Casper WYOCITY™

2015 EMPLOYEE BENEFITS GUIDE

2015 Employee Benefits Guide

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.

Cigna	**Medical** **Pharmacy**	(800) 244-6224 www.mycigna.com
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** *Voluntary Products*	(801) 842-0149 (800) 427-6586 x11149 jenna.hahn@gbsbenefits.com
GBS Benefits, Inc.	**Marcie Gentry** *Senior Account Manager*	(801) 933-2612 (800) 427-6586 x1112 marcie.gentry@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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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** = Casper15
4. **Old Password** = Casper15
5. New Password Requirements: minimum of 7 characters (capital letter, lowercase letter and a number)

Step 2 – Verify your Personal,Dependent Information

1. Click Time to enroll! 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.

ENROLLMENT GUIDELINES

Enrollment Guidelines

Welcome to the City of Casper 2015 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. You are eligible to enroll for the medical plan if you are working 30 hours or more per week. New employees are eligible to enroll on the first of the month following 30 days of active service. Your dependent children 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, 2015. 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 employement 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 2015, 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 <u>31</u> days to complete and return a new enrollment/change form.

MEDICAL & PHARMACY

Cigna

City of Casper

Cigna Medical Comparison 2015 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
Office Visits	Labwork (performed in physician's office)	$50	$35	$20
Office Visits	Specialists	$50	$35	$20
Office Visits	Mental Health & Chemical Dependency	$50	$35	$20
Office Visits	Substance Abuse	$50	$35	$20
Office Visits	Urgent Care	$50	$35	$20
Office Visits	Accupuncture	$50/10 visits maximum	$35/10 visits maximum	$20/10 visits maximum
Office Visits	Physical, Speech, Occupational Therapy	$50 (Unlimited with no RX)	$35 (Unlimited with no RX)	$20 (Unlimited with no RX)
Office Visits	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, 90 Day Calendar Year Maximum	80% AD, 90 Day Calendar Year Maximum	80% AD, 90 Day Calendar Year Maximum
	Newborn Nursery Care	80% DW	80% DW	80% DW
	Preadmission Testing	100% DW	100% DW	100% DW
	Pregnancy	80% AD	80% AD	80% AD
	Private Duty Nursing (Inpatient Only)	80% AD	80% AD	80% AD
	Ambulance Service			
	Ground Transportation	80% AD	80% AD	80% AD
	Air Ambulance	80% AD	80% AD	80% AD
	Diagnostic X-ray and Lab Expenses			
	Minor Lab / X-Ray	$50	$35	$20
	Major Lab / X-Ray	80% AD	80% AD	80% AD
	Outpatient Lab	80% AD	80% AD	80% AD
	Imaging Charges (MRI, etc.)	80% AD	80% AD	80% AD
	Hospital Outpatient Surgery	80% AD	80% AD	80% AD
	Durable Medical Equipment	80% AD	80% AD	80% AD
	Preventive Care			
	Preventive Care	100% DW	100% DW	100% DW
	Hospice Care			
	In-Home Care	100% AD	100% AD	100% AD
	Inpatient Care	100% AD	100% AD	100% AD
	Acute Inpatient	100% AD	100% AD	100% AD
	Bereavement Counseling	80% AD	80% AD	80% AD
	Home Health Care	100% AD, 60 visit Calendar Year maximum	100% AD, 60 visit Calendar Year maximum	100% AD, 60 visit Calendar Year maximum
	Inpatient Services			
	Hospital / Physicians	80% AD	80% AD	80% AD
	Mental Health & Chemical Dependency	80% AD	80% AD	80% AD
	Substance Abuse	80% AD	80% AD	80% AD
	Cardiac Rehabilitation			
		80% AD	80% AD	80% AD
		36 days maximum	36 days maximum	36 days maximum
	Additional Benefits			
	Employee Assistance Program	Available with Three Trails	Available with Three Trails	Available with Three Trails
	Prescription Drugs			
Retail	Deductible	None	None	None
Retail	Tier 1	$5 + 20% Co-Insurance	$5 + 20% Co-Insurance	$5 + 20% Co-Insurance
Retail	Tier 2	$20 + 20% Co-Insurance	$20 + 20% Co-Insurance	$20 + 20% Co-Insurance
Retail	Tier 3	$30 + 50% Co-Insurance	$30 + 50% Co-Insurance	$30 + 50% Co-Insurance
Retail	Mail Order	$5+20% / $20+20% / $30+50%	$5+20% / $20+20% / $30+50%	$5+20% ? $20+20% / $30+50%

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

Customer reference guide

Understanding your PREVENTIVE CARE HEALTH COVERAGE

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

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

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

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

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

What is a preventive care service?

