full email address, for example, name@domain.com

## Step 4 of 4: Verify

Registration Complete.

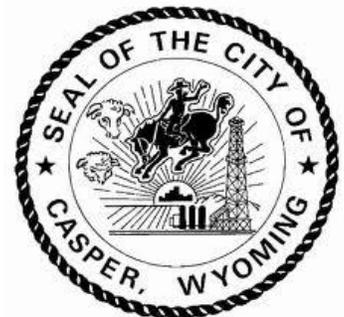
Username:  
  
First Name:  
Last Name:  
E-Mail Address:  
Address:

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# DENTAL

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*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.**

**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

**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.

**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.**

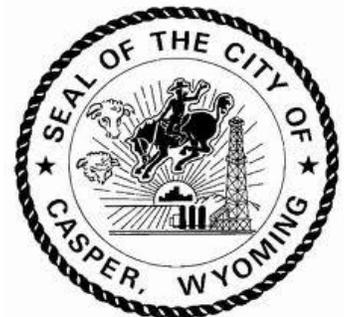
**Delta Dental of Wyoming**  
P.O. Box 29 \* 6234 Yellowstone Rd \* Cheyenne, WY 82003-0029  
307-632-3313 or 1-800-735-DDPW (3379)  
Hours: 8:00 a.m. to 5:00 p.m. Monday through Thursday/8:00 a.m. to 4:00 p.m. Friday  
[www.deltadentalwy.org](http://www.deltadentalwy.org)

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# VISION

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*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](http://vsp.com) or call **800.877.7195**.
- **Review your benefit information.**  
Visit [vsp.com](http://vsp.com) to review your plan coverage before your appointment.
- **At your appointment, tell them you have VSP.**  
There's no ID card necessary.

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

### Choice in Eyewear

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

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

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

VSP Doctor Network: VSP Signature

Benefit	Description	Copay	Frequency
<b>Your Coverage with a VSP Doctor</b>			
<b>WellVision Exam</b>	<ul style="list-style-type: none"> <li>Focuses on your eyes and overall wellness</li> </ul>	\$10	Every 12 months
<b>Prescription Glasses</b>		\$25	See frame and lenses
<b>Frame</b>	<ul style="list-style-type: none"> <li>\$130 allowance for a wide selection of frames</li> <li>20% off amount over your allowance</li> </ul>	Included in Prescription Glasses	Every 24 months
<b>Lenses</b>	<ul style="list-style-type: none"> <li>Single vision, lined bifocal, and lined trifocal lenses</li> <li>Polycarbonate lenses for dependent children</li> </ul>	Included in Prescription Glasses	Every 12 months
<b>Lens Options</b>	<ul style="list-style-type: none"> <li>Standard progressive lenses</li> <li>Premium progressive lenses</li> <li>Custom progressive lenses</li> <li>Average 35-40% off other lens options</li> </ul>	\$50 \$80 - \$90 \$120 - \$160	Every 12 months
<b>Contacts (instead of glasses)</b>	<ul style="list-style-type: none"> <li>\$130 allowance for contacts; copay does not apply</li> <li>Contact lens exam (fitting and evaluation)</li> </ul>	Up to \$60	Every 12 months
<b>Extra Savings and Discounts</b>	<b>Glasses and Sunglasses</b> <ul style="list-style-type: none"> <li>30% off additional glasses and sunglasses, including lens options, from the same VSP doctor on the same day as your WellVision Exam. Or get 20% off from any VSP doctor within 12 months of your last WellVision Exam.</li> </ul>		
	<b>Retinal Screening</b> <ul style="list-style-type: none"> <li>Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam.</li> </ul>		
	<b>Laser Vision Correction</b> <ul style="list-style-type: none"> <li>Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities</li> <li>After surgery, use your frame allowance (if eligible) for sunglasses from any VSP doctor</li> </ul>		

<b>Your Coverage with Other Providers</b>			
Visit <a href="http://vsp.com">vsp.com</a> for details, if you plan to see a provider other than a VSP doctor.			
Exam.....up to \$50	Lined Trifocal Lenses.....up to \$100	Frame.....up to \$70	Progressive Lenses.....up to \$75
Single Vision Lenses.....up to \$50	Contacts.....up to \$105	Lined Bifocal Lenses.....up to \$75	

VSP guarantees coverage from VSP doctors only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail.

