Laramie County Government
JULY 2024 – JUNE 2025

Benefit Guide

novobenefits

Agile Benefits CONSULTING

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This Benefits Guide is an overview of the benefits provided by Laramie County Government. It is not a Summary Plan Description or Certificate of Insurance. If a question arises about the nature and extent of your benefits under the plans and policies, or if there is a conflict between the informal language of this Benefits Guide and the contracts, the Summary Plan Description and Certificates of Insurance will govern. Please note that the benefits in your Benefits Guide are subject to change at any time. The Benefits Guide does not represent a contractual obligation on the part of Laramie County Government.

Enrollment Guidelines

Welcome to the Benefits Guide for LARAMIE COUNTY GOVERNMENT. This Guide provides a quick overview of the benefits program and helps to remove confusion that sometimes surrounds Employee benefits. The benefits program was structured 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 in the medical benefits program if you are a full-time employee working 30 or more hours per week or part-time employee working 20 or more hours per week. Benefits for newly hired employees will take effect the first of the month following the first paycheck.

Your legally recognized spouse and your married or unmarried dependent children are eligible for medical, dental, and vision coverage if less than 26 years of age.

Disabled children over age 26 may be eligible to continue benefits after approval of necessary applications.

For Dental, Vision, Life, and Supplemental Life coverages; Actively at Work Provisions apply, including dependent non-confinement.

OPEN ENROLLMENT

Open enrollment for health, dental, vision and flex is once a year in the month of May and benefit elections will take effect July 1st.
Participants may add or drop coverage or make changes to their coverage at this time. Late entrants (employees or dependents who apply for coverage more than 30 days after the date of individual eligibility) are also provided an opportunity to enroll for coverage during the plan's open enrollment. The elections you make stay in effect the entire plan year, unless a qualifying life event occurs.

QUALIFYING LIFE EVENTS

Generally, you can only change your benefit elections during the annual Open Enrollment period. However, you may make changes during the plan year if you have a qualifying event.

Qualifying events include:

- Marriage
- Divorce
- Birth
- Adoption
- Death
- Loss of Coverage

Under the medical plan, Open Enrollment under your spouse's group plan will also be considered a qualifying event.

When you have a qualifying event, you have 30 days to log into eBenefits and complete your enrollment for health, dental, vision or other benefit coverages. You may be asked to provide proof of the change and/or proof of eligibility. (You have 60 days to log into eBenefits and complete your enrollment after coverage under Medicaid or CHIP terminates.) You will find the benefit enrollment system at www.ebenefits.com/laramiecounty.

Benefit Contacts

PRIMARY POINT OF CONTACT

Blue Cross Blue Shield Wyoming	**Medical Plan**	**(800) 211-2966 www.yourwyoblue.com**

OTHER CONTACTS

Prime Therapeutics	Prescription Benefit Manager	(877) 794-3574 (833) 599-0448 ESI Home Delivery (833) 599-0512 Specialty Pharmacy www.MyPrime.com
Delta Dental of Wyoming	Dental	(800) 735-3379 www.deltadentalwy.org
VSP	Vision	(800) 877-7195 www.vsp.com
Hello Further	Flexible Spending Account	(800) 859-2144 www.Hellofurther.com
L.I.F.E. Wellness Program	Wellness Program	(307) 633-4573 julie.fornwalt@laramiecountywy.gov
Lincoln National Life	Life and AD&D	(800) 423-2765
Prudential (NCPERS)	Group Decreasing Term Life Insurance	(800) 525-8056
Mines and Associates	Employee Assistance Program (EAP)	(800) 873-7138 www.MINESandAssociates.com
Wyoming Retirement System	Pension Plan	(307) 777-7691
Wyoming Retirement System	Deferred Compensation Plans	(307) 777-7691
Laramie County Government	Heather Rudy Director of Human Resources	Heather – (307) 633-4355 heather.rudy@laramiecountywy.gov
	Julie Fornwalt HR Generalist	Julie – (307) 633-4573 julie.fornwalt@laramiecountywy.gov
	Jessica Bennetts HR Assistant	Jessica – (307) 633-4465 Jessica.Bennetts@laramiecountywy.gov
	Erin Andrews Communications and Staffing Specialist	Erin – (307) 633-4579 erin.andrews@laramiecountywy.gov

Glossary Of Terms

The following terms will help you better understand your benefits.

Co-pay: A Copay is the portion of the Covered Expense that is your responsibility, as shown in the Medical Schedule of Benefits. A Copay is applied for each occurrence of such covered medical service and is not applied toward satisfaction of the Deductible.

Deductible: A Deductible is the total amount of eligible expenses as shown in the Medical Schedule of Benefits, which must be Incurred by you during any Calendar Year before Covered Expenses are payable under the Plan.

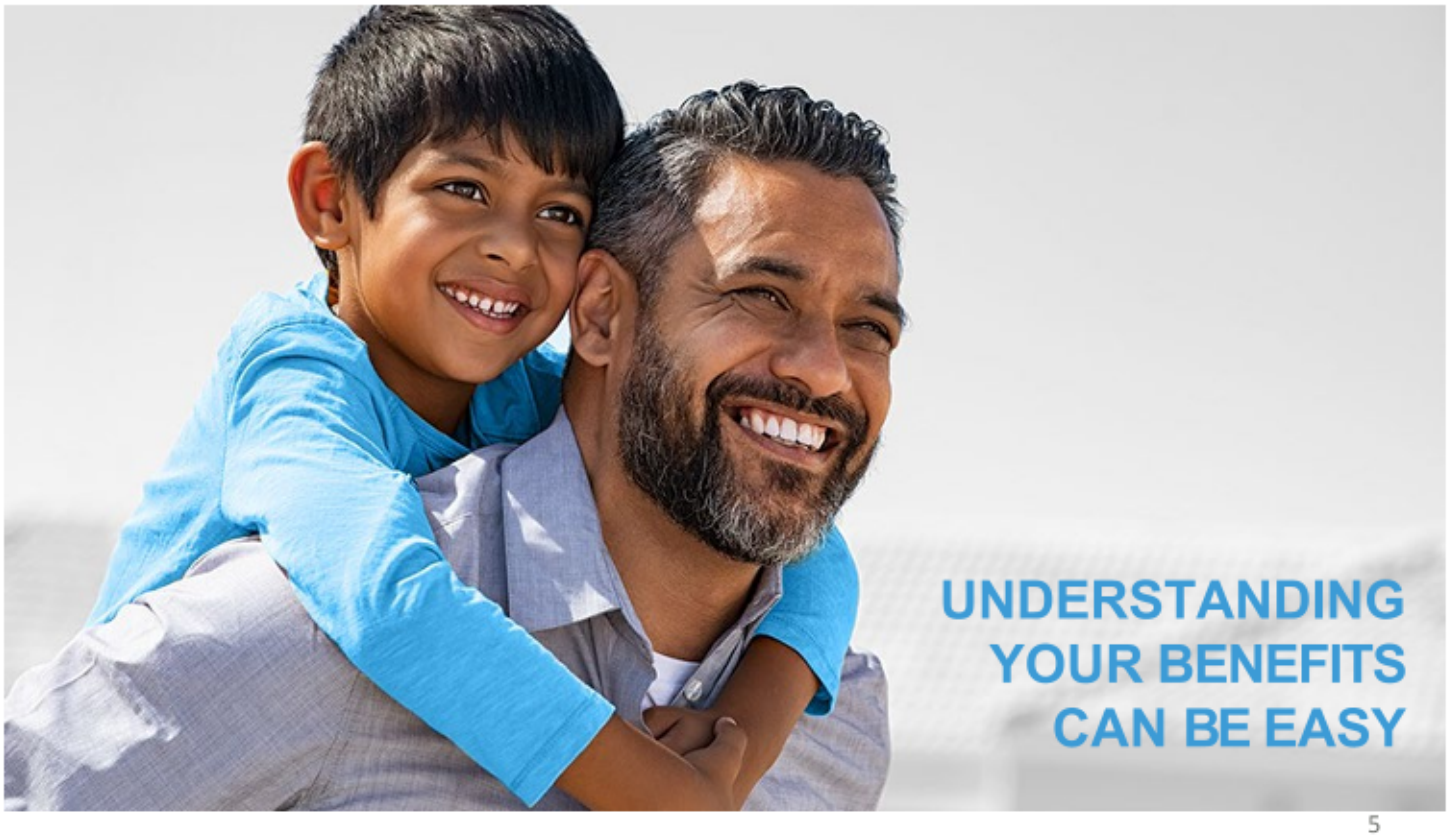
Coinsurance: Coinsurance is the percentage of eligible expenses the Plan and the Covered Person are required to pay.

