



2016

Employee Benefits Guide



2016 Employee Benefits Guide Contact Information

Need Help?

If you have questions regarding...	Contact	Call	Click or Email
Medical	Cigna	(800) 244-6224	www.mycigna.com
Dental	Delta Dental	(800) 521-2651	www.deltadentalins.com
Vision	VSP	(800) 877-7195	www.vsp.com
Life and AD&D Disability	Lincoln Financial	(800) 423-2765	www.lfg.com
Flexible Spending Account	National Benefit Services	(800) 274-0503 (801) 532-4000	www.nbsbenefits.com
Worksite Voluntary Benefits	Lacey Smith <i>GBS Benefits, Inc.</i>	(801) 819-7744	vbcustomerservice@gbsbenefits.com
Employee Assistance Program	EFAP	(307) 237-5750	efapcommittee@cityofcasperwy.com
Plan brochures, materials, general benefits information	Becky Nelson <i>Human Resources</i>	(307) 235-8289	bnelson@cityofcasperwy.com
Open enrollment questions, escalated claims issues	Marcie Gentry <i>GBS Benefits, Inc.</i>	(801) 933-2612	marcie.gentry@gbsbenefits.com

Table of Contents

Important Information	6
Enrollment Guidelines.....	7
Online Benefits Enrollment.....	8
Medical – Cigna	9
2016 Medical Plan Comparison	10
Guide to Your Explanation of Benefits	11
Your Cigna Pharmacy Benefit.....	13
myCigna.com.....	14
Preventive Care	16
Dental – Delta Dental	20
Premier Plan Summary of Benefits.....	21
Vision – VSP	22
Vision Plan	23
Life and AD&D – Lincoln Financial	25
Group Term Life and AD&D	26
Voluntary Life with AD&D	28
Employee Life Premiums	30
Spouse Life Premiums	31
Disability – Lincoln Financial	32
Short Term Disability.....	33
Long Term Disability.....	35
Flexible Spending Account (FSA) – National Benefit Services	37
Plan Highlights.....	38
Sample Expenses.....	40
Worksite Voluntary Benefits – Aflac	41
Accident Coverage.....	42
Hospital Indemnity Insurance	42
Critical Illness Coverage	43
Employee Assistance Program (EAP) – EFAP	44
EFAP Info.....	45
Wellness – City of Casper	47
Wellness Program	48
Premiums	49
Monthly Costs & Employee Contributions	50

Important Information



Enrollment Guidelines

Welcome to the City of Casper 2016 Benefits Guide. This Guide is designed to highlight your benefit options so that you can make the best possible decision for you and your family. We hope that this guide will be a resource to use throughout the year for services and benefits provided and offered to you as a valued City of Casper employee.

Know Your Benefits

Making wise decisions about your benefits requires planning. By selecting benefits that provide the best care and coverage, you can optimize their value and minimize the impact to your budget. The best thing you can do is “shop” for benefits carefully, using the same type of decision-making process you use for other major purchases.

- **Take advantage of the tools available to you.** That includes this guide, access to plan information, provider directories, and enrollment materials.
- **Be a smart shopper.** If you were buying a car or purchasing a home, you would do a lot of research beforehand. You should do the same for benefits because the wrong decision could be costly.
- **Don't miss the deadline and keep record of your enrollment!** Pay attention to the enrollment deadline and be sure to provide Human Resources with your benefit elections in a timely manner. It is important to review your paycheck to ensure the accuracy of payroll deductions. Notify HR immediately if there are any discrepancies.

Who is Eligible?

If you are a full-time employee working 30 or more hours per week, coverage will begin on the first day of the month following 30 days of qualified employment. You may also enroll your eligible dependents in the same plans you choose for yourself. Eligible dependents include your legal spouse and your natural, adopted or step-child(ren) to age 26.

When to Enroll

You can enroll for coverage as a new hire, or during our annual open enrollment period. Outside of your open enrollment period, the only time you can change your coverage is within 30 days after you experience a qualifying event.

How to Make Changes

The IRS and the insurance carrier provide strict regulations about when you can enroll for and make changes to benefit elections during the plan year. Once you decide to enroll in or decline benefits, you will not be able to make any changes to your elections until our next annual open enrollment period, unless you experience a qualified life event. Qualified life events include, but are not limited to:

- Change in your legal marital status
- Birth, adoption, placement for adoption or legal guardianship of a child
- Death of a dependent
- Change in child's dependent status
- You or your dependent(s) become eligible or loses eligibility for Medicaid or the Children's Health Insurance Program (CHIP)
- Change in your dependents employment resulting in loss or gain of eligibility for employer coverage
- A court or administrative order

It is your responsibility to notify Human Resources when you have a qualified life event and would like to make changes to your benefit elections. If your qualified life event is due to loss or gain of Medicaid or CHIP coverage, you have 60 days to notify Human Resources. All other qualified life events must be reported to Human Resources within 30 days of the event. Benefit changes must be directly related to the qualified life event.

When Coverage Ends

For most benefits, coverage will end on the last day of the month in which your regular work schedule is reduced to fewer than 30 hours per week, your employment with City of Casper ends, or you stop paying your share of the coverage. Your dependent(s) coverage ends when your coverage ends, or the last day of the month in which the dependent is no longer eligible.

Certain benefits may terminate on the date of event. Please contact your Human Resources team for more information.

Online Benefits Enrollment • InfinityHR

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

Information Needed

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

Step 1 - Getting Started

- In your web browser type www.infinityhr.com in the address bar.
- Click **"First time user? Forgot or want to Reset your password?"**
- Validate your identity by entering your Date of Birth and SSN then click "Find my Record".
- Enter a new password and make note of it for your records, then click create new password.
- Enter your User ID and Password then click log in.
 - **Your User ID is: [last name][BirthDate](mmdyyyy)**
 - **For Example: Name: John Doe, Birth Date 07/12/1969, User ID = doe07121969**
- On the home screen look for **Change Events**.
- Select the event available, which should be **"Open Enrollment"**, then click **"Begin Event"**.
 - If enrolling outside of Open Enrollment, select the options that are appropriate such as, New Hire or Marriage.

