



Employee Benefit Guide 2015





Table of Contents



Table of Contents	1
Welcome / Mission Statement	2
Teton County Employee Programs	3
Vacation and Sick Leave	4
Group Insurance Eligibility	5
Enrollment Information	6
Health Insurance Benefits	7
Health Savings Account (HSA)	8
Flexible Spending Account (FSA)	9
Wellness Screenings	10
Teton County Reimbursement Program	11
Vision Benefits	12
Dental Benefits	13
Group Long Term Disability Insurance	14
Group Life & AD&D Insurance	15
Supplemental Life & AD&D Insurance	16-17
Pension and Deferred Compensation Plans	18-19
Notice of Employee Rights	20
Children's Health Insurance Protection (CHIP)	21
Patient Care	22-23
Questions & Contact Info	24-25

Teton County is pleased to offer you a selection of comprehensive, high quality employee benefits for eligible employees and their dependents. Based on your personal needs, you have the choice of several benefits to cover you and your family. Enclosed you will find a brief description of the options available, a comparison of basic plan coverage and cost information.

We encourage you to read the entire enrollment guide before you enroll. This is a summary of your County provided benefits only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description. If information in this summary differs from the legal contract, the legal contract is the ruling document. SPD's are available from your Human Resources Department.

WELCOME



Welcome to Teton County, Wyoming! We are very pleased that you have elected to be a part of our organization. Enclosed in this brochure is valuable information regarding your employee benefits. Our employees enjoy a benefits grouping that is extremely competitive and we hope you will take advantage of many of the offerings. The following pages provide a brief summary of your current County provided benefit programs to help you understand all that is available to you.

Mission	Vision	Values
The mission of Teton County, Wyoming government is to support the well-being of its residents by providing responsive and efficient services; providing programs and facilities that contribute to public health, safety and welfare; and supporting the community's goals as expressed in the Jackson Teton County Comprehensive Plan	We are partners and stewards to ensure a healthy community, environment and economy for this and future generations	Leadership, Stewardship, Transparency, Sustainability, Collaboration, Teamwork, Integrity, Trust, Professionalism, and Objectivity

Organizational Excellence	Environmental Stewardship	Vibrant Community	Economic Sustainability
We provide high quality and efficient government services in a collaborative, fiscally responsible and respectful manner for the benefit of Teton County residents and visitors.	We actively protect and enhance our unique landscape and environment, which underpin our economy, community, heritage and future well-being.	We work here and live here. We volunteer; ride bikes, horses and skis here. We are healthy, well protected and take care of each other and the environment.	We invest in infrastructure, energy efficiency, and public projects that allow our economy to grow in a way that minimizes environmental pressure.
<p><u>Goals:</u></p> <ul style="list-style-type: none"> Increase information sharing and communication with the public Define and provide a consistent high standard of customer service across all County Agencies Cultivate excellent organizational leadership Encourage innovation and best practices across our organization Attract, develop, motivate and retain a high performing county workforce Provide a positive work environment that supports employees personal and professional well being 	<p><u>Goals:</u></p> <ul style="list-style-type: none"> Support an integrated and efficient multi-modal transportation system Implement land use policies that preserve open space and wildlife habitat and protect air and water quality Facilitate sustainable living and business practices in our community Reduce Teton County's environmental footprint through sustainable practices Partner and collaborate with local, state, federal and other agencies 	<p><u>Goals:</u></p> <ul style="list-style-type: none"> Provide services to ensure personal and community safety Promote access to quality and affordable public health, social services and transit for people of all income levels Support access to quality and affordable recreation, education, arts and culture for residents and visitors Support a range of workforce housing opportunities Engage the community and invite civic participation Foster a well planned and livable community 	<p><u>Goals:</u></p> <ul style="list-style-type: none"> Partner to develop economic vitality consistent with community values as expressed in the Comprehensive Plan Maintain a diverse workforce which live locally to enhance and support our business community Deliver efficient government services to ensure the safety and welfare of residents and visitors Acquire lands and facilities strategically to meet future community needs

Teton County Employee Programs

Recreation Center Use

As a commitment toward better health, the Teton County Park and Recreation Board, along with elected officials made recreation center use available at no charge for those full time benefited persons that work for the Teton County, Wyoming. This is to provide additional opportunities to improve fitness and well being. It does not however, include classes or programs and spouses and dependents must pay to use the facility. County employees must purchase a recreation center ID card for \$5.00 (or current price), and is good for twenty-four months from the date of purchase. The first time that an employee comes to the recreation center they must show proof of employment with an employee ID or another form of identification. In addition, all employees are requested to sign-in at the front desk of the recreation center upon arrival.