Out-of-Pocket Maximum (OOPM): An Out-of-Pocket Maximum is the maximum amount you and/or all of your family members will pay for eligible expenses Incurred during a Calendar Year before the percentage payable under the Plan increases to 100%.

PPO (Preferred Provider Organization): This type of plan utilizes network and non-network benefits.

In-Network: The Plan offers a broad network of providers and provides the highest level of benefits when Covered Persons utilize “in-network” providers. These networks will be indicated on your Plan identification card.

Out-of-Network: Any non-contracted providers. The services from these providers are subject to balance billing, meaning members can be billed for the difference between the insurance carrier's fee schedule and the billed charges.



Full-Time Employee Premiums

Employee Contributions Per Pay Check (24 pay period deductions) Effective June 1, 2024

BCBSWY MEDICAL PLAN	WELLNESS PROGRAM PREMIUM PAID BY EMPLOYEE	NON-WELLNESS PROGRAM PREMIUM PAID BY EMPLOYEE
Employee Only	$75.99	$130.27
Employee & Spouse	$150.84	$258.58
Employee & Children	$128.35	$220.04
Family	$188.29	$322.79

DENTAL PLAN THROUGH DELTA DENTAL	PREMIUM PAID BY EMPLOYEE
Employee Only	$2.84
Employee & Spouse	$6.09
Employee & Children	$6.94
Family	$9.35

VISION PLAN THROUGH VSP	PREMIUM PAID BY EMPLOYEE
Employee Only	$6.56
Employee & Spouse	$10.49
Employee & Children	$10.71
Family	$17.27

Part-Time Employee Premiums

Employee Contributions Per Pay Check (24 pay period deductions) Effective June 1, 2024

BCBSWY MEDICAL PLAN	WELLNESS PROGRAM PREMIUM PAID BY EMPLOYEE	NON-WELLNESS PROGRAM PREMIUM PAID BY EMPLOYEE
Employee Only	$271.41	$325.69
Employee & Spouse	$538.72	$646.46
Employee & Children	$458.41	$550.10
Family	$672.49	$806.99

DENTAL PLAN THROUGH DELTA DENTAL	PREMIUM PAID BY EMPLOYEE
Employee Only	$12.08
Employee & Spouse	$25.93
Employee & Children	$29.54
Family	$39.84

VISION PLAN THROUGH VSP	PREMIUM PAID BY EMPLOYEE
Employee Only	$6.56
Employee & Spouse	$10.49
Employee & Children	$10.71
Family	$17.27

L.I.F.E. (Life Improvement For Employees) Wellness Program

We're all worried about the high cost of health care, but together, in a partnership between Laramie County Government and the County employees, we can do something about this significant problem. The County is strongly committed to the health of County employees, and as a result we have a wellness program to help achieve better health and keep it. For a small investment of your time, you could save up to $3,228 per year on your health insurance premiums.

Participation Requirements: Preliminary Steps (**within 30 days of Hire or within 30 days of new wellness year**)

- Blood work (cholesterol/glucose)
- Health Assessment

There is no fee to participate in this program!

Reward: Employees that participate in the program will receive a discount from the 2024/2025 health insurance premium (see Wellness Program Participant Rates on page 6 & 7**).**

QUARTERLY GOALS (To be submitted by September 30th, December 31st, March 31st and June 30th)
Choose three of the following to complete your participation each quarter:
✓ Set up your BCBS Portal ✓ Go to BCBS Wellness Tab and review Preventive Care List ✓ Get a dental cleaning (can only use twice per plan year) ✓ Get a vision exam (can only use twice per plan year) ✓ Get a preventative screening ✓ Keep an exercise log or a food log for at least 30 days ✓ Attend a Wellness Class (financial, health, mental) ✓ Watch a wellness related video ✓ Read a wellness related article ✓ Be tobacco free for 30 days (for tobacco users only) ✓ If you are participating in a health-related activity that is not listed, please contact HR for potential credit.
Failure to complete the primary steps and/or the quarterly goals by the established deadline may result in repayment of the discount received.

Medical Benefits

Laramie County Government offers medical benefits through Blue Cross Blue Shield. This medical plan balances affordability with the freedom to go outside the network. You may choose a participating or a non-participating provider. Participating providers have agreed to provide services at a discounted fee. For out-of-network care, you are responsible for charges above the in-network allowance for the same services, in addition to the deductible and coinsurance. To find a participating provider, visit www.yourwyoblue.com .

BENEFIT	IN-NETWORK	OUT-OF-NETWORK Benefits will be paid up to the Allowed Amount
Deductible	$1,000/single $3,000/family	$2,500/single $5,000/family
Out-of-Pocket Max (Includes deductible and copays)	$3,500/single $7,000/family	$9,000/single $18,000/family
Accident Benefit	100% Deductible and Coinsurance Waived up to $1,500 per Year	100% Deductible and Coinsurance Waived up to $1,500 per Year
Preventive Care	100% Deductible Waived	Not Covered
Office Visit (PCP)	$20 copay	40% After Deductible
Specialist Office Visit	$30 copay	40% After Deductible
Urgent Care	$20 copay	40% After Deductible
Diagnostic Lab/X-ray	20% After Deductible	40% After Deductible
Imaging (CT/PET scans: MRI's)	20% After Deductible	40% After Deductible
Inpatient & Outpatient Hospital	20% After Deductible	40% After Deductible
Maternity • Prenatal • Delivery and All Inpatient Services	0% (Deductible Waived) 20% After Deductible	40% After Deductible 40% After Deductible
Mental Health/Substance Abuse Inpatient	20% After Deductible	40% After Deductible
Mental Health/Substance Abuse Outpatient	$20 copay for a PCP $30 copay for a Specialist	40% After Deductible
Emergency Room – True Emergency	$250 copay for ER Visit / 20% all other services	
Emergency Room – NON-Emergency	$250 Copay for ER Visit and Physician, all other services 20%	40% After Deductible
Emergency Transport/Ambulance	20% After Deductible	20% After Deductible
Outpatient Surgery	20% After Deductible	40% After Deductible
Physical Therapy • Combined 40 visit maximum per year	$30 copay	40% After Deductible
Chiropractic / Spinal Manipulation • 15 visit maximum per year	$30 copay	40% After Deductible

Medical Benefits (Continued)

BENEFIT	MEDICAL PLAN (CON'T)	
	IN-NETWORK	OUT-OF-NETWORK
Prescriptions Retail – 30 day supply Generic Preferred Non-Preferred Specialty	 $10 copay Ded Waived $35 copay Ded Waived $60 copay Ded Waived $100 copay Ded Waived	 Not covered Not covered Not covered Not Covered
Retail and Mail Order – 90 day supply Generic Preferred Non-Preferred Specialty	 2 times retail Ded Waived 2 times retail Ded Waived 2 times retail Ded Waived Not Available	 Not covered Not covered Not covered Not Covered

What you pay and what the plan pays

The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description.

NOTE: Family deductible and out-of-pocket amounts are embedded. This means an individual would not pay more than the individual deductible/out-of-pocket amounts.

In-Network and Out-of-Network deductible and out-of-pocket amounts do not cross accumulate. This means the amount applied for In- network only applies toward your In-Network deductible and out-of-pocket and the amount applied for out-of-network providers only applies toward your Out-of-Network deductible and out-of-pocket.