Step 2 – Verify Your Personal and Dependent Information

- Verify your Personal Information.
- If you need to add or make a change click on **"edit personal information"** and make updates, then click **"Save Information"**.
- Once you have verified that everything is correct click **"Save & Continue"**.
- If you need to add a dependent click **"Add Dependent"** or if you need to change a dependent's information click **"Edit"** then add/update the information and click **"Save Information"**.
- Once all of your dependents have been added/updated, click **"Save & Continue"**.
 - *If your spouse will be enrolled in coverage they are considered a dependent for insurance purposes.*
 - *If you plan on enrolling in Spouse Life Insurance or Child Life Insurance, you need to add your spouse and children as dependents on this screen.*

Step 3 – Make Your Open Enrollment Elections

- Follow the enrollment wizard through each step of the enrollment process and elect or decline each benefit.
 - *As you elect plans, your dependents will appear at the bottom of the screen. Please remove the check mark from the box if you do not want a dependent covered on that specific plan.*
- Click **"Save & Continue"** to continue navigating through the system.

Step 4 - Confirm your Elections

- After you have made all of your elections you will be at the **Review Tab**.
- Review the benefit elections for yourself and your dependents to ensure accuracy.
- Click **"Save & Confirm"**.
- The Enrollment Confirmation Statement will be emailed to you.

Medical

Cigna



City of Casper

Cigna Medical Comparison 2016 Plan Design

Illustrative Purposes Only

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

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

GUIDE TO YOUR EXPLANATION OF BENEFITS

Simple format.

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

The choice is yours: online, paper or both.

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

Online EOBs are:

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

PAGE 1 SUMMARY

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

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

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

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

Cigna
Cigna Health and Life Insurance Company

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

Explanation of benefits
for a claim received for YOUR NAME, Reference # 86599999999999

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

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

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

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

Glossary

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

Amount not covered: The portion of the amount bill

Rights of review and appeal

If you have any questions about this explanation of b

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

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

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

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

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

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

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



Claim received for Reference # 8659999999999999
Your Name U99999999
ID U99999999

THIS IS NOT A BILL

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

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

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

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

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

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



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YOUR CIGNA PHARMACY BENEFIT



Five ways to get the most out of your pharmacy benefit plan

1. Learn what medications are covered

Save money by checking out the list of medications covered under your plan on **myCigna.com**. The amount you pay depends on whether your medication is listed as a generic, preferred brand, non-preferred brand or specialty medication.

2. Use the Prescription Drug Price Quote tool

View medication cost based on your pharmacy plan, see if there are lower cost alternatives and compare prices between Cigna Home Delivery PharmacySM and retail pharmacies.

3. Use Cigna Home Delivery PharmacySM

Have the medications you take on a daily basis delivered right to your door at no additional cost. Because you can get up to a 90-day supply at one time, you may even be able to save money. You'll get a reminder when it's time to reorder, and have access to the CoachRx team for help with drug interactions, side effects and ways to lower your medication costs.

4. Get help with specialty medications

Take advantage of TheraCare[®]. Your personalized team will help you better understand your chronic condition (like multiple sclerosis, hepatitis c or hemophilia) and medication, including common side effects and how to follow your doctor's treatment instructions correctly.

5. Use myCigna.com

Gives you 24/7/365 access to:

- › See your pharmacy claim history
- › Read your benefit details
- › See medication prices based on your plan
- › Manage your Cigna Home Delivery Pharmacy orders
- › Ask a pharmacist a question



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

Together, all the way.[®]



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Click with a site that CLICKS WITH YOU

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

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

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

Connect with better health. Here's how:

Health and wellness

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

Cost estimates and quality of care ratings

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

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Prescription services

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

It's all designed to click with you.

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



Your health has met its App.SM
Get the myCigna Mobile App today!*



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Understanding your PREVENTIVE CARE HEALTH COVERAGE

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

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

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

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

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

What is a preventive care service?

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

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

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

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



Wellness exams

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

The following routine immunizations are currently designated preventive services:

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

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

Health screenings and interventions

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

 = Men,  = Women,  = Children/Adolescents

Health screenings and interventions

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

 = Men,  = Women,  = Children/Adolescents

Health screenings and interventions

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

 = Men,  = Women,  = Children/Adolescents

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



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

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

Exclusions

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

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Dental

Delta Dental





City of Casper - Group #70024

Premier Plan (Off Exchange)

Summary of Benefits

(Please refer to the handbook for more detailed benefits)