Preventive care services are provided when you don't have any symptoms and haven't been diagnosed with the health issue connected with the preventive service. For example, a flu vaccination is given to prevent the flu before you get it. Other preventive care services like mammograms can help detect an illness when there aren't any symptoms. Even if you're in the best shape of your life, a serious condition with no signs or symptoms may put your health at risk. During a wellness exam, you and your doctor will determine what tests and health screenings are right for you based on your age, gender, personal health history and current health.

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

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

Offered by: Connecticut General Life Insurance Company, Cigna Health and Life Insurance Company, and their affiliates.

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GM6000 C1 et al
GM5800 OR POL1 ED. 1/2001

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Wellness exams

SERVICE	GROUP	AGE, FREQUENCY
Well-baby/well-child/well-person exams, including annual well-woman exam (includes height, weight, head circumference, BMI, blood pressure, history, anticipatory guidance, education regarding risk reduction, psychosocial/behavioral assessment)		• Birth, 1, 2, 4, 6, 9, 12, 15, 18, 24 and 30 months • Additional visit at 2-4 days for infants discharged less than 48 hours after delivery • Ages 3 to 21 once a year • Ages 22 and older periodic visits, as doctor advises

The following routine immunizations are currently designated preventive services:

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

You may view the three immunization schedules on the CDC website: **cdc.gov/vaccines/schedules/**.

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Alcohol misuse screening		All adults
Anemia screening		Pregnant women
Aspirin to prevent cardiovascular disease[1]		Men ages 45-79; women ages 55-79
Autism screening		18, 24 months
Bacteriuria screening		Pregnant women
Breast cancer screening (mammogram)		Women ages 40 and older, every 1–2 years
Breast-feeding support/counseling, supplies[2]		During pregnancy and after birth
Cervical cancer screening (pap test) HPV DNA test with pap test		Women ages 21–65, every 3 years Women ages 30-65, every 5 years
Chlamydia screening		Sexually active women ages 24 and under and older women at risk
Cholesterol/lipid disorders screening		• Screening of children and adolescents (after age 2, but by age 10) at risk due to known family history; when family history is unknown; or with personal risk factors (obesity, high blood pressure, diabetes) • All men ages 35 and older, or ages 20-35 if risk factors • All women ages 45 and older, or ages 20-45 if risk factors
Colon cancer screening		The following tests will be covered for colorectal cancer screening, ages 50 and older: • Fecal occult blood test (FOBT) or fecal immunochemical test (FIT) annually • Flexible sigmoidoscopy every 5 years • Double-contrast barium enema (DCBE) every 5 years • Colonoscopy every 10 years • Computed tomographic colonography (CTC)/virtual colonoscopy every 5 years - Requires precertification