Paydhealth

Select Drugs and Products™ Program

The Plan's Select Drugs and Products™ Program allows you to take an active role in helping the Plan reduce your costs, while allowing the Plan to continue to offer generous healthcare benefits to all Participants. The Plan is sponsoring this program at no cost to you. If you are prescribed a drug included on the Paydhealth Select Drugs and Products™ List, you must enroll in the Program to comply with benefit requirements.

Plan Members Taking Specialty Drugs – 1 – 2 – 3

1. Paydhealth will initiate outreach to you by text message or phone call.

2. Complete the digital enrollment application which will allow Paydhealth to match you to alternate funding programs.
   Note: you may be asked to provide household size and income information.

3. Your Paydhealth Case Coordinator will coordinate with the you and the pharmacy to ensure you are able to get your medication in a timely manner.

A Case Coordinator is available (8:00 am to 8:00 pm CST) to guide you through the enrollment process and the program. Please respond to calls from your Case Coordinator in a timely manner.

This program keeps your application confidential and will not share your information with any 3rd party solicitors. If you would like to complete your application over the phone or speak with a Paydhealth Case Coordinator, please call (877) 869-7772. Common questions and answers about your Plan's Select Drugs and Products™ Program on the other side of this

There are two reasons why you are receiving this important message:

- Your Plan has added an important program that includes the Paydhealth Select Drugs and Products™ List*.
- Your Plan is continuing to offer generous specialty drug benefits while attempting to reduce your costs and the Plan's.

*The Paydhealth Select Drugs and Products™ List includes drugs typically prescribed by a specialist for multiple sclerosis, hepatitis C, Crohn's disease, hemophilia, cancer, psoriasis, rheumatoid arthritis, transplants, HIV/AIDS, and other complex conditions.

How It Works

What is the Select Drugs and Product™ Program?

The Select Drugs and Products™ Program provides advocacy services to assist you by identifying and facilitating your enrollment in programs that may reduce or eliminate your out-of-pocket costs for eligible specialty drugs, products, and services. A Case Coordinator will contact you to guide you through the program. The Plan continues to offer generous healthcare benefits but needs your help to continue to meet this goal. Your active role in helping the Plan reduce its costs and yours is important. The Plan is sponsoring this program at no cost to you. However, you may be required to pay a portion of the cost to acquire your specialty drug, product or service depending on specific situations.

What is the Enrollment Requirement for the Select Drugs and Products™ Program?

The Plan requires you to enroll in the Select Drugs and Products™ Program by following the three-step process outlined above, that starts with a response to texts or calls from the Paydhealth Case Coordinator in a timely

What happens after I enroll in the Select Drugs and Products™ Program?

After enrolling in the Select Drugs and Products™ Program, you will be asked to complete certain documentation related to the alternate funding programs identified by your Case Coordinator. This will include providing required documents and information to the alternate funding program from you and may require your prescriber's participation as well. Your timely responses will help you avoid any delays in processing your documentation.

Your Case Coordinator will help you obtain your eligible specialty drugs, products or services and reduce your out-of-pocket costs by coordinating alternative forms of funding. After your acceptance into an alternate funding program, your Case Coordinator will contact you before and after each refill to ensure there is no disruption in your treatment and the funding.

MDLIVE

Need a doctor? No long wait. No big bill. Always open.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on-the-go.

Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible.

U.S. board-certified doctors with an average of 15 years of experience.

Consultations are convenient, private and secure.

Prescriptions can be sent to your nearest pharmacy, if medically necessary.

Your COPAY is just

$20 Per visit

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More

MD

Download the app.
Join for free. Visit a doctor.

MDLIVE.com/ingoodhealth
888-995-9630

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An Evernorth Company

WYOMING

MDLIVE BEHAVIORAL HEALTH ADVANTAGES

1. **MDLIVE Behavioral Health is more like in-office, face-to-face visits than other teletherapy providers** leading to more substantial interactions between patient and provider. In fact, 78% of patients suffering from anxiety or depression felt better after three sessions with an MDLIVE therapist.[1]

2. **Appointments with MDLIVE board-certified psychiatrists and licensed therapists happen quicker than traditional office visits.** Patients can be seen in as little as five days or less versus the national average of three weeks. Evening and weekend appointments increase access and improve patient satisfaction.

3. **MDLIVE teletherapy offers privacy and the convenience of sessions in a patient's own home** — these virtual appointments close gaps in care for those who don't have easy access to in-person therapy.

4. **Our provider network is comprised of over 900 board-certified psychiatrists and licensed therapists** available in all 50 states and Puerto Rico. Our providers have an average of 10 years of clinical experience and receive additional specialized, ongoing training in telehealth modalities. We adhere to all NCQA standards and guidelines.

5. **MDLIVE solutions meet the highest standards of data and privacy protection.** Our secure platform is HiTrust certified, and all our telehealth services are HIPAA compliant.

MDLIVE PROVIDES CARE FOR HUNDREDS OF BEHAVIORAL HEALTH NEEDS, INCLUDING:

- Addictions
- Anxiety
- Bipolar
- Depression
- LGBTQ+ Support
- Stress Management
- Trauma & PTSD

PSYCHIATRY SERVICES

- ePrescribing
- Ongoing Medication Management
- Care Coordination
- Employee Assistance Program Integration

PSYCHOLOGY AND COUNSELOR SERVICES

- Initial Assessment
- Ongoing Counseling
- Care Coordination
- Diagnostic Assessment

MDLIVE believes in the power of providing impactful and innovative health care to improve lives. Let's work together to deliver on that promise to your members.

| www.MDLIVE.com/BCBSWYO

[1] Percentage of assessed patients that showed clinical improvement in PHQ-9 or GAD-7 scores after three or more virtual therapy sessions with their MDLIVE provider in 2020.

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MDLIVE Inc. is an independent company providing telehealth services to Blue Cross Blue Shield of Wyoming self-insured members.
Blue Cross Blue Shield of Wyoming is an independent licensee of the Blue Cross Blue Shield Association.

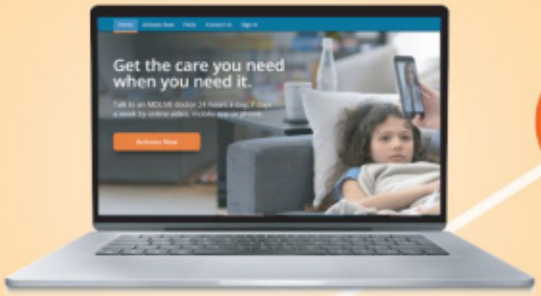
WYOMING

MDLIVE

Create an account for fast, hassle-free health care. Anytime. Anywhere.

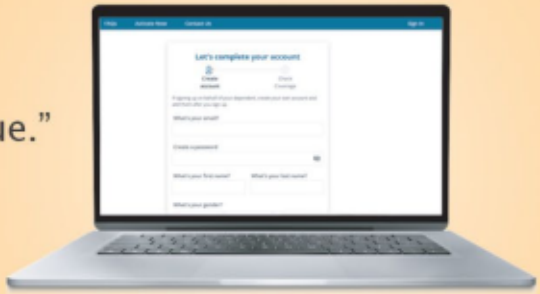
MDLIVE offers reliable 24/7 health care by phone or video for hundreds of medical and mental health needs.

HOW TO CREATE AN ACCOUNT THROUGH THE MDLIVE WEBSITE



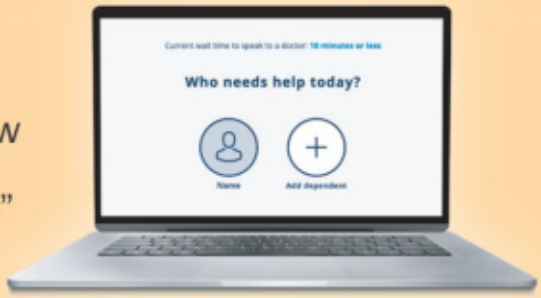
1. Visit **mdlive.com/bcbswyo** or scan the QR code below and click "Activate Now."