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

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

DEDUCTIBLE LIMITATIONS

Individual Deductible \$50
Family Deductible \$150

ANNUAL MAXIMUM BENEFIT

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

ORTHODONTIA LIFETIME MAXIMUM \$1,500

WAITING PERIOD

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

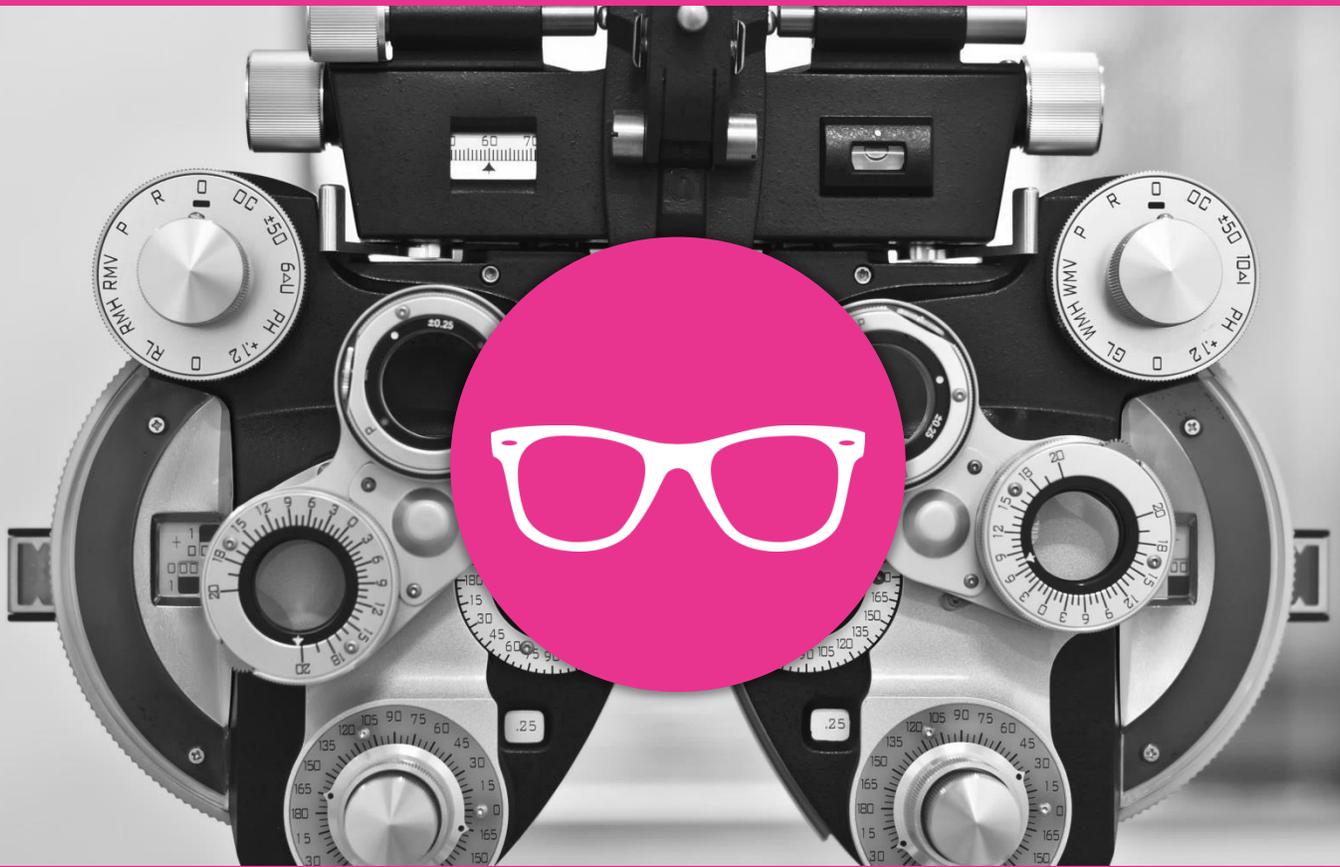
DEPENDENT ELIGIBILITY

End of the month age 26 is attained

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

Vision

VSP



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

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

You'll like what you see with VSP.

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

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

Contact us.
vsp.com
800.877.7195

Using your VSP benefit is easy.

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

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

Choice in Eyewear

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



Your VSP Vision Benefits Summary

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

Visit vsp.com for more details on your vision benefit and for exclusive savings and promotions for VSP members.

VSP Doctor Network: VSP Signature

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

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

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Life and AD&D

Lincoln Financial





**Group Term Life Insurance
Life and AD&D**

SUMMARY OF BENEFITS

Sponsored by: City of Casper

All Other Full-Time Employees excluding Executives and Senior Executives

Coverage	Benefit Amount Employee	Benefit Amount Spouse and Dependents
Life	\$50,000	Spouse: \$2,000 Child: 1 day to 14 days: \$500 Child: 14 days to age 26: \$1,000
Guarantee Issue	\$50,000	
AD&D	Will Equal the Life Benefit	N/A
Monthly Cost	Employee	Spouse and Dependents
	Your employer pays the cost of your coverage.	\$0.63
Benefit Reduction	Employee	Spouse
Benefits will reduce:	35% at age 65; An additional 25% of original amount at age 70; An additional 15% of original amount at age 75;	Benefits terminate at Employee Retirement

Additional Benefits

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

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

(Please see other side)

Understanding Your Benefits

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

Additional Benefits

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

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID:
CASPERCTY2

www.LincolnFinancial.com

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

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Sponsored by: **City of Casper**

Life Benefit	Employee	Spouse	Dependent
<i>Employee must elect coverage for Spouse or dependents to be eligible.</i>			
Amount	Choice of \$10,000 increments	Choice of \$10,000 increments	Age 14 Days to 6 months: \$250 6 months to age 19 (to age 25 if un-married & full-time student): \$20,000 Newborn children to age 14 days are not eligible for a benefit
Minimum Amount	\$10,000	\$10,000	\$20,000
Maximum Amount	\$500,000, limited to 5 times your annual salary Employees age 70 and older, maximum benefit is \$50,000	\$250,000, limited to 50% of employee amount	\$20,000
Guarantee Issue for Newly Eligible Employee	\$300,000	\$30,000	

Current Eligible Employees You or your Spouse may elect or increase insurance coverage equal to 2 benefit levels on a guaranteed acceptance basis during your company's defined annual open enrollment period, provided that you or your Spouse have not been previously declined, withdrawn, or pending for coverage.

AD&D Benefit	Employee	Spouse
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Amount	Benefit amount equal to the life amount elected by you. Cost included in the schedule.	Same as employee
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Benefit Reduction	Employee	Spouse
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Benefits will reduce:	35% at age 65; Additional 25% of original amount at age 70; Additional 15% of original amount at age 75; Benefits terminate at retirement	35% at Employee Age 65; Additional 25% of original amount at Employee Age 70; Additional 15% of original amount at Employee Age 75 Benefits terminate at Employee Retirement
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Eligibility	Employee	Spouse and Dependents
	All employees in an eligible class.	Cannot be in a period of limited activity on the day coverage takes effect.