Town/County Exercise Facility

The Town of Jackson has a workout area in the basement of the Town Hall Building that is also available to Teton County employees, spouses and dependents between the ages of 18-26 years of age. To arrange to use the facility, employees and eligible family members will be required to complete and sign an application and waiver, and obtain an electronic security card for access. Schedule an appointment with the Town/Police Department in the Town Hall Building to sign a waiver and have your photo taken.

Bus Pass Program

As a County employee, once you buy your bus pass, the County will reimburse you 50% of the cost. Buy your bus pass either at Town Hall (under the clock tower), or the START office at 450 West Snow King. You can get a book of 10 rides or a monthly pass. If you buy more than one monthly pass at a time, each additional month is at a reduced cost.

Keep in mind, the County can only reimburse an employee up to \$105 per month for bus passes before it becomes a taxable benefit. For example, if you buy 3 months of bus passes for \$295, you would be eligible for a reimbursement of \$147.50. Your initial reimbursement would be \$105, then the following month you would receive the balance of \$42.50.

To obtain this benefit, please complete a voucher, attach your receipt, sign the voucher on the claimant line, then have your supervisor sign it on the approval line. *Send the completed voucher for processing to: Pat Hatfield – County Clerk's Office.*



Vacation & Sick Leave

Teton County provides vacation and sick leave to regular full-time employees. These leave benefits begin to accrue on the employee's date of hire.

Vacation:

Vacation is accrued according to seniority, and the employee can accrue up to 240 hours. Vacation time may not be taken until it is accrued. Any accrued vacation in excess of 240 hours will be forfeited. Fire/EMS employees working a 14 day tour of duty accrue up to 288 hours.

Years of Service	Hours Per Year	Hours Per Pay Period	Fire/EMS Hours Per Year	Fire/EMS Hours Per Pay Period
Date of hire through four full years of service	80 Hours	3.08	106 Hours	4.08
After completion of 4 full years of service	120 Hours	4.62	159 Hours	6.12
After completion of 9 full years of service	160 Hours	6.15	211 Hours	8.15



Sick Leave:

Regular full-time employees earn sick leave at a rate of 8 hours per calendar month (3.70hr/pay period), and can accrue up to 480 hours of sick leave. Sick leave may not be taken until it is accrued. Any accrued sick leave in excess of 480 hours will be forfeited. Fire/EMS employees working a 14 day tour of duty accrue 12 hours per calendar month (5.54hrs/pay period) and a maximum of 576 hours of sick leave.

Group Insurance Eligibility

Teton County is dedicated to the health and well-being of you and your family. The County is pleased to provide a comprehensive group insurance program that includes; Medical, Dental, Vision, Life & LTD.



Eligibility Provisions: Employee

- An eligible Employee under this plan includes a person who is employed by the County on a continuing and regular basis for at least thirty (30) hours per week.
- If both married spouses are employed by the County, and both are eligible for Dependent Coverage, either spouse, but not both, may elect Dependent Coverage for their eligible Dependents. No one can be covered under this Plan as both an Employee and a Dependent. No one can be covered under this Plan as a Dependent by more than one Participant.
- An employee is not eligible while on active military duty if that duty exceeds a period of Thirty-one (31) consecutive days.

Eligibility Provisions: Elected Official

An eligible Elected Official includes a person whose service with Teton County is as a result of election to an official governmental office, or as a result of appointment to such an official governmental office, as allowed by Wyoming law. A person will be considered an Elected Official only during the legal term of such office.

Eligibility Provisions: Retiree

A former covered Employee whose employment with the County terminates due solely to retirement from the County can continue coverage under the Plan as a Retiree, provided the Employee:

1. Is covered under the plan on the last day of full-time employment prior to retirement, and;
2. Is at least fifty-five (55) years of age on the date of retirement, and;
3. Has completed a minimum of nine (9) consecutive years of full-time service with Teton County immediately prior to retirement, and;
4. The Employee pays a monthly contribution to the Plan as determined from time to time by the Employer..