2. Create your account. Click "Continue."



3. Add insurance information. Click "Submit."

4. Your secure MDLIVE account is now created. We'll send you an email; just click "Sign In To Your Account" to load your MDLIVE dashboard.



Meet Sophie, your MDLIVE personal assistant. Sophie can guide you in creating your account. Text BCBSWYO to 635483

Create your account today.
mdlive.com/bcbswyo | 888.990.9378

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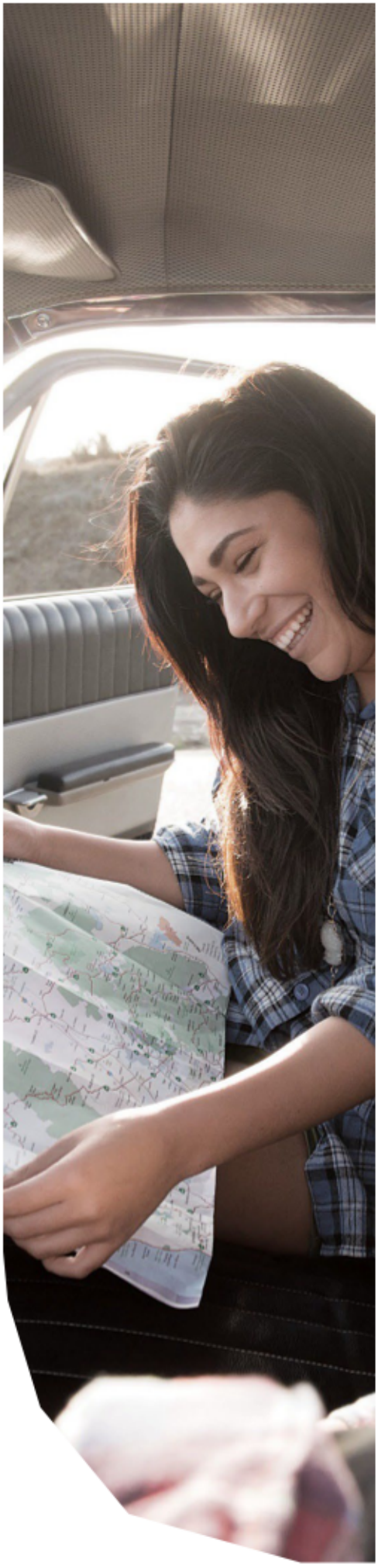
Blue Cross Blue Shield of Wyoming is an independent licensee of the Blue Cross Blue Shield Association. MDLIVE is an independent company providing telehealth services to BCBSWY members.



BlueDistinction®
Specialty Care

For Laramie County Employees

TRAVEL MEDICAL BENEFIT

A "travel medical benefit" is available when Laramie County Employee Members travel for medical care to a Blue Distinction Center in Colorado, Utah, or Montana, or for cancer treatment at either the Universityof Texas MD Anderson Center, the Johns Hopkins Kimmel Cancer Center in Maryland, or the Taussig Cancer Institute at the Cleveland Clinic in Ohio.

Travel Benefit Steps

1. Members should inform the Human Resources office that they are using the TRAVEL MEDICAL BENEFIT.
2. Members should confirm their eligibility by calling Blue Cross Blue Shield of Wyoming.
3. Members can find a Blue Distinction Center at bcbs.com/why-bcbs/blue-distinction.

Centers of Excellence for CancerTreatment

1. University of Texas MD Anderson Center
   www.mdanderson.org
2. Johns Hopkins Kimmel Cancer Center in Maryland
   www.hopkinsmedicine.org
3. Taussig Cancer Institute at the Cleveland Clinic in Ohio
   my.clevelandclinic.org

Eligible Members may receive up to $150 per day for: food, lodging, and travel (limited to $2500 per benefit year per Member). Expense receipts must be submitted for reimbursement.

Some services may not be available, please refer to your benefit booklet to verify and see reimbursement process.

WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

Live well, live balanced, live life

Counseling

Free and confidential counseling services for everyday life situations including stress, anxiety, depression, family situations, drug and alcohol abuse, relationships, death and grief, and work-related topics.

Legal & Financial

Practical legal and financial assistance that includes:

- **Free 30-minute consult** per legal/financial matter.
- **25% discount** on select services after the initial consult.
- Use your **EAP sessions** for financial/Medicare coaching.

Work/Life

Unlimited work/life services to help find the right service for your needs such as childcare, eldercare, and convenience services including everything from nutrition classes to finding the perfect dog walker.

Wellness

No matter your wellness goals, MINES can help. You have:

- **4 professional wellness sessions** with a personal coach.
- **4 sessions** of parental coaching & lactation consults.
- **6 week** Virtual smoking cessation or stress reduction program.

Online

Sign on to ***PersonalAdvantage*** to access:

- **Online Resource Library** full of articles, assessments, training, and financial tools designed to beat stress and improve work/life balance.
- ***eM Life* mindfulness service** for live sessions, community support, and expert instructors that can help you live a healthier, more balanced life.
- ***Supportiv*** for on-demand peer-to-peer small group chats tailored to bring together individuals who share similar struggles and lived experiences. All facilitated by trained moderators and available 24 hours a day!

**Per Life Situation: A distinct, separate and new life event. A MINES case manager will review requests for additional sets of sessions. Continuation of counseling is not a separate, distinct and new life event. This guide is for informational purposes only. Call MINES for details.*

Your info

As an employee of

Laramie County,

you and each member of your household have up to **5 counseling sessions per life situation*, per year**.

Digital message-based, telephonic, video, and face-to-face counseling available.

To Access services:

Call MINES at 1-800-873-7138

Or visit: minesandassociates.com

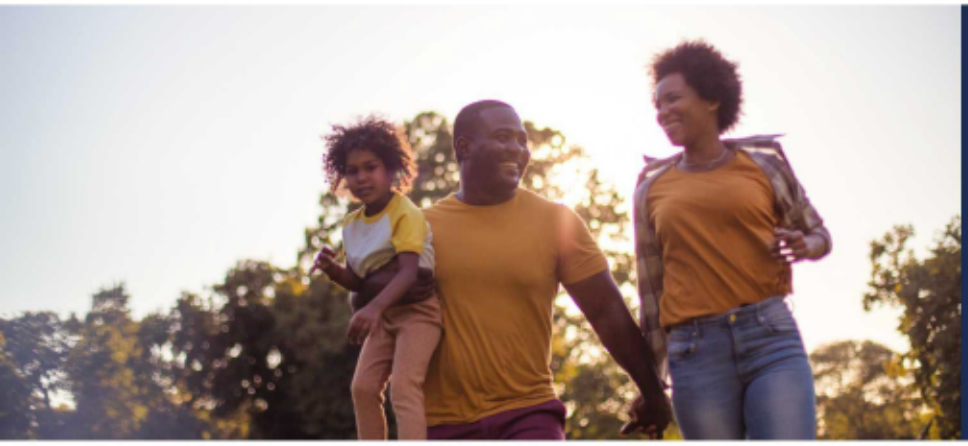
Company Code: laramie

Your company code is used to register for online services as well as complete online requests for service. Log on today to access your services and mindfulness app.

Free & Confidential Support 24/7

MASA Medical Transport Solutions®

$19 /MONTH



DID YOU KNOW?

28M

emergency transports are dispatched by 911 annually.*

MASA steps in where insurance falls short by helping protect families against uncovered costs for emergency transportation.

* National Association of EMS Officials, 2020

Emergent Plus membership plan

Ensure you and your family are protected from unexpected costs when you use emergency transportation by adding MASA to your benefits.

MASA's solution is simple — with us, there is no "out-of-network." We work as a payer, not a provider. You simply call 911 when there is an emergency, and you'll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We'll advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.

Plan details

Emergency Ground Ambulance Coverage[1]

MASA covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Air Ambulance Coverage[1]

MASA covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Repatriation to Hospital Near Home Transport/Facility Transfer[1]

MASA provides services and covers out-of-pocket expense for the coordination of the Insured and the Dependents' non-emergency transportation by a medically equipped air ambulance in the event of hospitalization more than one hundred (100) miles from the Insured's home if the treating physician and MASA's medical director says it is medically appropriate and possible to transfer the Insured to a hospital nearer to home for continued care and recuperation.