= Men, = Women, = Children/Adolescents

Health screenings and interventions

SERVICE	GROUP	AGE, FREQUENCY
Congenital hypothyroidism screening		Newborns
Contraception counseling/education. Contraceptive products and services[1,3,4]		Women with reproductive capacity
Depression screening		Ages 12-18, All adults
Developmental screening		9, 18, 30 months
Developmental surveillance		Newborn 1, 2, 4, 6, 12, 15, 24 months. At each visit ages 3 to 21
Diabetes screening		Adults with sustained blood pressure greater than 135/80
Discussion about potential benefits/risk of breast cancer preventive medication		Women at risk
Dental caries prevention (Evaluate water source for sufficient fluoride; if deficient prescribe oral fluoride[1])		Children older than 6 months
Domestic and interpersonal violence screening		All women
Fall prevention in older adults (physical therapy, vitamin D supplementation[1])		Community-dwelling adults ages 65 and older with risk factors (coverage effective upon your plan's start or anniversary date on or after 5/1/13)
Folic acid supplementation[1]		Women planning or capable of pregnancy
Genetic counseling/evaluation and BRCA1/BRCA2 testing		Women at risk • Genetic counseling must be provided by an independent board-certified genetic counselor or clinical geneticist prior to BRCA1/BRCA2 genetic testing • BRCA1/BRCA2 testing requires precertification
Gestational diabetes screening		Pregnant women
Gonorrhea screening		Sexually active women at risk
Hearing screening (not complete hearing examination)		All newborns by 1 month. Ages 4, 5, 6, 8, and 10 or as doctor advises
Healthy diet/nutrition counseling		Ages 6 and older - to promote improvement in weight status. Adults with hyperlipidermia, those at risk for cardiovascular disease or diet-related chronic disease
Hemoglobin or hematocrit		12 months
Hepatitis B screening		Pregnant women
HIV screening and counseling		Pregnant women; adolescents and adults 15 to 65 years; younger adolescents and older adults at risk; sexually active women, annually
Iron supplementation[1]		6-12 months for children at risk
Lead screening		12, 24 months
Metabolic/hemoglobinopathies (according to state law)		Newborns
Obesity screening		Ages 6 and older. All adults
Oral health evaluation/assess for dental referral		12, 18, 24, 30 months. Ages 3 and 6
Osteoporosis screening		Age 65 or older (or under age 65 for women at risk). Computed tomographic bone density study requires precertification
PKU screening		Newborns
Ocular (eye) medication to prevent blindness		Newborns
Prostate cancer screening (PSA)		Men ages 50 and older or age 40 with risk factors
Rh incompatibility test		Pregnant women
Sexually transmitted diseases counseling		Sexually active women, annually

= Men, = Women, = Children/Adolescents

Health screenings and interventions

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

= Men, = Women, = Children/Adolescents

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

1 Subject to the terms of your plan's pharmacy coverage, certain drugs and products may be covered at 100%. Your doctor is required to give you a prescription, including for those that are available over-the-counter, for them to be covered under your Pharmacy benefit. Cost sharing may be applied for brand name products where generic alternatives are available. Please refer to Cigna's "No Cost Preventive Medications by Drug Category" Guide for information on drugs and products with no out-of-pocket cost..

2 Subject to the terms of your plan's medical coverage, breast-feeding equipment rental and supplies may be covered at the preventive level. Your doctor is required to provide a prescription, and the equipment and supplies must be ordered through CareCentrix, Cigna's national durable medical equipment vendor. Precertification is required for some types of breast pump equipment.

3 Examples include oral contraceptives; diaphragms; hormonal injections and contraceptive supplies (spermicide, female condoms); emergency contraception.

4 Subject to the terms of your plan's medical coverage, contraceptive products and services such as some types of IUD's, implants and sterilization procedures may be covered at the preventive level. Check your plan materials for details about your specific medical plan.

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

Exclusions

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

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

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

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

Connect with better health. Here's how:

Health and wellness

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

Cost estimates and quality of care ratings

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

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Prescription services

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

It's all designed to click with you.

For a quick tour on how to get the most out of myCigna.com, go to:
myCigna.com > Site Benefits

To register:
myCigna.com > Learn How to Register

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

Your health has met its App.℠
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GUIDE TO YOUR EXPLANATION OF BENEFITS

Simple format.

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

The choice is yours: online, paper or both.

Your EOB is now online at **myCigna.com**. You can choose to go paperless, continue getting paper EOBs by mail or opt for both.

Online EOBs are:

- Safely stored on **myCigna.com**.
- Easy to access anywhere, 24 hours a day.
- Printable from your computer if you need a paper copy.