Employees who have completed nine (9) years of full-time service are eligible for five (5) years of coverage or until age sixty five, whichever occurs first. Employees who have worked more than nine (9) years are eligible for one additional year for each two years over nine they have been employed in a full-time capacity. Retirees, spouses and dependents may continue coverage until the date the Retiree or spouse becomes eligible for Medicare as a result of age.

Eligible Dependent

Employee's, Elected Official's or Retiree's Eligible dependents include:

- Legal spouse.
- For medical, dental, and vision coverage: children up to age 26, including legally adopted child, stepchild, a child for whom you are the legal guardian and a child for whom the plan has received a Qualified Medical Child Support Order requiring a covered employee to provide health coverage.
- Mentally or physically handicapped children shall be considered eligible dependents for medical, dental and vision regardless of age. Proof of incapacity must be furnished upon request, and additional proof may be required from time to time.

Enrollment Information

Employees must regularly work at least 30 hours per week to be eligible for all of the benefits described.

When Coverage Begins

- Eligible Employees: Insurance coverage will begin on the first day of the month following date of hire.
- Elected Officials: Insurance coverage will begin on the first day of official service.

No waiting period will be considered a break in coverage for purposes of applying Creditable Coverage even if an eligible person maintains no Creditable Coverage during said waiting period.

When Coverage Ends:

- You are no longer in an eligible class
- Your employment ceases
- Your coverage terminates
- The entire policy ends



Enrollment Information

If you are newly eligible employee, you are required to enroll within 31 days immediately following the last day of the Waiting Period. If you do not enroll during your initial eligibility period you will need to enroll during open enrollment or within 31 days of a qualifying life event.

New Hire or Newly Eligible Employees

To enroll into benefits you will need to:

- Complete all enrollment forms and submit them as soon as possible following your hire date or the date you became an eligible employee. All benefit elections and plan summary information are provided by Teton County Human Resources. All enrollment and election forms should be completed and turned in to HR for benefits to begin.

Open Enrollment Instructions

To complete your elections please follow the steps below:

- For 2015, if you are not making any changes to your elections you will not be required to submit any additional paperwork
- Remember to update your beneficiary information
- If you wish to enroll or make any changes; add or drop a dependent, etc., you will need to complete a change form and submit to Human Resources by **December 18** for benefits to be effective by **January 1, 2015**.

Retirees are not eligible to enroll during any Open enrollment Period.

Life Events

When you experience a qualifying life event, you have 30 days to complete and submit an appropriate change form to secure your new benefits. These events include but may not be limited to:

- Marriage, divorce or legal separation;
- Adding a dependent child through birth, adoption or change in custody;
- Your spouse or a dependent passes away;
- Your spouse or dependent(s) lose eligibility for coverage; or
- Your spouse loses coverage through his/her employer.

Information Required to Enroll

You will need to provide current address, **date of birth**, and **social security numbers** for all persons requesting coverage.

Teton County Health Insurance Benefits

High Deductible Health Plan / Health Savings Account (HSA) Qualified



Administered by Allegiance	*In-Network
Lifetime Maximum	None
Annual Maximum	None
Annual Deductible Individual Family	\$2,400 per year \$4,800 per year
Coinsurance	Member pays 20% after deductible up to OOPM
Annual Out-of-Pocket Maximum (OOPM) Single (includes deductible) Family (includes deductible) <i>(Plan Pays 100% AFTER the OOPM has been met)</i>	\$3,400 per year \$6,800 per year
Physician Office Services	20% after deductible up to OOPM
Preventive Services (as required by PPACA and defined by the plan)	Plan pays 100%, not subject to deductible
Urgent Center Services	20% after deductible up to OOPM
Emergency Room	20% after deductible up to OOPM
Outpatient Surgery	20% after deductible up to OOPM
Inpatient Coverage (pre-certification required)	20% after deductible up to OOPM
Prescription Drugs All prescriptions are subject to the medical deductible Tier 1 (Generic Drugs) Tier 2 (Preferred Name Brand Drugs) Tier 3 (Non-Preferred Name Brand drugs) Tier 4 (Specialty drugs)	Retail (up to 90 day supply) Mail Order (up to 90 day supply) 20% after deductible up to OOPM 20% after deductible up to OOPM** 20% after deductible up to OOPM** 20% after deductible up to OOPM

**Coverage for name brand drugs is only allowed when there is no generic equivalent.
Non-preferred drugs must not have a preferred equivalent in order to be eligible.