Hospital to Hospital Ambulance Coverage[1]

MASA will cover out-of-pocket expenses incurred by the Insured associated with a medically necessary hospital-to-hospital transfer by a medically-equipped ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft when ordered by the treating physician at the medical facility where the Insured is presently admitted to the nearest and most appropriate medical facility capable of providing the necessary, specialized level of care required and that is not available at the sending facility.

1: United States and Canada Only — benefits shall only be provided in the United States and Canada.

This material is for informational purposes only and does not provide any coverage. Not all MASA MTS products and services are available to residents of all states. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships. Premiums and benefits vary depending on the plan selected. For a complete list of coverage and exclusions, please refer to the applicable member services agreement for your state. MASA MTS utilizes third-party transportation service providers and does not own or lease any vehicles. MASA, MASA Global, MASA MTS and MASA TRS are registered service marks of MASA Holdings, Inc., a Delaware corporation and an affiliated company with Medical Air Services Association, Inc. (MASA).

If the insured has a high deductible health plan that is compatible with a health savings account, benefits may become available under the MASA MTS policy for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once the Insured satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

Maximum Benefit Amount pays a maximum of $20,000 per occurrence for Emergency Air Ambulance and Emergency Ground Ambulance Coverage. Out-of-pocket expenses are paid for costs that remain after applying any primary insurance that needs to be paid for by the insured with personal financial resources covered explicitly under the Emergent Plus member service agreement for Hospital to Hospital coverage. Total costs are paid for Repatriation to Hospital Near Home Coverage when MASA MTS arranges the transportation service. Please refer to the Emergent Plus Transportation Services member service agreement documents for complete details.

MASA Medical Transport Solutions®

$39 /MONTH

DID YOU KNOW?

28M

emergency transports are dispatched by 911 annually.*

MASA steps in where insurance falls short by helping protect families against uncovered costs for emergency transportation.

* National Association of EMS Officials, 2020

Platinum membership plan

Ensure you and your family are protected from unexpected costs when you use emergency transportation by adding MASA to your benefits. While our critical benefits are included in all core plans, Platinum offers expanded global coverage and several additional features.

MASA's solution is simple — with us, there is no "out-of-network." We work as a payer, not a provider. You simply call 911 when there is an emergency, and you'll never have to worry about what ambulance provider picks you up. When the ambulance bill arrives, send it to MASA. We'll advocate for you to ensure the ambulance charges are accurate and your insurance company has paid its portion; then we cover the remaining balance including your deductibles and co-pays.

Plan details

Emergency Ground Ambulance Coverage[3]

MASA covers out-of-pocket expenses associated with emergency ground transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Emergency Air Ambulance Coverage[3]

MASA covers out-of-pocket expenses associated with emergency air transportation to a medical facility for serious medical emergencies deemed medically necessary for you or your dependent family member.

Repatriation to Hospital Near Home Transport/Facility Transfer[1]

MASA provides services and covers out-of-pocket expense for the coordination of the Insured and the Dependents' non-emergency transportation by a medically equipped air ambulance in the event of hospitalization more than one hundred (100) miles from the Insured's home if the treating physician and MASA's medical director says it is medically appropriate and possible to transfer the Insured to a hospital nearer to home for continued care and recuperation.

Hospital to Hospital Ambulance Coverage[3]

MASA will cover out-of-pocket expenses incurred by the Insured associated with a medically necessary hospital-to-hospital transfer by a medically-equipped ground ambulance, rotary (i.e., helicopter) or fixed-wing aircraft when ordered by the treating physician at the medical facility where the Insured is presently admitted to the nearest and most appropriate medical facility capable of providing the necessary, specialized level of care required and that is not available at the sending facility.

Patient Return Transportation Coverage[1]

MASA provides services and covers the out-of-pocket expenses associated with coordinating an Insured's transportation when hospitalized more than one hundred (100) miles from home, after discharge from the medical facility, by a regularly scheduled commercial airline to the commercial airport nearest the Insured's home.

Companion Transportation Coverage[2]

MASA provides services associated with the coordination of transportation for the Insured's spouse, other family member, or companion to accompany the Insured's emergency transport by a medically equipped, rotary (i.e., helicopter) or fixed-wing aircraft , giving due priority to the medical personnel and/or equipment and the welfare and safety of the patient.

Hospital Visitor Transportation Coverage[2]

MASA provides services and covers air transportation expenses associated with coordinating a round-trip, regularly scheduled, commercial airfare for Insured's spouse, other family member or companion to join the Insured in the event of in-patient hospitalization more than one hundred (100) statute miles from Insured's home.

Minor Return Transportation Coverage[2]

MASA provides services and covers out-of-pocket expenses associated with minor return transportation to a parent, legal guardian, or another person that can be responsible for the minor in the event that the minor is unattended as a result of Member's Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance , Repatriation to Hospital Near Home, or Mortal Remains Transportation coverages. MASA also provides for a qualified attendant to accompany the minor during travel when the minor's age and/or medical condition may require such care.

Pet Return Transportation Coverage[2]

MASA provides services and covers out-of-pocket expenses for the return transportation to an Insured's home for up to two (2) pet(s) belonging to the Insured that includes either a dog, cat or other small animal(s). This service is available when an Insured uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages.

Vehicle & RV Return Coverage[2]

MASA provides services and covers the out-of-pocket expenses associated with vehicle return transportation for one (1) safe operational car, truck, van, motorcycle, travel trailer, or motor home to the Insured's home. This service is available when an Insured uses Emergency Air or Ground Ambulance, Hospital to Hospital Ambulance, Repatriation to Hospital Near Home, Patient Return Transportation or Mortal Remains Transportation Coverages. MASA pays the cost of fuel, oil and driver.

Organ Retrieval Transportation Coverage[4]

MASA provides services and covers air transportation expenses associated with coordinating transportation for an organ when the Insured requires an organ transplant. MASA will also provide service and cover transportation costs of Insured's spouse, other family member or a companion should the Insured need to travel to the location where the procedure will occur. If medically necessary, the organ will be transported by a medically equipped fixed-wing aircraft; otherwise , the organ is delivered by a commercial airline to the suitable airport nearest the location of the operation.

Mortal Remains Transportation Coverage[1]

MASA covers the air transportation expense for an Insured's mortal remains in the event of their death when it occurs more than one hundred (100) statute miles from home. Remains are transported by a regularly scheduled commercial airline to the commercial airport nearest a Insured 's home.

1: Worldwide Coverage - coverage shall automatically extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda (collectively, "Basic Coverage Area") (excluding countries referenced on the Office of Foreign Assets Control ("OFAC") countries, and Antarctica), and extend elsewhere contingent upon ten (10) day prior notice of such travel. Notice may be provided by (i) certified mail, return receipt requested, to the MASA Corporate office; (ii) electronic mail. including delivery confirmation; or (iii) facsimile, including confirmation of delivery, and the MASA's written acknowledgment. Notice must include a travel itinerary of travel destinations and dates. Unless otherwise authorized by MASA MTS in writing, worldwide coverage shall apply to up to ninety (90) days per trip.

2: Companion Transportation Coverage, Hospital Visitor Transportation Coverage, Minor Return Transportation Coverage, and Pet Return Transportation Coverage benefits shall extend to the United States, Canada, Mexico, the Caribbean (excluding Cuba), the Bahamas and Bermuda.

3: Emergency Air Ambulance Coverage, Emergency Ground Ambulance Coverage, and Hospital to Hospital Ambulance Coverage benefits shall only be provided in the United States and Canada. 4:

Organ Retrieval & Organ Recipient Transportation benefits shall only be provided in the United States.

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If the insured has a high deductible health plan that is compatible with a health savings account, benefits may become available under the MASA MTS policy for expenses incurred for medical care (as defined under Internal Revenue Code ("IRC") section 213 (d)) once the Insured satisfies the applicable statutory minimum deductible under IRC section 223(c) for high-deductible health plan coverage that is compatible with a health savings account.