Additional Benefits

- See Definition: Accelerated Death Benefit
- See Definition: Portability
- See Definition: Conversion
- See Definition: Seat Belt, Airbag, and Common Carrier

Definitions

Accelerated Death Benefit	Accelerated Death Benefit provides an option to withdraw a percentage of your life insurance coverage when diagnosed as terminally ill (as defined in the policy). The death benefit will be reduced by the amount withdrawn. To qualify, you have satisfied the Active Work rule and have been covered under this policy for the required amount of time as defined by the policy. Check with your tax advisor or attorney before exercising this option.
AD&D	Accidental Death and Dismemberment (AD&D) insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (e.g., the loss of a hand, foot, or eye). In the event that death occurs from a covered accident, both the life and the AD&D benefit would be payable
Conversion	If you terminate your employment or become ineligible for this coverage, you have the option to convert all or part of the amount of coverage in force to an individual life policy on the date of termination without Evidence of Insurability. Conversion election must be made within 31 days of your date of termination.
Guarantee Issue	For timely entrants enrolled within 31 days of becoming eligible, the Guarantee Issue amount is available without any Evidence of Insurability requirement. Evidence of Insurability will be required for any amounts above this, for late enrollees or increase in insurance, and it will be provided at your own expense.
Limited Activity	A period when a Spouse or dependent is confined in a health care facility; or, whether confined or not, is unable to perform the regular and usual activities of a healthy person of the same age and sex.
Portability	If coverage has been in force for at least 12 months, you may continue coverage for a specified period of time after your employment by paying the required premium. Portability is available if you cease employment for a reason other than total disability or retirement at Social Security Normal Retirement Age. A written application must be made within 31 days of your termination.
Seat Belt, Airbag, and Common Carrier	If you die as a result of a covered auto accident while wearing a seat belt or in a vehicle equipped with an airbag, additional benefits are payable up to \$10,000 or 10% of the principal sum, whichever is less. If loss occurs for you due to an accident while riding as a passenger in a common carrier, benefits will be double the amount that would otherwise apply as outlined in the certificate.
Term Life	Benefit provided to the designated beneficiary upon the death of the insured. The benefit is provided for the time period that you are eligible and premium is paid. There is no cash value associated with this product.
Exclusion: Suicide	Benefits will not be paid if the death results from suicide within 1 year after coverage is effective. May apply if employee contributes toward the premium.

Additional Benefits

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

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Monthly Employee Premium
Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
 Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

Monthly RATE	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.125	<25	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.125	25-29	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.125	30-34	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.146	35-39	\$1.46	\$2.92	\$4.38	\$5.84	\$7.30	\$8.76	\$10.22	\$11.68	\$13.14	\$14.60
0.197	40-44	\$1.97	\$3.94	\$5.91	\$7.88	\$9.85	\$11.82	\$13.79	\$15.76	\$17.73	\$19.70
0.281	45-49	\$2.81	\$5.62	\$8.43	\$11.24	\$14.05	\$16.86	\$19.67	\$22.48	\$25.29	\$28.10
0.429	50-54	\$4.29	\$8.58	\$12.87	\$17.16	\$21.45	\$25.74	\$30.03	\$34.32	\$38.61	\$42.90
0.671	55-59	\$6.71	\$13.42	\$20.13	\$26.84	\$33.55	\$40.26	\$46.97	\$53.68	\$60.39	\$67.10
1.013	60-64	\$10.13	\$20.26	\$30.39	\$40.52	\$50.65	\$60.78	\$70.91	\$81.04	\$91.17	\$101.30
1.696	65-69	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$11.02	\$22.05	\$33.07	\$44.10	\$55.12	\$66.14	\$77.17	\$88.19	\$99.22	\$110.24
3.427	70-74	\$4,000	\$8,000	\$12,000	\$16,000	\$20,000	N/A	N/A	N/A	N/A	N/A
		\$13.71	\$27.42	\$41.12	\$54.83	\$68.54	N/A	N/A	N/A	N/A	N/A
3.427	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	N/A	N/A	N/A	N/A	N/A
		\$8.57	\$17.14	\$25.70	\$34.27	\$42.84	N/A	N/A	N/A	N/A	N/A
3.427	80+	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	N/A	N/A	N/A	N/A	N/A
		\$8.57	\$17.14	\$25.70	\$34.27	\$42.84	N/A	N/A	N/A	N/A	N/A

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 100,000

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example: 35	0.146	X	150	=	\$ 21.90
		X		=	

Dependent Children Benefit Amt
 Monthly Rate:

\$ 20,000
\$2.70

Premium covers all dependent children regardless of the number of children.

Monthly Spouse Premium
Life and Accidental Death and Dismemberment Premium for sample benefit amounts

Employee and Spouse premiums are calculated separately.
 Spouse premiums will be calculated based on the Employee Age
 Refer to Program Specifications for your maximum benefit amounts.

Benefits and premium amounts reflect age reductions.