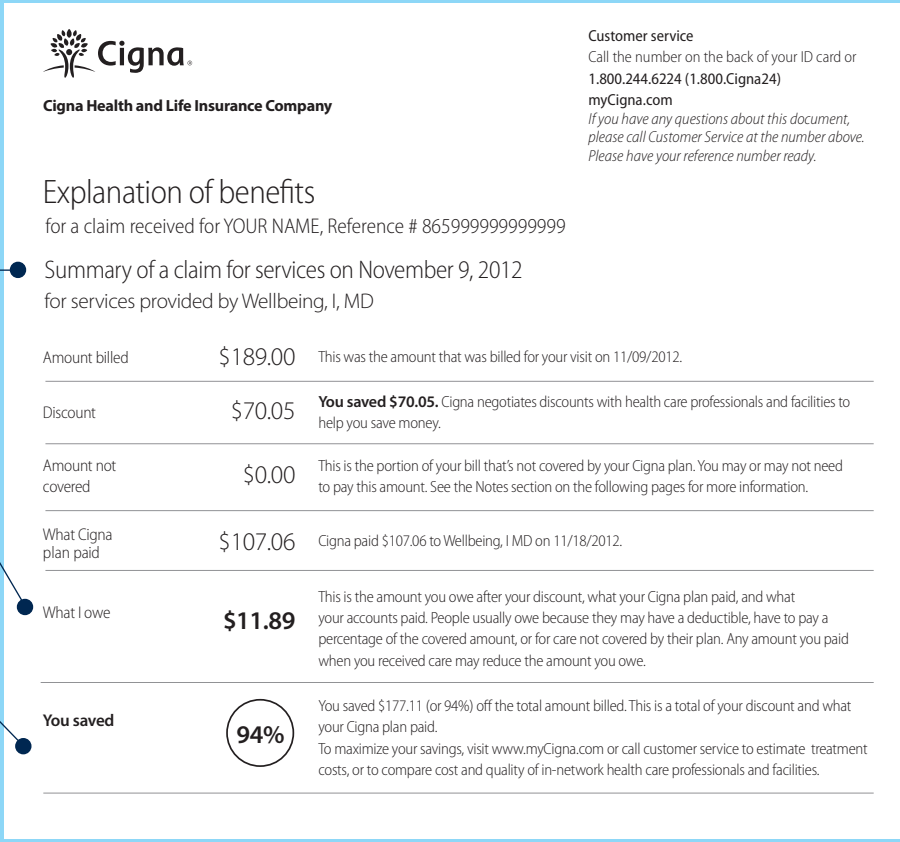
PAGE 1 SUMMARY

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

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

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

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



Cigna.

Cigna Health and Life Insurance Company

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

Explanation of benefits
for a claim received for YOUR NAME, Reference # 865999999999999

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

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

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Offered by: Connecticut General Life Insurance Company or Cigna Health and Life Insurance Company.

PAGE 2 GLOSSARY

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

Glossary

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

Amount not covered: The portion of the amount bil

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

Rights of review and appeal

If you have any questions about this explanation of b

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

PAGE 3 CLAIMS

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

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

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

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

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

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

Cigna.

Claim received for Your Name
Reference # 865999999999999
ID U99999999

THIS IS NOT A BILL

Claim detail

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

Service dates	Type of service	Amount billed	Discount	Amount not covered	Covered amount	Copay/ Deductible	What Cigna plan paid	% paid	Coinsurance	See notes
Dr. John Wellbeing Reference # 865999999999999										
11/09/12	PHYSICIAN	189.00	70.05	0.00	118.95	0.00	107.06	90	11.89	A
Total		**$189.00** ★	**$70.05**	**$0.00**	**$118.95** ★	**$0.00**	**$107.06**		**$11.89**	

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

What I need to know for my next claim

You've now paid a total of $1,000 toward your $1,000 in-network deductible for this plan year.
You've now paid a total of $1,500 toward your $1,500 out-of-network deductible for this plan year.
You've now paid a total of $1,500 toward your $4,000 in-network out-of-pocket expenses for this plan year.
You've now paid a total of $1,500 toward your $5,500 out-of-network out-of-pocket expenses for this plan year.

Other important information that I need to know

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

Notes

A. Thank you for using the CIGNA HealthCare preferred provider organization (PPO) network. This represents your savings, so you are not required to pay for this amount. This provider is prohibited from billing the patient for the difference. If you have already paid the amount in full, please request reimbursement from your provider. IN. or CA. health care professionals, for information regarding the contractual source of your discounted rate, please contact CIGNA customer service at 1.800.88cigna (882.4462)

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DENTAL

Delta 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	• Focuses on your eyes and overall wellness	$10	Every 12 months
Prescription Glasses		$25	See frame and lenses
Frame	• $130 allowance for a wide selection of frames • 20% off amount over your allowance	Included in Prescription Glasses	Every 24 months
Lenses	• Single vision, lined bifocal, and lined trifocal lenses • Polycarbonate lenses for dependent children	Included in Prescription Glasses	Every 12 months
Lens Options	• 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)	• $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** • 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** • Guaranteed pricing on retinal screening as an enhancement to your WellVision Exam. **Laser Vision Correction** • 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
Single Vision Lenses.....up to $50
Lined Trifocal Lenses.....up to $100
Contacts.....up to $105
Frame.....up to $70
Lined Bifocal Lenses.....up to $75
Progressive 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**
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

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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
Yours			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 inforce 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.