DELTA DENTAL

www.deltadentalwy.org

Laramie County Employees
Group #1020

Effective July 1, 2024

Summary of Benefits

Benefits	PPO plus Premier Network	Premier Network	Out of Network*
Diagnostic & Preventive Services √ Routine periodic examinations, including bitewing x-rays once every six months. √ Dental prophylaxis (cleaning) once every six months. √ Topical fluoride applications once every twelve months. (Dependents under the age of 19.) √ Space maintainers, fixed. (Dependents under the age of 19.) √ Sealants (Dependents under age 19.) √ Full mouth x-rays once every three years.	100%	100%	100%
Basic Services √ Extractions and other oral surgery. √ Amalgam, preformed crowns, synthetic porcelain, plastic, and composite restorations (fillings.) √ Endodontics. √ Periodontics.	90%	90%	90%
Major Services √ Crowns when teeth cannot be restored with a filling material. √ Prosthetics - provides bridges, partial dentures, and complete dentures.	60%	60%	60%
Orthodontic Services (Six-Month Waiting Period for New Enrollees) √ For dependent children. (Under the age of 19.)	50%	50%	50%
Annual Maximum (Contract Year)	$2,000.00	$2,000.00	$2,000.00
Deductible √ Deductible does NOT apply to Diagnostic and Preventive or Orthodontic Services.	$50 per person per contract year/$100 per family	$50 per person per contract year/$100 per family	$50 per person per contract year/$100 per family
Orthodontic Lifetime Maximum	$1,500.00	$1,500.00	$1,500.00

*Out of Network: When you receive services from non-participating dentists, you will not receive any of the advantages that our agreement offers. Non-participating dentists do not accept Delta Dental's pre-approved fees. This means you are responsible for any difference between their charge and what Delta Dental pays. Claims are paid to you. You are responsible for paying your dentist for claims as well as any deductible, co-insurance, or non-approved charge.

This is a brief description of benefits and limitations. Please see your policy booklet for full descriptions.

Delta Dental of Wyoming
6705 Faith Dr. * P.O. Box 29 * Cheyenne, WY 82003-0029
307-632-3313 or 1-800-735-3379

Delta Dental of Wyoming – PPO plus Premier

Delta Dental of Wyoming's PPO plus Premier plan allows you and your family members to visit any licensed dentist, but **you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider**.

Participating providers file claims directly with Delta Dental of Wyoming and accept Delta Dental's reimbursement in full. You are responsible only for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services.

If you choose to see an out-of-network provider, you will incur additional out-of-pocket expenses, and you will be billed the total amount the provider charges (called balance-billing). When you see a Delta Dental PPO or Premier® provider, you are protected from balance-billing for covered services.

Advantages of the PPO plus Premier network

Savings:
Delta Dental PPO Providers offer our Subscribers & Dependents the greatest savings.

Choice:
Delta Dental of Wyoming's PPO plus Premier network allows you to choose to visit a PPO Dentist or a Premier Dentist. If you choose to visit a Premier provider you will still save money because Premier providers also accept discounted fees, however discounts are not as great as if you see a PPO provider.

Network:
The Delta Dental of Wyoming PPO plus Premier dual network has over 101 PPO providers and 302 Premier providers across the state of Wyoming. Nationwide there are over 100,000 PPO providers and 152,000 Premier providers in the two networks.

Looking for a dentist? Concerned about costs? PPO providers offer you the greatest savings.

Benefit illustration only. Example assumes deductible has been met.

	Greatest Savings ←		→ Least Savings
	Protected from balance-billing		Not protected from balance-billing
Network	Delta Dental PPO Provider	Delta Dental Premier Provider	Out-of-Network Provider
Procedure Cost	$275	$275	$275
Maximum Provider Can Charge Patient	$220	$250	Unlimited
Maximum Provider Can Charge Insurance (MPA)*	$220	$250	$190
Benefit Percentage	80%	80%	80%
Delta Dental Pays	$176	$200	$152
You Pay	**$44**	**$50**	**$123**

*The maximum a provider can charge your insurance company for covered services is called the Maximum Plan Allowance (MPA). The MPA for an out-of-network provider is always lower than in-network MPA. Delta Dental pays a portion of the MPA only, which exposes you to balance-billing from an out-of-network provider.

DELTA DENTAL®

HOW® HEALTH *through* ORAL WELLNESS®

Here's [HOW] you can maximize your oral health at no additional cost

A healthy mouth is a vital part of your overall health, and Delta Dental of Wyoming cares about yours. That's why we're introducing Health *through* Oral Wellness® (or, HOW® for short). HOW is a unique, patient-centered program that adds additional benefits to your dental plan, based on your individual oral health needs. By having your dentist perform a simple risk assessment, you may have access to additional preventive and health-sustaining benefits.

HOW TO GET STARTED:

First, simply request an Oral Health Risk Assessment at the beginning of your dental visit.

^Dentists can choose whether to participate with the HOW program.

Second, if you qualify based on your results, Delta Dental of Wyoming will release, or "unlock" specific additional benefits.

BELOW ARE JUST SOME OF THE BENEFITS THAT MAY BE COVERED BASED ON RISK SCORES

- Additional Cleanings
- Additional Sealants (child and adult)
- Fluoride (child and adult)
- Periodontal Maintenance (gum disease treatment)
- Tobacco Cessation Counseling

If you have questions or would like to contact us for more information about the new Health *through* Oral Wellness program, please contact us by phone at (307) 632-3313 or toll-free at (800) 735-3379 or by email at customerservice@deltadentalwy.org.

All enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. A risk assessment must be performed at least once every 12 months. Enhanced benefits and standard policy requirements, including coinsurance percentages, copayments and plan maximums, may be subject to changes.

Your VSP Vision Benefits Summary

Laramie County Government and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Choice

EFFECTIVE DATE:
07/01/2024

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	See frame and lenses
FRAME+	• $220 Enhanced Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance • $200 Walmart/Sam's Club frame allowance • $110 Costco frame allowance	Included in Prescription Glasses	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	$0 $95 - $105 $150 - $175	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
VSP LIGHTCARE™+	• $200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	$25	Every 12 months
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers**/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

Create an account on VSP.com to view your in-network coverage, download coupons, and find the VSP network doctor who's right for you. You can investigate prior appointments and services provided. Print a Vision ID card - if you'd like one, although ID cards are not necessary.

SHOP ONLINE AND CONNECT YOUR BENEFITS:

EYECONIC Eyeconic®is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

PREMIER PROGRAM Maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations (located on www.vsp.com)

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers 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. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

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Classification: Restricted

Put your eyes at ease with VSP LightCare

Why UV and Blue Light Coverage?

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor. Sunglasses or blue light filtering glasses may be just what you're looking for.

KEEP YOUR EYES PROTECTED OUTDOORS AND IN:

Always wear sunglasses outdoors. Protect your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.[2]
Wear blue light filtering glasses indoors to combat digital eye strain. Digital screens and fluorescent lighting emit blue light that can contribute headaches, blurred vision, and sore eyes—all possible symptoms of digital eye strain.

PROVIDER CHOICES YOU WANT

The VSP Premier Program includes thousands of **private practice doctors** and more than 700 **Visionworks® retail locations** nationwide.

vsp PREMIER PROGRAM

Prefer to shop online?

At **eyeconic.com®**, you'll be shopping at the preferred online retailer for VSP members where you can connect and use your benefits.[3]

vsp vision care

Your VSP LightCare Coverage with a VSP Network Doctor*

Eye Exam

A fully covered comprehensive WellVision Exam®

Eyewear

Visit a VSP network doctor and choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear:

- non-prescription sunglasses *or*
- non-prescription blue light filtering glasses

*Register and log in to **vsp.com** to review your benefit information. Based on applicable laws; benefits may vary by location.

Questions? vsp.com |800.877.7195

1. Less any applicable copay 2. Tips for Choosing the Best Sunglasses, American Academy of Ophthalmology, June 2021 3. To find out whether your employer participates in Eyeconic®, log in to **vsp.com** to check your vision benefits.