Monthly RATE	AGE	\$ 10,000	\$ 20,000	\$ 30,000	\$ 40,000	\$ 50,000	\$ 60,000	\$ 70,000	\$ 80,000	\$ 90,000	\$ 100,000
0.125	<25	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.125	25-29	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.125	30-34	\$1.25	\$2.50	\$3.75	\$5.00	\$6.25	\$7.50	\$8.75	\$10.00	\$11.25	\$12.50
0.146	35-39	\$1.46	\$2.92	\$4.38	\$5.84	\$7.30	\$8.76	\$10.22	\$11.68	\$13.14	\$14.60
0.197	40-44	\$1.97	\$3.94	\$5.91	\$7.88	\$9.85	\$11.82	\$13.79	\$15.76	\$17.73	\$19.70
0.281	45-49	\$2.81	\$5.62	\$8.43	\$11.24	\$14.05	\$16.86	\$19.67	\$22.48	\$25.29	\$28.10
0.429	50-54	\$4.29	\$8.58	\$12.87	\$17.16	\$21.45	\$25.74	\$30.03	\$34.32	\$38.61	\$42.90
0.671	55-59	\$6.71	\$13.42	\$20.13	\$26.84	\$33.55	\$40.26	\$46.97	\$53.68	\$60.39	\$67.10
1.013	60-64	\$10.13	\$20.26	\$30.39	\$40.52	\$50.65	\$60.78	\$70.91	\$81.04	\$91.17	\$101.30
1.696	65-69	\$6,500	\$13,000	\$19,500	\$26,000	\$32,500	\$39,000	\$45,500	\$52,000	\$58,500	\$65,000
		\$11.02	\$22.05	\$33.07	\$44.10	\$55.12	\$66.14	\$77.17	\$88.19	\$99.22	\$110.24
3.427	70-74	\$4,000	\$8,000	\$12,000	\$16,000	\$20,000	N/A	N/A	N/A	N/A	N/A
		\$13.71	\$27.42	\$41.12	\$54.83	\$68.54	N/A	N/A	N/A	N/A	N/A
3.427	75-79	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	N/A	N/A	N/A	N/A	N/A
		\$8.57	\$17.14	\$25.70	\$34.27	\$42.84	N/A	N/A	N/A	N/A	N/A
3.427	80+	\$2,500	\$5,000	\$7,500	\$10,000	\$12,500	N/A	N/A	N/A	N/A	N/A
		\$8.57	\$17.14	\$25.70	\$34.27	\$42.84	N/A	N/A	N/A	N/A	N/A

This is an estimate of premium cost. Actual deductions may vary slightly due to rounding and payroll frequency.

Example:

Use this formula to calculate premium for benefit amounts over \$ 100,000

Age	Monthly Rate Per \$1,000	X	Benefit In \$1,000's	=	Monthly Cost
Example: 35	0.146	X	75	=	\$ 10.95
		X		=	

Dependent Children Benefit Amt
 Monthly Rate:

\$ 20,000
\$ 2.70

Premium covers all dependent children regardless of the number of children.

Disability

Lincoln Financial



SUMMARY OF BENEFITS

Sponsored by: City of Casper

Short-term disability is intended to protect your income for a short duration in case you become ill or injured.

STD Benefit			
	Weekly Benefit	Elimination Period	Maximum Duration
	66.67% of weekly salary up to \$700 per week	Benefits begin on: Accident: 31st day Illness: 31st day	22 weeks
Integration of Benefits	Your benefits may be reduced by benefits received from state disability or worker's compensation programs. The total of all benefits received from this policy, state disability plans, worker's compensation programs and your employer's sick pay plan may not exceed 100% of your income prior to disability.		
Additional Benefits			
	Rehab Assistance - 5% Survivor Income - 3 Weeks C-Section Benefit - 8 weeks See your Schedule of Benefits on your Certificate for more information		
Enrolling for Coverage			
Eligibility:	All employees in an eligible class.		

Understanding Your Benefits

Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your regular occupation.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 2 weeks of returning to work, you will begin receiving benefits again immediately.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• Your disability is covered under a worker's compensation plan and/or is due to a job-related sickness or injury.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings the insured earns or receives from any form of employment;• You are receiving sick leave pay from your employer.• Disability income benefits received under state disability benefit laws.
Rehabilitation Assistance Benefit	Employees who participate in an approved rehabilitation program are eligible to receive an additional percent of benefit. Additionally, approved program costs may be reimbursed.
Survivor Income	A benefit may be paid to your survivor for additional weeks if you should die while you were eligible to receive benefits under this policy.
Coverage Termination	This coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: CASPERCTY2

www.LincolnFinancial.com

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

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SUMMARY OF BENEFITS

Sponsored by: City of Casper

Long-term disability is intended to protect your income for a long duration after you have depleted short-term disability or any sick leave your company may offer.

LTD Benefit				
	Monthly Benefit	Maximum Benefit Duration	Own Occupation Period	Elimination Period
Employer Paid Plan	66.67% of monthly salary up to \$5,000 per month	Later of Age 65 or Social Security Normal Retirement Age	24 Months	180 Days
Pre-Existing Condition	You may not be eligible for benefits if you have received treatment for a condition within 3 months prior to your effective date under this policy until you have been covered under the policy for 12 months.			
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability.			
Benefit Limitations	Mental Illness: 24 Months Substance Abuse: 24 Months Specified Illness: No Limit			

Enrolling for Coverage

Eligibility: All employees in an eligible class

Additional Benefits

Progressive Income Benefit, Family Care Expense Benefit, Survivor Income Benefit and EmployeeConnect - Employee Assistance Plan

See your Schedule of Benefits on your Certificate for more information

Understanding Your Benefits

Elimination Period	The number of days you must be disabled prior to collecting disability benefits.
Own Occupation	The occupation, trade, or profession you were employed in prior to your disability as defined by the US DOL Dictionary of Occupational Titles.
Total Disability	Due to an injury or illness, you are unable to perform each of the main duties of your own occupation on a full-time basis. Your "own" occupation is covered for a specific period of time. See Certificate of Coverage for details.
Partial Disability	Due to an injury or illness, you are unable to perform one or more of the main duties of your regular occupation on a full-time basis. Partial Disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer and continue to receive benefits, which may enable you to receive 100% of your income during your time of disability. See Certificate of Coverage for details.
Continuation of Disability	If you return to work full-time but become disabled from the same disability within 6 months of returning to work, you will begin receiving benefits again immediately with no new Elimination Period.
Benefit Duration Reduction	Your benefit duration may be reduced if you become disabled after age 65.
Pre-Existing Condition	Any sickness or injury for which you received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to your coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date.
Benefit Exclusions	You will not receive benefits in the following circumstances: <ul style="list-style-type: none">• Your disability is the result of a self-inflicted injury.• You are not under the regular care of a doctor when requesting disability benefits.• You were involved in a felony commission, act of war, or participation in a riot.• You were residing outside of the United States or Canada for more than 12 consecutive months for purposes other than employment with your Employer.
Benefit Reductions	Your benefits may be reduced if you are receiving benefits from any of the following sources: <ul style="list-style-type: none">• Any compulsory benefit act or law (such as state disability plans);• Any governmental retirement system earned as a result of working for the current policyholder;• Any disability or retirement benefit received under a retirement plan;• Any Social Security, or similar plan or act, benefits;• Earnings from any form of employment;• Workers compensation;• Salary continuance or employer contributions to an employer sponsored retirement plan.
Coverage Termination	Coverage will terminate when you terminate employment with this policyholder, or at your retirement.