Copayments, Coinsurance, and Deductibles accumulate towards the Out-of-Pocket Maximums; Prescription Drug cost shares are also included in the Medical Out-of-Pocket Maximum.

Local Network: First Choice of the Midwest www.1choicem.com
National Network: Cigna www.mycigna.com

*Non-network provider services are covered at the same benefit level; however, amounts above the reasonable and customary charge for the area will be the members responsibility and are not applied to your deductible.

This is a summary of your benefits only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description.

Health Savings Account (HSA)

What is a Health Savings Account (HSA)?

An HSA is a specific type of bank account that you may set up and use to pay for eligible health care expenses with pre-tax dollars.

To qualify for an HSA you:

- must be enrolled in a qualified High Deductible Health Plan (HDHP),
- must not be covered by any other medical plan that is not an HDHP (such as a spouse's plan including the spouse's FSA unless it is a limited purpose FSA), and
- must not be entitled to benefits under Medicare,
- must not have received VA benefits in the last 3 months.

Contributions

Contributions to the account may come from you and Teton County. The money is always yours to keep, even if you switch employers. There is no **'use it or lose it'** rule like there is in a Flexible Spending Account (FSA). You may opt to contribute into your HSA account through pre-tax payroll deductions, which will be deposited each pay period.

The **combined contributions from all sources may not exceed the annual maximum allowed established by the IRS** for 2015 or it will be subject to income tax. The maximum allowed annual contributions are;

- **Individual: \$3,350**
- **Family: \$6,650**

If you are 55 and older you are allowed to contribute an additional \$1000 each year.

Teton County contributes the following amounts into your HSA account;

- Individual: \$1,200 (\$100 per month)
- Family: \$2,400 (\$200 per month)



Employees must have or open an HSA account to be eligible for Teton County's contribution and must sign and return an Authorization Agreement for HSA Accounts form. Contact the HR office should you have any questions.

Accessing Funds

You may access funds via a debit card or by using checks. You may not use HSA funds to pay for expenses incurred prior to your participation in the HSA. Amounts used for non-qualified healthcare expenses are subject to income tax and a 20% penalty. You should always keep your receipts as proof of your eligible medical expenses for tax purposes.

Examples of Qualified Expenses:

- Acupuncture
- Alcohol and Drug Rehab
- Ambulance
- Blood Pressure Monitoring Devices
- Chiropractor
- Contact Lenses
- Deductibles
- Prescriptions
- Dental Care
- Diabetic Supplies
- Eye exam and hardware
- Hearing Aids
- Home Healthcare
- Medical Supplies
- Orthodontia

Examples of Non-Qualified Expenses:

- Cosmetic Surgery
- Diapers
- Exercise Equipment
- Hygiene Products

www.hsacenter.com/qualified-med-expenses.html

Flexible Spending Accounts (FSA)

What is a Flexible Spending Account?

The County provides two options of Flexible Spending Accounts (FSA). A Medical Expense Health Savings Account and a Dependent Care Reimbursement Account. A Flexible Spending Account allows you to pay for qualified expenses, with pre-taxed dollars. However, these FSA dollars do not roll over from year to year or from one employer to another; any unused portion at the end of the year will be forfeited. If you are not eligible to open or contribute to an Health Savings Account (HSA) you may want to consider an FSA.

With Flexible Spending, your expenses are deducted from your paycheck pre-tax; before state, federal and social security taxes. By paying these expenses with pre-taxed dollars, you will reduce your taxable income and take home a larger portion of your paycheck. You will need to submit claims and copies of your receipts to receive reimbursement.

Health Account (If you are not eligible to contribute to an HSA) You may set aside pre-tax dollars to pay for qualifying out-of-pocket medical, dental and vision expenses. This plan CANNOT be used in conjunction with your HSA plan. The maximum yearly election amount is \$2,550.