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All other brands or marks are the property of their respective owners. 103187 VCCM

Classification: Public

TruHearing Hearing Aid Discount Program

vsp exclusive member extras

TruHearing
truhearing.com/vsp

VSP® Vision Care members can save up to 60% on the latest brand-name prescription and over-the-counter hearing aids. Dependents and even extended family members are eligible for exclusive savings too.

Hearing loss is growing in the workplace

Like vision loss, hearing loss can have a huge impact on productivity and overall quality of life. Unfortunately, 38 million Americans need hearing aids, 70% of the people with hearing loss don't treat it, and only 30% seek treatment.[1] And the high cost of hearing aids is a major factor keeping people from addressing their hearing loss.

Ninety-six percent of customers surveyed would recommend TruHearing to their friends and family.[2]

More than just great pricing

TruHearing also provides members with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- A 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid on all non-rechargeable aids

Plus, members get:

- Access to a national network of more than 7,000 hearing healthcare providers
- Straightforward, nationally fixed pricing on a wide selection of the latest brand-name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if your organization already offers a hearing aid allowance, members can combine it with TruHearing prices to reduce their out-of-pocket expense even more!

Over-the-counter hearing aids are also available through phone or online orders.[3]

Here's how it works:

Contact TruHearing.
Members and their family call **877.396.7194** and mention VSP.

Schedule exam.
TruHearing will answer questions and schedule a hearing exam with a local provider.

Attend appointment.
The provider will perform a hearing exam, make a recommendation, order the hearing aids through TruHearing, and fit them for you.

Learn more about this VSP Exclusive Member Extra at truhearing.com/vsp or call 877.396.7194 with questions.

1. Kochkin S. MarkeTrak VIII: The key influencing factors in hearing aid purchase intent. Hearing Review. 2012; 19(3):12-25. "Quantifying the Obvious: The Impact of Hearing Instruments on Quality of Life." The Hearing Review. Kochkin and Rogin. Jan 2000. 2. Based on a 2018 satisfaction study of VSP members. 3. Over-the-counter hearing aids are different from prescription hearing aids.

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit vsp.com/offers/special-offers/hearing-aids/truhearing. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Public

Flexible Spending Account (FSA)

The General-Purpose Health Flexible Spending Account allows you to set aside up to $3,000 in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses not paid by insurance; including deductibles and copayments. Please refer to the next page for a list of eligible expenses or refer to the most recent version of IRS publication 502. The plan year runs from July 1st through June 30th.

You decide how much to deposit into your account. Your election amount is evenly deducted pre-tax from your paycheck throughout the plan year. When you have an expense that qualifies, you pay the bill, submit a claim, and you are reimbursed with tax-free dollars from your account.

If you don't use all the pre-tax dollars you deposited in your account(s), you will forfeit any balance in the account(s) at the end of the plan year. You have 90 days after the plan year ends to submit claims for expenses incurred during that plan year.

Dependent Care Account

The Dependent Care account allows you to set aside tax-free dollars to pay for qualified dependent care expenses, such as daycare, that you would normally pay with after-tax dollars. Qualified dependents include children under age 13 and/or dependents who are physically or mentally unable to care for themselves. If your spouse is unemployed or doing volunteer work, you cannot set up a dependent care account. You must meet the following criteria in order to set up this account:

- You and your spouse both work; OR
- You are the single head of household; OR
- Your spouse is disabled or a full-time student.

Each calendar year the IRS allows you to contribute the following amounts depending on your family status:

- If you are single, the lesser of your earned income or $5,000
- If you are married, you can contribute the lesser of
  - Your (or your spouse's) earned income
  - $5,000 if filing jointly or $2,500 if filing separately

Plan Year
July 1, 2024 through June 30, 2025

Once Enrolled, You May Not Change Your Election
You cannot change your annual election after the beginning of the plan year. However, there are certain limited situations when you can change your elections if you have qualified change in status.

Flexible Spending Account – Eligible Expenses
Your Health Care Reimbursement Flexible Spending Account lets you pay for medical care expenses not covered by your insurance plan with pre-tax dollars. The expenses must be primarily to alleviate a physical or mental defect or illness and be adequately substantiated by a medical practitioner. The products and services listed on the next page are examples of medical expenses eligible for payment under your FSA, to the extent that such services are not paid by your medical and/or dental insurance plan.

REIMBURSEMENTS
If you do not use your debit card and you need to file a claim for reimbursements, you can fill out a claim form and attach any supporting information. For health care this will include receipts of the amount you paid and the date(s) on which you or a dependent received services. For dependent care this may include any contracts, letters, or receipts. You may submit this information on-line or you can send this information to Hello Further via email, fax, or standard mail.

Email: CustomerSolutions@HelloFurther.com

Fax: 866-231-0214
Telephone: 800-859-2144
Mailing Address:

PO Box 982814, El Paso, TX 79998-2814

Website: www.HelloFurther.com

Flexible Spending Account Eligible Expenses

Eligible Expenses
These are only examples, and this list is not all-inclusive – it only provides some of the more common expenses.
Additional information is available in IRS Publication 502.

Common Eligible Medical Expenses:

- Eyeglasses, eye exams, sunglasses
- (prescription)
- Over-the-counter drugs
- Menstrual care products
- Eye surgery
- Fertility enhancement
- HMO expenses
- Hearing aids, batteries, and exams
- Hospital services
- Immunizations, vaccines, flu shots
- Laboratory fees
- LASIK eye surgery
- Medicines (prescribed)
- Obstetric services
- Optometrist
- Orthodontia
- Prescription drugs
- Psychiatric care
- Psychologist
- Speech therapy
- Stop smoking programs
- Surgery/operations
- Therapy
- Vasectomy
- Wheelchair
- X-rays

Dual Purpose Expenses That Potentially Qualify:
The expense must be for a specific medical reason and be accompanied by a prescription.

- Vitamins
- Supplements
- Massage therapy
- Herbal supplements
- Natural medicines
- Aromatherapy
- Weight-loss program
- Health club dues

Health Care Reform & Over-the-Counter Items:
Over-the-Counter Medicine and Drugs do not require a prescription to be eligible for reimbursement under the plan.

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patch-es
- Pain relievers
- Sinus medications, nasal sprays, nasal strips
- Sleep aids
- Wart removal medication
- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

Ineligible Expenses:

- Cosmetic surgery
- Long term care
- Hair transplant/re-growth
- Maternity clothes
- Nutritional supplements
- Personal use items: such as toiletries, cotton swabs, toothbrush, toothpaste, facial care, shampoo
- Teeth whitening
- Drunk driving classes

Dependent Care Eligible Expenses:

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. See IRS Publication 503.

- The maximum you can elect, in a calendar year, is equal to the smallest of the following:

- $5,000 – Married and filing federal taxes jointly or a single parent
- $2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.

Life/AD&D Benefits

The County pays to cover all employees working 20 or more hours per week and their dependents under this basic term life and accidental death & dismemberment insurance policy Underwritten by Lincoln National Life.