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

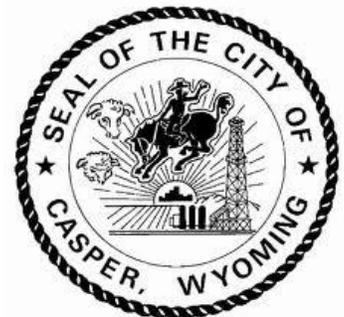
©2010 Vision Service Plan. All rights reserved.  
VSP and WellVision Exam are registered trademarks of Vision Service Plan. All other company names and brands are trademarks or registered trademarks of their respective owners.

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# LIFE

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*Cigna*



# Basic Term Life, Basic Personal Accident Insurance Overview



Prepared for the employees of the 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

### Employee – Retirees of the Employer

- Benefit Amount and Maximum – \$10,000
- Benefit Reduction Schedule – Benefits will reduce to 10% at age 70

### Your Spouse —

- Benefit Amount – \$1,000
- Benefit Reduction Schedule – Benefits will reduce to \$500 at age 70

### Your Unmarried, Dependent Children — Under age 26

- Benefit Amount – Birth to 14 days \$500, 15 days to 26 years \$1,000

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

## Other Coverage Features

### Accelerated Death Benefit — Terminal Illness

If you are 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 Basic and Voluntary Term Life Insurance combined coverage amount in force or \$7,500, 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.

### Conversion

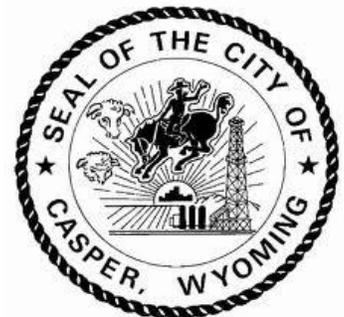
If group life insurance coverage is reduced or ends for any reason except nonpayment of premiums, you can convert to an individual policy. To convert, you must apply for the conversion policy and pay the first premium payment within 31 days after your group coverage ends. Converted policies are subject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

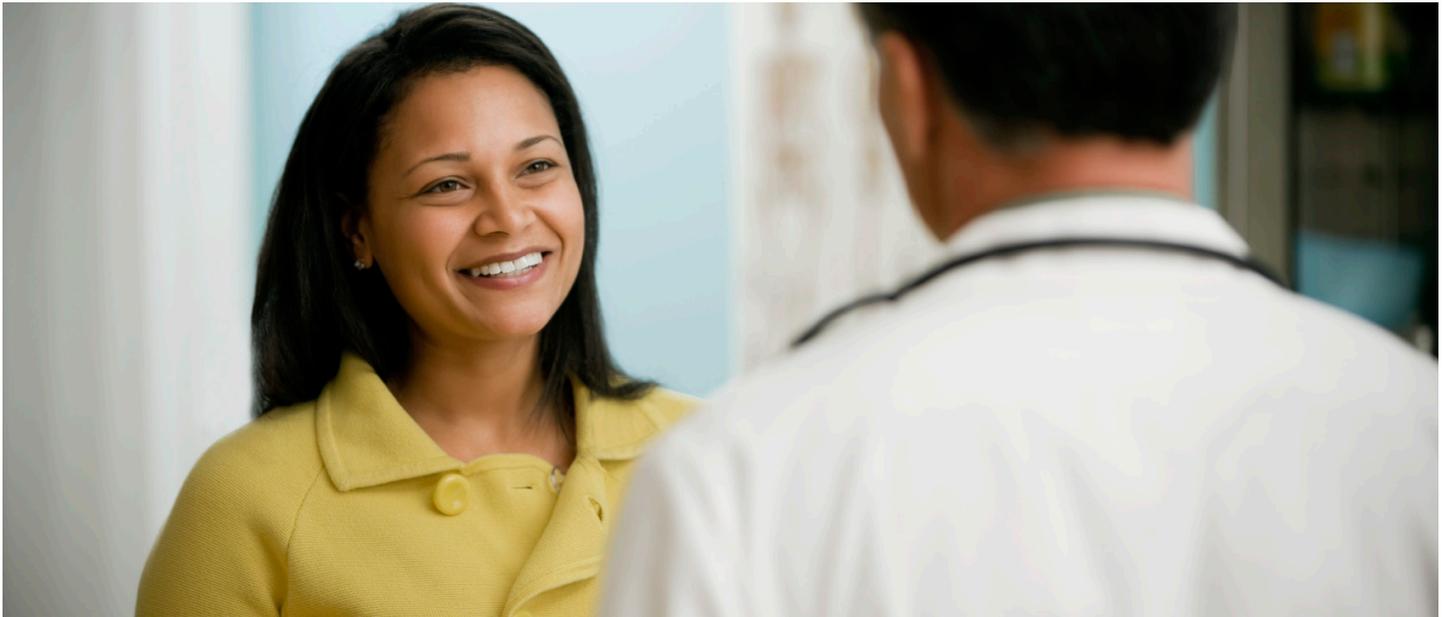
This information is a brief description of the important features of the plan. It is not a contract. Terms and conditions of life coverage are set forth in Group Policy No.FLX-965049 issued in Wyoming. The group policy is subject to the laws of the jurisdiction in which it is issued. The availability of this offer may change. Please keep this material as a reference. Coverage is underwritten by Life Insurance Company of North America. As used in this brochure, the term Cigna and Cigna Group Insurance are registered service marks of Life Insurance Company of North America, a CIGNA company, which is the insurer of the Group Policy. Insurance products and services are provided by the individual CIGNA companies and not by the Corporation itself. © Cigna 2012