Continuation for Disability for Employees Age 60 or over

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.

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 coverafge 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

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

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.

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- 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

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Long-term Disability Insurance Overview

Prepared for the employees of City of Casper

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

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 42nd 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.

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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

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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 Retirements 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

The New NBS Web Portal

You may access your benefit account information and helpful resources using our online NBS Web Portal.

▶ Features of the Portal:

- **Interact with balances, summaries, and highlights** of all your benefit accounts
- **Get detailed transaction history** showing deposits and payments of each account
- **Track all of your medical expenses** using a claim manager and take advantage of our easy-to-use claim entry and reimbursement request
- **Report your debit card as lost or stolen** and order a new card
- **Stay up-to-date** with announcements and communications from both NBS and your employer
- **Use our convenient annual open enrollment online** eliminating the need for hard copy enrollment forms
- **Take advantage of endless informational resources** such as calculators, videos, and FAQs

Note that the availability of these features may vary, depending on your plan set-up and employer preferences.

▶ To access the portal, visit participant.NBSbenefits.com

▶ What to expect during the NBS upgrade

- **A New NBS Benefits Card**
  Current card holders will receive new cards that will be mailed directly to you during the month of August so **please watch your mail** during that time period. These cards will replace your current cards beginning September 5, 2014.
- **Access to the New NBS Web Portal beginning September 1, 2014.**
  Visit **participant.NBSbenefits.com** to find detailed instructions on how to log in for the first time.
- **Black Out Period for Benefit Cards & Online claims**
  There will be a blackout period during the upgrade from September 1st - 4th where your current NBS card will be inactivated. Please submit all claims to NBS via mail, fax, or email for processing during that time period.

▶ If you have questions about the upgrade, accessing your account, or using the NBS Web Portal, please contact our customer service center at 1-855-399-3035, or visit participant.NBSbenefits.com.

NATIONAL BENEFIT SERVICES, LLC
Customer Care • Knowledge and Expertise • Organizational Excellence

8523 South Redwood Road
West Jordan, UT 84088
Phone: 1-855-399-3035 • Fax: 1-800-478-4528
participant.NBSbenefits.com

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Customer Care • Knowledge and Expertise • Organizational Excellence

Your NBS Benefit Account is now easier than ever to use

NBS Benefits Card

Your employer may elect the use of the NBS Benefits Card for some of your benefit accounts allowing you easy access to your funds. With the card you may pay providers and merchants that accept Mastercard directly from your accounts, so you will not need to pay up-front, fill out claim forms, or wait for reimbursement.

NBS Mobile App

The NBS mobile app, available for both Apple and Android, makes managing your benefit accounts easier than ever. With the app you can:

- **View up-to-date balances** for all your benefit accounts.
- **Get detailed information for each benefit,** including year-to-date contributions, payments, and plan year dates.
- **Submit claims right from your smartphone** using the app to fill out the claim and your phone's camera to send a photo of the necessary documentation.
- **Receive alerts concerning your benefit accounts** from both NBS and your employer.
- **Quickly find NBS contact info** in case you have any questions or concerns.

Benefit Accounts

Through a partnership with National Benefit Services, your employer offers a selection of pre-tax benefits that allow you to save money on group insurance, health-related expenses, dependent care, and several other optional benefits. These benefits are deducted from your salary before taxes are withheld, meaning you pay less taxes and increase your take-home pay!

▶ Most Common Benefit Options

- **Flexible Spending Account:** an FSA pays for a wide variety of out-of-pocket medical and health-related expenses with pre-tax dollars. You will decide during your enrollment period how much to contribute to this account.
- **Dependent Care Account:** this plan pays for dependent-care expenses that may be necessary while you and your spouse are at work. Like the FSA, you will decide during enrollment how much to contribute to this account.

▶ Other Benefit Options

Your employer may also provide additional pre-tax benefits through NBS.