For assistance or additional information Contact Lincoln Financial Group at

(800) 423-2765; reference ID: CASPERCTY2

www.LincolnFinancial.com

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

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Flexible Spending Account

National Benefit Services



FLEXIBLE BENEFITS PLAN

City of Casper

Employer ID NBS270859

PLAN HIGHLIGHTS

Login at: www.participant.NBSbenefits.com



Congratulations! 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 the Plan is that the benefits being offered are 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 receive a reimbursement for an expense under the Plan, you cannot claim a Federal income tax credit or deduction on your return.

DETERMINING 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.

GENERAL PLAN INFORMATION

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

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

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

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

Health FSA Grace Period.....75 days

WHEN AM I ELIGIBLE TO PARTICIPATE

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 the day in which you meet the above eligibility requirements.

WHAT TYPE OF BENEFITS ARE AVAILABLE

Under our Plan, you can choose the following benefits. Each benefit allows you to save taxes at the same time because the amount you elect is set aside on a pre-tax basis.

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. The most that you can contribute to your Health FSA each Plan Year is \$2,500.

Dependent Care Flexible Spending Account:

The Dependent Care Flexible Spending Account (DCAP) enables you to pay for out-of-pocket, work-related dependent day-care cost. Please see the Summary Plan Description for the 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 and be excluded 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, as well as the amount of such expense and proof that the expense has been incurred.

Premium Expense Plan:

A Premium Expense portion of the Plan allows you to use pre-tax dollars to pay for specific premiums 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.

NBS Welfare Benefit Service Center

8523 S. Redwood Road
West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528



City of Casper Flexible Benefits Plan City of Casper

Plan Contact Person:
Becky Nelson
200 North David
Casper, WY 82601
(307) 235-8228

Flexible Benefits Plan

Highlights Continued

HOW DO I RECEIVE REIMBURSEMENTS

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.NSBenefits.com.

Claim forms must be submitted 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 Flexible Spending Accounts from the immediately preceding plan year, and you incur qualified medical care and/or dependent 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. Any monies left from the previous plan year will be forfeited following the grace and run-out period.

NBS Flexcard – FSA Pre-paid MasterCard

Your employer may sponsor the use of the NBS Flexcard, making access to your flex dollars easier than ever. You may use the card to pay merchants or service providers that accept credit cards, so there is no need to pay cash up front then wait for reimbursement.

Terminated Employees have 60 Days after their date of termination to submit receipts for services prior to their termination date.

WHO ARE 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.

Updated: 11/17/2014

NBS Welfare Benefit Service Center

8523 S. Redwood Road
West Jordan, UT 84088
801-532-4000 or 1-800- 274-0503
Fax: 1-800-478-1528



City of Casper Flexible Benefits Plan City of Casper

Plan Contact Person:
Becky Nelson
200 North David
Casper, WY 82601
(307) 235-8228

Health Care Expense Account

Sample Expenses



Medical Expenses

Acupuncture
 Addiction Programs and Products
 Adoption (Medical expenses for baby birth)
 Alternative Healer Fees
 Ambulance
 Arthritis Pain Relieving Creams
 Artificial Limbs
 Body Scans
 Care for Mentally Handicapped
 Chiropractor
 Contraceptives
 Co-Payments
 Crutches
 Diabetes (i.e. Insulin, Glucose Monitor)
 Eye Patches
 Fertility Treatment
 First Aid (i.e. Bandages, Gauze, Creams)
 Hearing Aids & Batteries
 Hypnosis (for treatment of illness)
 Incontinence Products (i.e. Depends, Serene)
 Joint Support Bandages and Hosiery
 Lab Fees
 Monitoring Device (Blood Pressure, Cholesterol)
 Physical Exams
 Pregnancy tests
 Prescription Drugs
 Psychiatrist/Psychologist (for mental illness)
 Physical Therapy
 Smoking Cessation Relief (i.e. Patches, Gum)
 Speech Therapy
 Urinary Pain Relief
 Vaccinations
 Vaporizers or Humidifiers
 Wart Removal Medication
 Weight Loss Program Fees (with doctor's note)
 Wheelchair



Dental Expenses

Artificial Teeth
 Co-Payments
 Deductible
 Dental Work
 Dentures
 Orthodontia Expenses
 Preventive Care at Dentist Office
 Bridges, Crowns, Etc.



Vision Expenses

Braille - Books & Magazines
 Contact Lenses
 Contact Lens Solutions
 Eye Exams
 Eye Glasses
 Laser Surgery
 Office Fees
 Guide Dog and its upkeep or other animal aid

For Additional Information, visit www.nbsbenefits.com

Health care expenses that do not qualify as a federal income tax deduction under IRS code Section 213 do not qualify for payment through your spending account. The following list includes many of the common expenses that generally do not qualify for reimbursement.