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# ADDITIONAL INFORMATION

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## Preventive Care Coverage

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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

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## **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
<b>Well-woman visits.</b>	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.
<b>Screening for gestational diabetes.</b>	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.
<b>Human papillomavirus testing.</b>	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.
<b>Counseling for sexually transmitted infections.</b>	Counseling on sexually transmitted infections for all sexually active women.	Annual.
<b>Counseling and screening for human immune-deficiency virus.</b>	Counseling and screening for human immune-deficiency virus infection for all sexually active women.	Annual.
<p><b>Contraceptive methods and counseling.</b></p> <p>This includes:</p> <ul style="list-style-type: none"> <li>(1) condoms;</li> <li>(2) Diaphragms;</li> <li>(3) Sponges;</li> <li>(4) Cervical Caps;</li> <li>(5) Spermicide;</li> <li>(6) Oral contraceptives – (e.g., the pill, mini-pill, and hormones);</li> <li>(7) the patch;</li> <li>(8) vaginal rings;</li> <li>(9) injections;</li> <li>(10) IUDs;</li> <li>(11) Implantable Rods;</li> <li>(12) sterilization surgery; and</li> <li>(13) sterilization implants.</li> </ul> <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.	As prescribed. <b>Note:</b> 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.
<b>Breastfeeding support, supplies, and counseling.</b>	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.
<b>Screening and counseling for interpersonal and domestic violence.</b>	Screening and counseling for interpersonal and domestic violence.	Annual.

## **Important Information Regarding Health Care Reform and Changes to Your Benefits**

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### **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

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## **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 15<sup>th</sup> – December 7<sup>th</sup>.

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](http://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 –**