- **Health Savings Account:** an HSA works like a bank account for your health-related expenses allowing you to make deposits and payments as you wish.

  Note that special eligibility requirements apply.
- **Transit/Parking Reimbursement:** you can use pretax dollars to pay for your work-related transit and parking costs with this benefit.
- **Health Reimbursement Arrangement:** an HRA is a plan custom-designed by your employer to assist you even more in paying for medical expenses.

Disclaimer: Availability of benefits is dependent on your employer and Plan design.

How Does It Work?

Step One: Enrollment—at the beginning of every plan year (or when you are first hired), you will select which benefits you would like to participate in and elect an amount of your pre-tax salary to pay for these benefits. Remember that for some benefits, such as FSA and Dependent Care accounts, you cannot change your election after the enrollment period except in the case of a qualifying "change of status" (marital status, employment change, dependent change, etc).

Step Two: Payroll and Funding—the amount you elect for each benefit will be divided by the number of paychecks you will receive for the year to determine how much your salary will be reduced each payroll. For some benefits like the FSA, your entire election amount is available immediately regardless of how much you have contributed. For other benefits like dependent care, only the amount we have received so far from your payroll deductions may be reimbursed to you.

Step Three: Claims and Reimbursements—eligible services incurred during the plan year may be reimbursed from your benefit accounts as long as funding remains. To receive reimbursement: fill out a claim form (available on our website) or complete an online claim in the NBS web portal; attach documentation, such as an itemized bill, receipt, EOB, or insurance statement; fax or mail signed form and documentation to NBS (if not filing electronically). You will receive your reimbursement either by a check in the mail or direct deposit.

Step Four: Year End—any unused funds in your benefit accounts are forfeited after the last day of the plan year. However, most plans allow time after the end of the plan year to submit claims from the previous year. Plans may also allow a grace period or a rollover so funds are not lost.

Check your plan-specific features. The ability to use funds after the end of the plan year varies.

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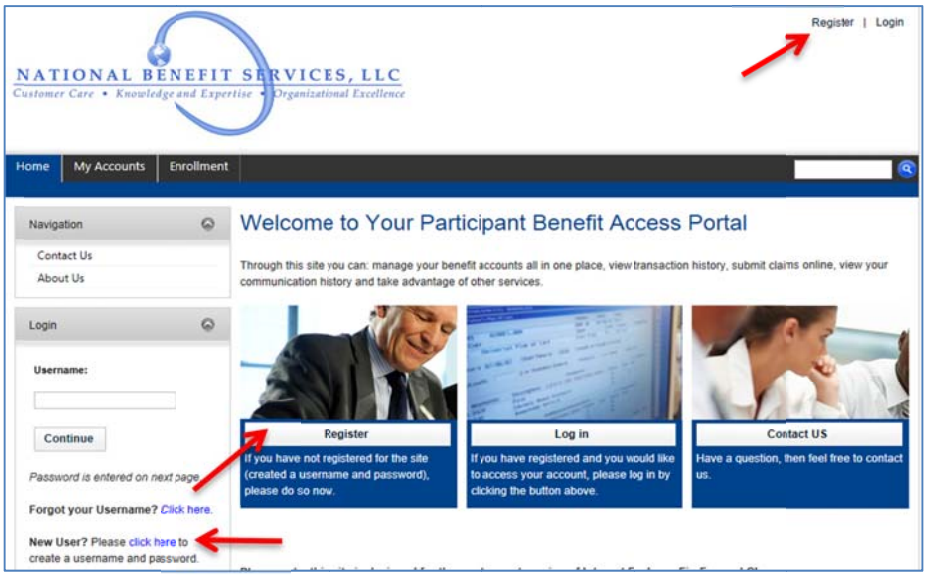
The NBS Web Portal- First Time Login

▶ Features of the Portal:

- **Interact with balances, summaries, and highlights** of all your benefit accounts
- **Get detailed transaction history** showing all deposits and payments of each account
- **Track all of your medical expenses** using a claim manager and take advantage of our easy-to-use claim entry and reimbursement request process
- **Order new debit cards** or report your debit card as lost/stolen
- **Stay up-to-date with announcements and communication** from both NBS and your plan sponsor
- **Take advantage of endless informational resources** such as calculators, videos, and FAQ's