Dependent Care Reimbursement Account

You may set aside pre-tax dollars to pay for eligible dependent care expenses. This includes child care, elder care, or other eligible dependent care. The maximum yearly election amount is \$5,000 if married and filing jointly, \$2,500 if filing single.



REMEMBER – FSA IS USE IT OR LOSE IT

Allegiance -Flexible Spending Accounts

- Health Account
- Dependent Child Care Reimbursement Account

Allegiance:

Phone: 800-877-1122

Fax: 406-523-3149

For Claims or Reimbursements:

Contact Allegiance

To Enroll:

Contact Human Resources

This is a summary of your benefits only. Certain restrictions and exclusions apply. For exact terms and conditions, please refer to your summary plan description..

St. Johns Medical Center – Wellness Blood Screenings



What has changed:

- Program is offered Year-Round!
- Blood draws will only be received through scheduling an appointment
SJMC: Lab Phone number 307-739-7315
- Employees and their covered dependents will be required to pay the fee at the time of registration and submit a claim form for reimbursement to Allegiance
- SJMC is offering Vitamin D testing, however **this is not a covered service** under Teton County’s Wellness Benefit.

What has NOT changed:

- Deeply discounted price
- Adults age 18 and older are eligible for the discounted pricing 1x during a 12 month period
- Appointments must be made by calling 307-739-7315
- Results will be mailed to the patient and the patient’s physician upon request
- Interpretations will be offered during the annual Community Health Fair

Covered Services:

Services must be received from St. John’s Medical Center

Blood Chemistry Profile: Screening for glucose, heart, liver, kidney, and thyroid function – <u>Fasting required</u>	\$35.00
Hemogram: Complete blood county of red and white blood cells and platelets, screens for anemia & leukemia	\$10.00
HgbA1c: Measures blood sugar and control for the prior three months for diabetics and those with a family history	\$10.00
PSA Testing: Prostate screening for men	\$20.00
Vitamin D-25 Hydroxy: Screening <u>is not covered under</u> the County’s Insurance Plan. You will have to pay those fees directly	N/A

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Teton County Reimbursement Program

Teton County Taxable Reimbursement Program	Outpatient	Inpatient
SJMC: All <u>outpatient surgical</u> procedures greater than \$2,500 for the facility billed charges	\$250	-
OUT OF AREA/CIGNA: All <u>outpatient procedures</u> for facility billed charges of \$5,000 and greater for out of Wyoming Hospitals and for <u>any Inpatient overnight stay</u> per year per employee and/or dependent for a Hospital outside of Wyoming	\$500	\$2,000
* No employee will receive greater than \$500 for either themselves or their dependents in a calendar year for outpatient services, and no more than \$2,000 for themselves or their dependents in a calendar year for inpatient services		

This program is voluntary. Benefits are paid after taxes. To receive your reimbursement you must provide to Human Resources a completed Medical Incentive Reimbursement form and an explanation of benefits (EOB) showing the total amount billed, where the services were received, whether it was in-patient or out-patient, and the name of the participant who received the service(s) for verification. No diagnostic or other confidential information should be provided. Human Resources will then authorize and submit the form to payroll, confirming the requirements were met and amount to be paid. Payroll will only receive the Medical Reimbursement form and no other information. The reimbursement will be included in the employee's paycheck on the next pay period cycle.

Teton County is a self-funded plan and as such, has hired a third party administrator (TPA), Allegiance to administer the medical and vision plan.

To locate coverage details, claims or for additional tools and resources from Allegiance call 1-800-877-1122 or log on to: www.askallegiance.com

ALLEGIANCE TOOLS AND RESOURCES

- Look up Claims Status
- See your Explanation of Benefits
- Review your Summary Plan Document
- Locate Claim Forms
- Link to PPACA Covered Preventive Care List www.uspreventiveservicestaskforce.org

In-Network providers are those who participate with the following networks:

- For Wyoming providers, First Choice of the Midwest,
- for Out of Area providers, Cigna Networks.