*These expenses may be eligible if they are prescribed by a physician
 (If medically necessary for a specific condition)*

Personal Hygiene (i.e. deodorant, soap, body powder, shaving cream, sanitary products, etc.)	Motion Sickness Medication
Allergy Relief (Oral Medications, Nasal Spray)	Nutritional and dietary supplements (i.e. bars, milkshakes, power drinks, Pedialyte)
Antacids and Heartburn relief	Skin Care (i.e. sun block, moisturizing lotion, lip balm)
Anti-itch and Hydrocortisone Creams	Sleep aids (i.e. oral medications, snoring strips)
Athlete's Foot Treatment	Stomach & Digestive Relief (i.e. Pepto-Bismol, Imodium, etc)
Cold Medicines (i.e. Syrups, Drops, Tablets)	Tooth and mouth pain relief (Orajel, Anbesol)
Cosmetic Surgery	Vitamins
Cosmetics (i.e. makeup, lipstick, cotton swabs, cotton balls, baby oil)	Weight reduction aids (i.e. Slimfast, appetite suppressants)
Counseling (i.e. marriage and family counseling)	
Dental care - Routine (i.e. toothpaste, toothbrushes, dental floss, anti-bacterial mouthwashes, fluoride rinses, breath strips, teeth whitening/bleaching, etc.)	
Exercise Equipment	
Fever & Pain Reducers (i.e. Aspirin, Tylenol)	
Hair Care (i.e. hair color, shampoo, conditioner, brushes, hair loss products)	
Health Club or Fitness Program Fees	
Homeopathic Supplements or Herbs	
Household or Domestic Help	
Laser hair removal	
Laxatives	
Massage Therapy	

Worksite Voluntary Benefits

Aflac



We've Got You Under Our Wing.SM



Accidents are unexpected. How you care for them shouldn't be.

Accidents happen more often than you think. Accident insurance from Aflac can help prepare you for what happens next.

Benefits include:

- Cash paid to you for the care and treatment of a covered accidental injury
- Benefits are paid regardless of any other insurance you have with other insurance companies
- Your coverage is portable; as long as your employer continues to offer these products, you can take the coverage with you if you change jobs or retire

Semi-monthly premium rates for Non-occupational Accident coverage:

Individual	Insured / Spouse	One-Parent Family	Two-Parent Family
\$6.31	\$9.23	\$12.94	\$15.86

Will your major medical insurance cover all of your bills?

Supplemental hospital indemnity insurance provides financial help to enhance your current coverage. You don't want to be caught unprepared in a medical emergency and have to rely on your family's savings to cover the extra expenses you may face. Your health insurance plan may pay only a portion of the total expenses a hospital stay or medical treatment requires. As a result, you could incur significant out-of-pocket expenses if you or a family member were hospitalized.

Benefits include:

- Cash paid to you for admission to and confinement in a hospital, surgery, and/or anesthesia administered by a physician
- Benefits are paid regardless of any other insurance you have with other insurance companies
- Your coverage is portable; as long as your employer continues to offer these products, you can take the coverage with you if you change jobs or retire

Semi-monthly premium rates for group Hospital Indemnity coverage:

Individual	Insured / Spouse	One-Parent Family	Two-Parent Family
\$11.53	\$22.68	\$16.40	\$27.55

The Hospital Indemnity product is GUARANTEE ISSUE for this enrollment only

Aflac Representative – Natalie Price
Office (800) 427-6586 x7731
natalie.price@gbsbenefits.com

American Family Life Assurance Company of Columbus (Aflac)

We've Got You Under Our Wing.SM



Can a Critical Illness happen to you or your family?

No one plans on it. But statistics show you or someone you love may suffer from a heart attack, stroke, cancer or some form of critical illness in your lifetime. Critical Illness insurance from Aflac can help provide the protection you need when you need it most. And there are three coverage options available to choose from for you *or* for you and your spouse.

Benefits include:

- Helps to fill in the gaps for deductibles and coinsurance and complements the health insurance you may already have in place
- Dependent children are covered at no additional cost
- Your coverage is portable; as long as your employer continues to offer these products, you can take the coverage with you if you change jobs or retire

Below is an example of Semi-monthly premium rates for Critical Illness coverage:

Non-Tobacco Rates:

\$10,000 lump-sum benefit for Insured / \$5,000 lump-sum benefit for Spouse

Age	18-29	30-39	40-49	50-59	60-69
Insured	\$2.73	\$4.28	\$7.78	\$13.35	\$20.88
Spouse	\$1.81	\$2.58	\$4.33	\$7.11	\$10.88

Tobacco Rates:

\$10,000 lump-sum benefit for Insured / \$5,000 lump-sum benefit for Spouse

Age	18-29	30-39	40-49	50-59	60-69
Insured	\$3.98	\$6.73	\$15.38	\$25.88	\$40.88
Spouse	\$2.43	\$3.81	\$8.13	\$13.38	\$20.88

The Critical Illness product is GUARANTEE ISSUE for this enrollment only

Aflac Representative – Natalie Price
Office (800) 427-6586 x7731
natalie.price@gbsbenefits.com

American Family Life Assurance Company of Columbus (Aflac)

Employee Assistance Program

EFAP



What is an EFAP?

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 ways to achieve emotional well being and a healthy lifestyle.

This model of providing assistance was developed in British Columbia, Canada, in 1980. Because of the program's proven track record, it has been established in eighteen communities across Canada.

The Three Trails EFAP is the first of this model to be adopted in the United States. Member organizations share a belief that support to employees and their families provides a stronger, healthier workplace and community.

What concerns may I bring?

Varieties of personal or family difficulties include, but are not limited to:

- Emotional/Psychological Issues
- Relationship Challenges
- Alcohol and/or Drug Abuse
- Parent/Child Conflicts
- While concerns such as financial or legal matters fall outside of the expertise of the EFAP counselors, you will be assisted in finding the proper referral. When in doubt, see a counselor.

How to make an appointment?

You may call **237-5750** anytime from 9:00 am to 6:00 pm Monday and Wednesday, 9:00 am to 7:00 pm on Tuesday and Thursday and 8:00 am to 1:00 pm on Friday, to schedule an appointment. The office is closed from 12:00 pm to 1:00 pm M-Th, though appointments during this time can be arranged.

The person being seen is encouraged to make the appointment himself/herself, unless he/she is a child. A voice mail may be left during non-business hours, and the call will be returned as soon as possible. You should arrive ten minutes early for your first appointment to fill out necessary forms so we can serve you better.