▶ Login Step #1 participant.nbsbenefits.com

1. **Using your internet browser, navigate to: http://participant.nbsbenefits.com.**
2. **Click "Register" in one of the three locations on the home page.**



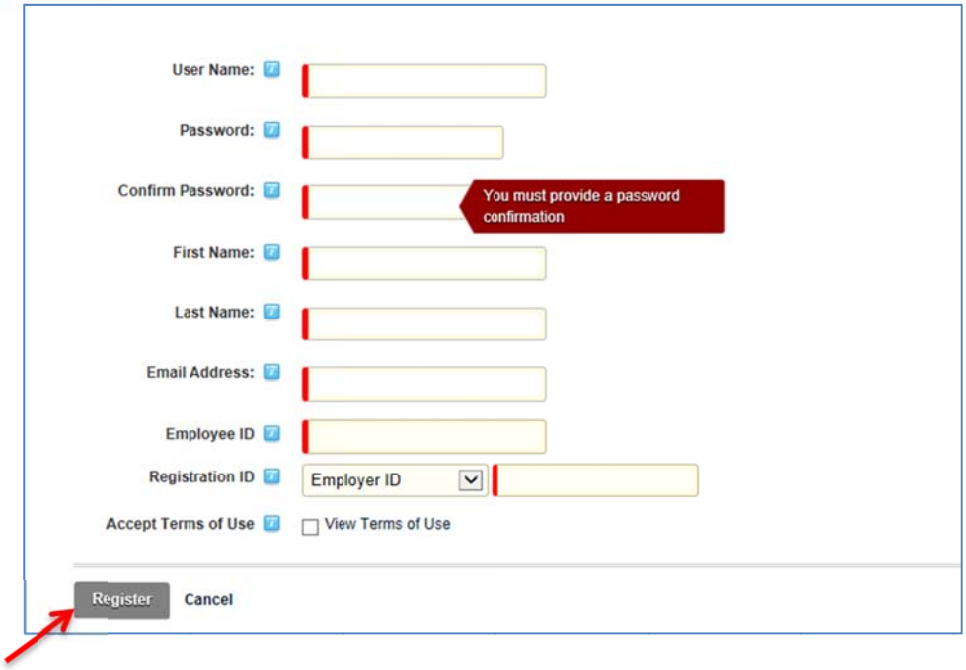
The NBS Web Portal- First Time Login continued:

▶ Login Step #2

Complete the required fields as a first time user:

- User Name & Password
- Personal Information- Name & Email Address
- Employee ID is your SSN
- Employer ID or NBS Debit Card Number
  - Employer ID is a 9 digit code given to you in your welcome email from NBS, or may be obtained through your employer or contacting NBS at 855-399-3035.
- Accept Terms & Conditions

After completing the required fields click "Register"



▶ Contact NBS should you have any questions

National Benefit Services, LLC
Phone: 855-399-3035
Email: service@nbsbenefits.com

Download the NBS App now and find managing your NBS accounts easier now more than ever!

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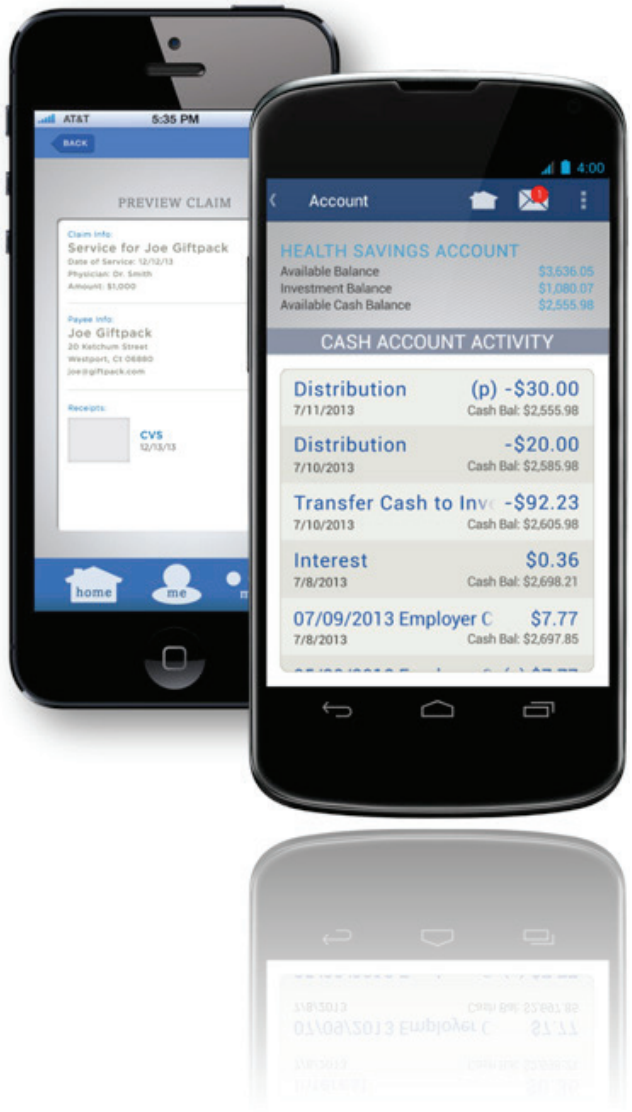