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

<b>KENTUCKY – Medicaid</b>	<b>NEW HAMPSHIRE – Medicaid</b>
Website: <a href="http://chfs.ky.gov/dms/default.htm">http://chfs.ky.gov/dms/default.htm</a> Phone: 1-800-635-2570	Website: <a href="http://www.dhhs.nh.gov/ombp/index.htm">www.dhhs.nh.gov/ombp/index.htm</a> Phone: 603-271-4238
<b>LOUISIANA – Medicaid</b>	<b>NEW JERSEY – Medicaid and CHIP</b>
Website: <a href="http://www.lahipp.dhh.louisiana.gov">http://www.lahipp.dhh.louisiana.gov</a> Phone: 1-888-342-6207	Medicaid Website: <a href="http://www.state.nj.us/humanservices/dmahs/clients/medicaid/">http://www.state.nj.us/humanservices/dmahs/clients/medicaid/</a> Medicaid Phone: 1-800-356-1561 CHIP Website: <a href="http://www.njfamilycare.org/index.html">http://www.njfamilycare.org/index.html</a> CHIP Phone: 1-800-701-0710
<b>MAINE – Medicaid</b>	
Website: <a href="http://www.maine.gov/dhhs/OIAS/public-assistance/index.html">http://www.maine.gov/dhhs/OIAS/public-assistance/index.html</a> Phone: 1-800-321-5557	
<b>MASSACHUSETTS – Medicaid and CHIP</b>	<b>NEW MEXICO – Medicaid and CHIP</b>
Medicaid & CHIP Website: <a href="http://www.mass.gov/MassHealth">http://www.mass.gov/MassHealth</a> Medicaid & CHIP Phone: 1-800-462-1120	Medicaid Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Medicaid Phone: 1-888-997-2583 CHIP Website: <a href="http://www.hsd.state.nm.us/mad/index.html">http://www.hsd.state.nm.us/mad/index.html</a> Click on Insure New Mexico CHIP Phone: 1-888-997-2583
<b>MINNESOTA – Medicaid</b>	
Website: <a href="http://www.dhs.state.mn.us/">http://www.dhs.state.mn.us/</a> Click on Health Care, then Medical Assistance Phone (Outside of Twin City area): 800-657-3739 Phone (Twin City area): 651-431-2670	
<b>NEW YORK – Medicaid</b>	<b>TEXAS – Medicaid</b>
Website: <a href="http://www.nyhealth.gov/health_care/medicaid/">http://www.nyhealth.gov/health_care/medicaid/</a> Phone: 1-800-541-2831	Website: <a href="https://www.gethipptexas.com/">https://www.gethipptexas.com/</a> Phone: 1-800-440-0493
<b>NORTH CAROLINA – Medicaid</b>	<b>UTAH – Medicaid</b>
Website: <a href="http://www.nc.gov">http://www.nc.gov</a> Phone: 919-855-4100	Website: <a href="http://health.utah.gov/upp">http://health.utah.gov/upp</a> Phone: 1-866-435-7414
<b>NORTH DAKOTA – Medicaid</b>	<b>VERMONT – Medicaid</b>
Website: <a href="http://www.nd.gov/dhs/services/medicalserv/medicaid/">http://www.nd.gov/dhs/services/medicalserv/medicaid/</a> Phone: 1-800-755-2604	Website: <a href="http://www.greenmountaincare.org/">http://www.greenmountaincare.org/</a> Phone: 1-800-250-8427
<b>OKLAHOMA – Medicaid</b>	<b>VIRGINIA – Medicaid and CHIP</b>
Website: <a href="http://www.insureoklahoma.org">http://www.insureoklahoma.org</a> Phone: 1-888-365-3742	Medicaid Website: <a href="http://www.dmas.virginia.gov/rcp-HIPP.htm">http://www.dmas.virginia.gov/rcp-HIPP.htm</a> _Medicaid Phone: 1-800-432-5924 CHIP Website: <a href="http://www.famis.org/">http://www.famis.org/</a> CHIP Phone: 1-866-873-2647
<b>OREGON – Medicaid and CHIP</b>	<b>WASHINGTON – Medicaid</b>
Medicaid & CHIP Website: <a href="http://www.oregonhealthykids.gov">http://www.oregonhealthykids.gov</a> Medicaid & CHIP Phone: 1-877-314-5678	Website: <a href="http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm">http://hrsa.dshs.wa.gov/premiumpymt/Apply.shtm</a> Phone: 1-800-562-3022 ext. 15473
<b>PENNSYLVANIA – Medicaid</b>	<b>WEST VIRGINIA – Medicaid</b>
Website: <a href="http://www.dpw.state.pa.us/partnersproviders/medicallasistance/doingbusiness/003670053.htm">http://www.dpw.state.pa.us/partnersproviders/medicallasistance/doingbusiness/003670053.htm</a> Phone: 1-800-644-7730	Website: <a href="http://www.wvrecovery.com/hipp.htm">http://www.wvrecovery.com/hipp.htm</a> Phone: 304-342-1604
<b>RHODE ISLAND – Medicaid</b>	<b>WISCONSIN – Medicaid</b>
Website: <a href="http://www.dhs.ri.gov">www.dhs.ri.gov</a> Phone: 401-462-5300	Website: <a href="http://www.badgercareplus.org/pubs/p-10095.htm">http://www.badgercareplus.org/pubs/p-10095.htm</a> Phone: 1-800-362-3002
<b>SOUTH CAROLINA – Medicaid</b>	<b>WYOMING – Medicaid</b>
Website: <a href="http://www.scdhhs.gov">http://www.scdhhs.gov</a> Phone: 1-888-549-0820	Website: <a href="http://www.health.wyo.gov/healthcarefin/index.html">http://www.health.wyo.gov/healthcarefin/index.html</a> 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](http://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](http://www.cms.hhs.gov)  
1-877-267-2323, Ext. 61565