EFAP

CASPER, WYOMING

Contact us



CREATING HEALTHY EMPLOYEES,
FAMILIES AND COMMUNITIES

visit our office:

Three Trails
Employee and Family Assistance Program
812 South David
Casper, WY 82601

contact us today:

P: 307-237-5750
F: 307-237-5772

email or visit our website:

threetrails@threetrailsefap.org
www.threetrailsefap.org



THREE TRAILS EFAP

Casper, Wyoming





Love & Logic
Parenting
classes offered
twice yearly

Expectations

Confidentiality

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. The service is completely voluntary as well. There is no limit to the number of times you can use the service.

Referrals

As a client of the EFAP you will have your concerns thoroughly addressed. If your needs cannot be adequately handled in a timely manner through counseling or fall outside of the expertise of the EFAP counselor, you will be given an appropriate referral. In these situations, your counselor will assist you in finding 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.

Lending Library

The Lending Library is available for all employees and family members. It is located at the EFAP office and provides information on a variety of topics, ranging from dealing with addictions to communicating with a spouse or child.

We're Unique

Free Services

We are a non-profit service operated at the community level by those it serves.



Range of Services

We provide a broad range of intervention, prevention and wellness services.



Affordable & Pro-Active

We are an affordable, pro-active, prevention focused employee benefit program.



Entire Family

We provide FREE SERVICES to all eligible employees, retirees and dependent family members.

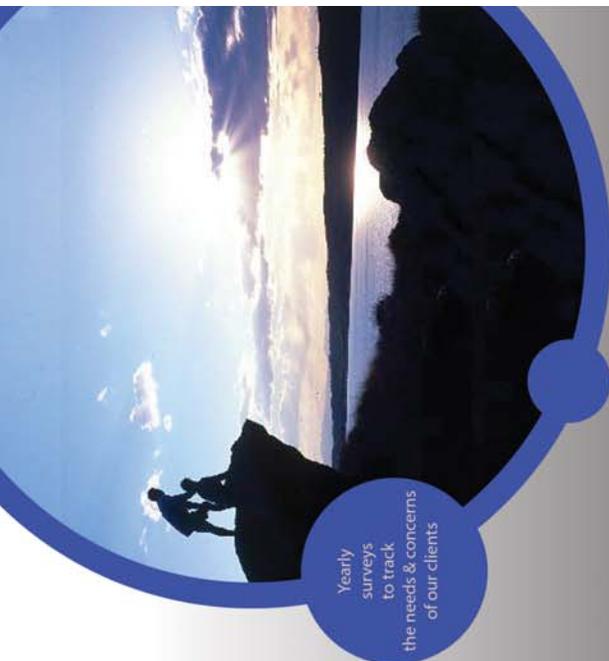


Unlimited Sessions

There is no limit on the number of sessions per employee or family member.



Quarterly
Newsletters
with timely
and interesting
articles



Yearly
surveys
to track
the needs & concerns
of our clients

Eligible?

Each worksite determines which employees may use this benefit. You may call your human resources department or Three Trails EFAP to determine if this service is available to you.

If you are eligible, your spouse and dependent family member are also eligible. All retired employees may use the EFAP.

Member Organizations

- Casper College
- Central Wyoming Hospice
- Child Development Center
- City of Casper
- Dr. Hoag's Smile Center
- Natrona County Fire PD
- Natrona County School Dist.
- Self Help Center
- US Department of Energy
- WCDA
- Wyoming Medical Center
- Wyoming Recovery Program
- Wyoming Wound Care Center

Wellness

City of Casper



City of Casper Wellness Program

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

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

Annual Biometric Screenings:

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

Online Health Risk Assessment:

This is a confidential service provided by Cigna. After completing a series of questions, and biometric screening data, you can determine what areas of your health you'd like to improve and/or maintain.

Health Talks:

Every month a health talk is offered to employees and spouses on a topic related to the trended aggregate results from the annual biometric report. Health Talks are provided by professionals who have expertise on the related topics. The City of Casper allows employees to attend during work time.

Annual On-site Flu Vaccination Clinic:

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

Enhanced Disease Management:

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

HEALTH 101: Consumer Management Program:

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

Musculoskeletal Health Programs:

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

Workplace Health Challenges:

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

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

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

Premiums



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

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)
<i>Employee</i>	\$552.61	\$480.53	\$72.08	\$36.04
<i>Employee + Spouse</i>	\$1,105.23	\$961.07	\$144.16	\$72.08
<i>Employee + Child(ren)</i>	\$1,022.34	\$888.99	\$133.35	\$66.68
<i>Family</i>	\$1,448.88	\$1,259.90	\$188.98	\$94.49

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)
<i>Employee</i>	\$600.66	\$480.53	\$120.13	\$60.07
<i>Employee + Spouse</i>	\$1,201.34	\$961.07	\$240.27	\$120.14
<i>Employee + Child(ren)</i>	\$1,111.24	\$888.99	\$222.25	\$111.13
<i>Family</i>	\$1,574.87	\$1,259.90	\$314.97	\$157.49

Buy-Up Plan				
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month	Employee Contribution Per Pay Period (24)
<i>Employee</i>	\$648.71	\$480.53	\$168.18	\$84.09
<i>Employee + Spouse</i>	\$1,297.45	\$961.07	\$336.38	\$168.19
<i>Employee + Child(ren)</i>	\$1,200.14	\$888.99	\$311.15	\$155.58
<i>Family</i>	\$1,700.86	\$1,259.90	\$440.96	\$220.48

Dental Delta Dental

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

Vision VSP

VSP Signature			
Status	Total Premium Per Month	City of Casper Contribution Per Month	Employee Contribution Per Month (12 Pay Periods)
<i>Employee</i>	\$10.72	\$0.00	\$10.72
<i>Employee + Spouse</i>	\$15.54	\$0.00	\$15.54
<i>Employee + Child(ren)</i>	\$27.86	\$0.00	\$27.86
<i>Family</i>	\$27.86	\$0.00	\$27.86



BENEFITS, INC.

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