▶ Features of the Portal:

- View all Accounts and Transactions for your benefits with NBS
  - Flexible Spending Account (FSA)
  - Dependent Care Program
  - Health Reimbursement Arrangement (HRA)
  - Health Saving Account (HSA)
  - Parking and Transportation Plan
- Submit new claims for reimbursement
- Attach receipts for pending claims
- View notifications and alerts
- Contact NBS using your phone

The NBS App is available for your smart phone and tablet device on the iTunes and Google Marketplace Stores. Simply search for NBS benefits in the App store and follow the instructions for download. You will use the same login information as you have with the NBS Web Portal. If you have not registered on the NBS portal please follow the Web Portal Instructions.

ANDROID APP ON Google play

Available on the iPhone App Store

EFAP

City of Casper
Employee and Family 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.**

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.

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.

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.

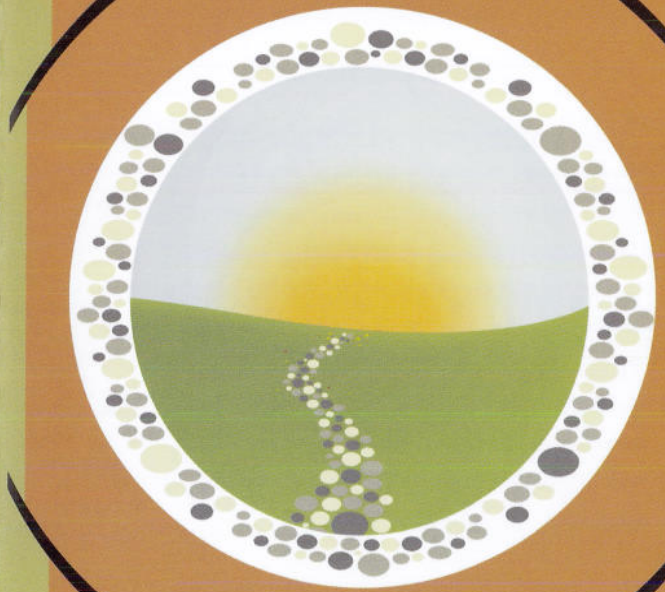
The person being seen is encouraged to make the appointment themself, though not required. A voice mail can be left during non-business hours and the call will be returned as soon as possible. You are asked to arrive fifteen minutes early for your first appointment to fill out necessary forms so we can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

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.

Target

http://sites.target.com/site/en/health/page.jsp?contentId=WCMP04-040590

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

PREMIUMS

City of Casper

Employee Contributions & Premiums

January 1, 2015 – December 31, 2015

Medical & Pharmacy Cigna

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

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

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

Dental Delta Dental

Dental Plan				
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
Employee	$39.77	$31.82	$7.95	$3.98
Employee + Spouse	$79.54	$63.63	$15.91	$7.96
Employee + Child(ren)	$73.57	$58.86	$14.71	$7.36
Family	$104.27	$83.42	$20.85	$10.43

Vision VSP

VSP Signature			
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month (12 Pay Periods)
Employee	$10.72	-	$10.72
Employee + Spouse	$15.54	-	$15.54
Employee + Child(ren)	$27.86	-	$27.86
Family	$27.86	-	$27.86

GBS

BENEFITS, INC.

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