Life – AD&D Benefit	$25,000	
Reduction Schedule	Benefits will reduce by 35% at age 65; an additional 25% at age 70; and, an additional 15% at age 75. Benefits terminate at retirement	
Dependent Life	$2,000 Spouse – Benefits terminate at age 70 $1,000 Children age 14 days to age 26	
Accidental Death & Dismemberment (AD&D) Loss must occur while insured and within 365 days after the accident is sustained	Loss: Both Hands Both Feet Sight of Both Eyes One Hand & One Foot One Hand & Sight of One Eye One Foot & Sight of One Eye One Hand One Foot Sight of One Eye Common Carrier Benefit	Amount of Additional Benefit Paid: 100% 100% 100% 100% 100% 100% 50% 50% 50% Loss of Life or Loss of 2 or more members pays 2x principal sum shown
Accelerated Benefits	If you become terminally ill with a life expectancy of 12 months or less and have been insured under the policy for at least 12 months, you may elect to receive a portion of your life insurance benefit up to 75% in advance. Upon death, your beneficiary will receive the balance of your benefit.	
Safe Driver Benefit	If you die as a direct result of a covered auto accident for which AD&D benefits are payable and were wearing a properly installed seatbelt, you will receive an additional benefit of $2,500. An additional Air bag benefit of $2,500 could also be payable.	
Waiver of Premium	If you become totally disabled while insured, are less than age 60, and remain totally disabled for at least 6 months in a row, your life and dependent life will continue until the day you reach age 70. If total disability ends, you may exercise the conversion privilege.	
Conversion	If your insurance terminates because you are no longer employed full-time, all or part of your insurance may be converted to an individual life insurance policy if you apply within 31 days of termination. Conversion does not require proof of medical insurability.	
Beneficiary Connect	Offers free beneficiary assistance including unlimited phone contact with grief counselors and legal advisors; up to 6 sessions or equivalent professional time for consultation; memorial planning assistance; child and elder care referrals; other support services including financial counseling and moving / relocation services.	

Voluntary Group Decreasing Term Life Insurance

Underwritten By Prudential

Employee Paid

This voluntary employee paid benefit, which pays your beneficiary a maximum benefit amount in your younger years and gradually decreasing benefit amount in your older years, will help give you peace of mind for your family's well being.

Schedule of Benefits - $16 Monthly Contribution

EMPLOYEE				DEPENDENTS	
Employee's Age at Time of Claim	Group Term Life	Group Accidental Death & Dismemberment	Total Benefit For Accidental Death	Group Term Life Spouse	Child(ren)
Less than 25	$225,000	$100,000	$325,000	$20,000	$4,000
25-29	$170,000	$100,000	$270,000	$20,000	$4,000
30-39	$100,000	$100,000	$200,000	$20,000	$4,000
40-44	$65,000	$100,000	$165,000	$18,000	$4,000
45-49	$40,000	$100,000	$140,000	$15,000	$4,000
50-54	$30,000	$100,000	$130,000	$10,000	$4,000
55-59	$18,000	$100,000	$118,000	$7,000	$4,000
60-64	$12,000	$100,000	$112,000	$5,000	$4,000
65 and over	$7,500	$7,500	$15,000	$4,000	$4,000

Pension Plan

Administered by Wyoming Retirement System

Once you qualify, this benefit provides a monthly income for life. Wyoming Retirement System (WRS) administers nine pension systems for different groups of public employees. Laramie County Employees participate in either the Public Employee or the Law Enforcement Pension Plan. The state laws authorizing the plan are W.S. 9-3-401 through W.S. 9-3-452 and the Retirement Board's Rules and Regulations. For additional information about the plans: http://retirement.state.wy.us/index.asp

Public Employee Pension Plan

Eligibility for Benefit (for those hired before 09/01/2012) You are eligible for full retirement after you either:

- **Reach age 60 and are vested or**
- **Meet the requirements of the "Rule of 85", which means your age plus your years of service in WRS equal 85 or more.**

Eligibility for Benefits (for those hired on or after 09/01/2012) You are eligible for full retirement after you either:

- **Reach age 65 and are vested or**
- **Meet the requirements of the "Rule of 85", which means your age plus your years of service in WRS equal 85 or more.**

Contributions (effective 07/01/2021)

Wyoming statute requires a contribution of 18.62% of your monthly salary. All eligible employees are required to join the plan at the time of employment. Laramie County contributes 14.87% of your monthly salary toward the total contribution required. Employees are responsible for the other 3.75%.

Law Enforcement Pension Plan

Eligibility for Benefit

You are eligible for full retirement after you either:

- **Reach age 60 and are vested or**
- **At any age with 20 years of service.**

You are eligible for early retirement with a reduced benefit after you:

- **Reach age 50 and are vested**

Contribution (Effective 7/1/2024)

Wyoming statute requires a contribution of 19.0% of your monthly salary. The County contributes 15.02% of the total contribution required and employees under the Law Enforcement plan are required to contribute 3.98%.

Deferred Compensation Plans

Administered by Wyoming Retirement System

This plan helps build your own retirement nest egg. Your contributions to the Deferred Compensation Plan are voluntary and do not affect your pension benefit or your contributions to the Pension System. Laramie County does not contribute to the Deferred Compensation Plan.

Your contributions are deducted from your pay on a pre-tax basis, post-tax basis or both. There is a $20 minimum contribution required per month, but you can contribute any dollar amount up to the IRS annual plan contribution limit. You may increase, decrease, stop or restart your contributions at any time.

For more information, please go to http://retirement.state.wy.us/

Shooting Sports Complex Discount Program

Laramie County Shooting Sports complex is a state-of-the-art public shooting facility located on 135 acres in Laramie County, Wyoming. The range includes a fifty-foot indoor pistol/small bore rifle range, 10-meter indoor air gun/archery range, 25-yard outdoor pistol range, 50-meter outdoor rifle range, a 100-yard outdoor rifle range, trap/skeet fields, an outdoor archery field and a 4D archery cinema. Future expansions will include longer outdoor rifle ranges and an indoor rifle range. The range is open to the public with walk-in rental fees. Yearly memberships are also available with no per diem charges. These options make the range an affordable choice for family recreation.

Laramie County Shooting Sports Complex also provides the Laramie County public with easily accessible facilities, modern equipment, and quality instruction to encourage family participation and fellowship in shooting sports. Laramie County Shooting Sports Complex emphasizes firearm safety, youth programs, corporate events, as well as, recreational and competitive shooting.

For County Employees:

- No initiation fee
- Discounted annual memberships:
  - Single $150.00
  - Family $200.00

Vacation & Sick Leave

Vacation Leave shall be accumulated and earned by regular status employees, according to the number of hours worked in increments of 50%, 75%, and 100%, and years of continuous service. Sick leave is accumulated and earned based upon the number of hours worked.

FULL-TIME EMPLOYEES ACCRUAL BASE RATES		
Months of Service	Vacation Accrual per month	Sick Accrual per month
0-48 months	8	10
49-108 months	10	10
109-168 months	12	10
169-228 months	14	10
229 months or more	16	10

FULL-TIME SHERIFF DEPUTIES ACCRUAL BASE RATES		
Months of Service	Vacation Accrual per month	Sick Accrual per month
0-48 months	8.6	10.75
49-108 months	10.75	10.75
109-168 months	12.9	10.75
169-228 months	15.02	10.75
229 months or more	17.2	10.75

PART-TIME EMPLOYEES		
Scheduled Work Hours	Vacation Accrual per month	Sick Accrual per month
160 or more hours	100% of base rate	10
120-159 hours	75% of base rate	7.5 hours
80-119 hours	50% of base rate	5 hours per month
79 or less hours	No accrual	No accrual

2024 Holidays

Eligible employees are granted paid holiday leave from regularly-scheduled work hours for these holidays designated by the Board of County Commissioners by the first regular meeting in December each year.

New Years Day (January 1st)
Martin Luther King, Jr. Day (January 15th)
President's Day (February 19th)
Memorial Day (May 27th)
Juneteenth (June 19th)
Independence Day (July 4th)
Cheyenne Day (July 24th) (Full Day)
Labor Day (September 2nd)
In-Service Day (October 14th)
Veteran's Day (November 11th)
Thanksgiving Day (November 28rd)
Day after Thanksgiving (November 29th)
Christmas Eve (December 24th) Closing at Noon
Christmas Day (December 25th)

When a designated holiday falls on Saturday, the preceding Friday may be designated as the holiday; when a designated holiday falls on Sunday, the following Monday may be designated as the holiday. When employees, who staff 24/7 operations, are required to work on a designated holiday, they are paid for hours worked plus 8 hours of holiday pay. Public Works and EMA, due to different work hours, have a different holiday schedule for the Commissioner provided hours.

OTHER LEAVE BENEFITS

- Bereavement Leave
- Voting Leave
- Jury Leave
- Military Leave
- Elected Office Leave
- Education Leave
- Inclement Weather Leave
- Flex Time

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