To locate an in-network provider near you visit the network websites at www.1choicem.com or www.mycigna.com

Vision Benefits

ADMINISTERED BY ALLEGIANCE

Vision Coverage

Comprehensive exam (each calendar year)	\$25.00 co-pay, then covered 100% up to \$200 maximum
*Materials – Frames and Lenses (every two calendar years) OR	Covered 100% up to \$300 maximum combined benefit lenses & frames
**Contacts (each calendar year)	Covered 100% up to \$300 maximum

*Excludes prescription sunglasses

**THE PURCHASE OF CONTACT LENSES AND CONVENTIONAL LENSES AND FRAMES CANNOT BE COMBINED. THE BENEFIT IS FOR EITHER CONVENTIONAL LENSES AND FRAMES, OR FOR CONTACT LENSES, BUT NOT BOTH DURING ANY BENEFIT PERIOD.

Submit claims to:
Allegiance Benefit Plan Management
 P.O. Box 3018
 Missoula, Montana 59806-1269



Allegiance Customer Service:
1-800-877-1122

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Dental Benefits



Services / In-Network	In Network	Out-of-Network
Deductible (annual)	\$25/person; \$50/family	\$25/person; \$50/family
Preventive Care /routine exams, bitewing x-rays, cleanings, fluoride, full mouth x-rays, and sealants.	100% deductible waived	100%* deductible waived
Basic Benefits / fillings, simple extractions	Deductible, then 20%	Deductible, then 20%*
Endodontics / root canals	Deductible, then 20%	Deductible, then 20%*
Periodontics / gum treatment	Deductible, then 20%	Deductible, then 20%*
Oral Surgery / removal of tooth, inclusions, excisions	Deductible, then 20%	Deductible, then 20%*
Major Benefits / crowns/bridges/dentures/implants	Deductible, then 50%	Deductible, then 50%*
Orthodontia (course of treatment must begin on or after benefit's effective date)	50% (\$1,000/person lifetime benefit maximum) for dependent children only, through end of month age 19 is attained	50% (\$1,000/person lifetime benefit maximum) for dependent children only, through end of month age 19 is attained
* Maximum annual benefit (including preventive)	\$1,500 per person	\$1,500 per person
Predetermination or preauthorization of benefits is recommended for all dental care in the amount of \$250 or more		

Can I keep my current dentist?

You may keep your current dentist; however, you may pay more out of your own pocket for Dentists who do not participate with the Delta Dental Network of Participating Dentists. Members may be balanced billed for out of network services which exceed the usual and customary amount.

Who in my family is covered?

You may elect to cover your eligible dependent children up to age 26 and eligible spouse. Orthodontia is only available to covered dependents through the end of the month age 19 is attained.

Looking for a dentist?

Visit www.deltadentalwy.org and search the "Premier" provider list or call 1-800-735-3379 to find a provider, Monday through Thursday 8:00 a.m. to 5:00 p.m., Friday 8:00 a.m. to 4:00 p.m.

The Delta Difference

When you receive care from a Network Provider

- The dentist office fills out the forms
- The dentist office mails the forms
- There is not a usual and customary chargeback
- Managed dental costs
- The plans portion of the payment is made directly to the dentist



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Group Long Term Disability Insurance

Insurance for your Income



All full time active employees working 30 or more hours per week in an eligible class are eligible for coverage. If you did not elect coverage when you were first eligible you will be subject to medical underwriting.

If you elect coverage, 50% of the cost for coverage is paid for by Teton County.

Benefit Highlights	
Maximum Monthly Benefit: Library Employees	66.67% of Salary up to \$5,000 per month
Maximum Monthly Benefit: All other Employees	60% of Salary up to \$5,000 per month
Maximum Benefit Duration	To age 65
Elimination Period	90 Days (the number of days you must be disabled prior to collecting disability benefits)
Accumulation of Elimination Period	You can satisfy the days of elimination period with either total (off work entirely) or partial (working some hours at your current job) disability. If you are working on a partial basis, you will have 2x the elimination period days to satisfy the total of 90 days
CIGNA's Life Assistance	Access to an employee assistance program for the employee or immediate household family member who may be experiencing personal or workplace issues.
Waiver of Premium	You will not be required to pay premium during any time of approved total or partial disability
Conversion	If you terminate your employment, you may be able to convert this policy

To calculate the cost of coverage, follow these steps:

Step 1: Enter your gross or pre-tax monthly pay (not counting bonus or overtime).

Please note this amount cannot exceed \$8,333 \$ _____

Step 2: Multiply gross pay (line 1) by \$0.0037 \$ _____

This is your monthly premium divided by 50% (Teton County Pays 50% of premium).