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

# Generic Prescriptions

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\$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](http://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](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](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](http://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](http://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](http://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/rxcomparisonstool.html](http://www.gbsbenefits.com/rxcomparisonstool.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/rxcomparisonstool.html](http://www.gbsbenefits.com/rxcomparisonstool.html)). You can also go to the GBS Benefits home page ([www.gbsbenefits.com](http://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

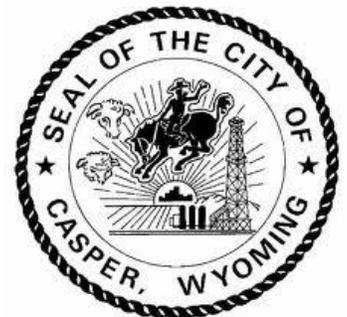
- **Discount Coupons:** Coupons can reduce the cash price you pay by up to 75%. Most pharmacies accept them.
- **Manufacturer Coupons:** Many brand drug makers offer coupons (also called copay cards) to offset the high cost of their drugs. You will see these listed when available.
- **Pharmacy Discount 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.



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# PREMIUMS

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

**Medical**

Buy-Down Plan for Pre-65 Retirees	
Status	Total Premium Per Month
<i>Single</i>	\$535.20
<i>Single + Spouse</i>	\$1,212.46
<i>Family</i>	\$1,274.90
<i>Retiree One Under 65 &amp; One Over 65</i>	\$844.78

Buy-Down Plan for Post-65 Retirees	
Status	Total Premium Per Month
<i>Single</i>	\$309.65
<i>Single + Spouse</i>	\$619.28
<i>Family</i>	\$1,274.90

Mid-Option (Base) Plan for Pre-65 Retirees	
Status	Total Premium Per Month
<i>Single</i>	\$581.74
<i>Single + Spouse</i>	\$1,317.89
<i>Family</i>	\$1,385.76
<i>Retiree One Under 65 &amp; One Over 65</i>	\$918.24

Mid-Option (Base) Plan for Post-65 Retirees	
Status	Total Premium Per Month
<i>Single</i>	\$336.58
<i>Single + Spouse</i>	\$673.13
<i>Family</i>	\$1,385.76

Buy-Up Plan for Pre 65 Retirees	
Status	Total Premium Per Month
<i>Single</i>	\$628.28
<i>Single + Spouse</i>	\$1,423.32
<i>Family</i>	\$1,496.62
<i>Retiree One Under 65 &amp; One Over 65</i>	\$991.70

Buy-Up Plan for Post-65 Retirees	
Status	Total Premium Per Month
<i>Single</i>	\$363.51
<i>Single + Spouse</i>	\$726.98
<i>Family</i>	\$1,496.62

**Dental – Delta Dental**

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

**Vision – VSP**

Status	Total Premium Per Month
<i>Single</i>	\$10.21
<i>Single + Spouse</i>	\$14.80
<i>Single + Child(ren)</i>	\$26.53







**BENEFITS, INC.**

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