Step 3: Times your monthly premium by 12 months and divide by 26 pay periods . This is your per pay period cost. \$ _____

This is a brief summary of your benefit choices. Please refer to the insurance company's certificate of coverage for more information.

Group Life and AD&D Insurance



Basic Life:

- Teton County pays 100% of the cost for the following coverage on behalf of their employees:
 - \$10,000 of coverage for employees,
 - \$2,000 of coverage for spouses,
 - \$1,000 of coverage for each child
- In addition, employees have the option to purchase additional supplemental life insurance as described in the Supplemental Life Insurance section.

Accidental Death and Dismemberment Insurance (AD&D):

- AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes death or dismemberment (i.e., the loss of a hand, foot, or eye).
- Coverage equals the life insurance benefit for death, or a percentage of that amount for dismemberment. If death occurs from a covered accident, both the Life and the AD&D benefit would be payable.

Additional Plan Provisions:

- **Portability:** If your life insurance terminates, the plan's Portability Privilege allows you to maintain all or a portion of your group coverage by paying premiums directly to CIGNA Group Insurance. Your premiums may change, but they will continue at affordable group term rates. You must request portability and pay the required premium within 31 days of the date your Life insurance ends. No evidence of good health will be required.
- **Benefit Reduction Schedule:** Benefit will reduce to 65% of the original benefit amount at age 65, 45% of the original benefit amount at age 70 and 30% of original amount at age 75.
- **Terminal Illness:** You may request an accelerated payment of 75% of the person's coverage to a maximum of \$250,000 (Basic and Supplemental Life combined) if given a life expectancy of 12 months or less.
- **Conversion:** If your Life insurance terminates, the plan's Conversion Privilege allows you to convert all or a portion of your group coverage to an individual policy from CIGNA Group Insurance. The conversion amount will depend on the reason coverage is terminating. You must request conversion and pay the required premium within 31 days of the date your Life insurance ends.
- **Beneficiary:** The Life Insurance benefit is payable to the designated beneficiary upon your death. Coverage is provided for the time period that you are eligible and the premium is paid.

This is a brief summary of your benefit choices. Please refer to the insurance company's certificate of coverage for more information.

Supplemental Life Insurance



CIGNA Supplemental life insurance is offered in the following increments:

- **Employee:** \$10,000 to a max of the lesser of 3-times annual salary or \$100,000 in \$10,000 increments.
- **Spouse:** \$5,000 to a max of \$50,000 in \$5,000 increments, not to exceed 50% of employee coverage.
- **Dependent(s):** \$5,000 to a maximum of \$10,000, in \$5,000 increments. \$500 maximum for children under 6 months of age.

Guarantee Issue:

The guaranteed issued amount of coverage for an employee is the lesser of 3x salary or \$100,000, rounded down to the nearest \$10,000 . This amount of coverage is guaranteed and can be elected regardless of your health if elected within your initial eligibility period.

Dependent Eligibility:

- *Child(ren)'s Eligibility: Unmarried Dependent Children from 15 days to 19 years old, or 25 years old if a full-time student, are eligible for coverage.*
- *Coverage on your spouse will end at age 70*

Supplemental Monthly Rate Chart

Age of Employee	Cost Per \$1,000	Age of Spouse	Cost Per \$1,000
Less than 20	\$0.26	Less than 20	\$0.26
20 to 24	\$0.082	20 to 24	\$0.082
25 to 29	\$0.064	25 to 29	\$0.064
30 to 34	\$0.068	30 to 34	\$0.068
35 to 39	\$0.084	35 to 39	\$0.084
40 to 44	\$0.142	40 to 44	\$0.142
45 to 49	\$0.206	45 to 49	\$0.206
50 to 54	\$0.347	50 to 54	\$0.347
55 to 59	\$0.581	55 to 59	\$0.581
60 to 64	\$0.729	60 to 64	\$0.729
65 to 69	\$1.080	65 to 69	\$1.080
70 to 74	2.202	70 to 74	2.202
75 to 79	4.449	75 to 79	4.449
80 to 84	8.838	80 to 84	8.838
85 to 89	16.293	85 to 89	16.293
90 to 94	26.584	90 to 94	26.584
Monthly Cost for your Child(ren) \$1.27 per \$5,000 of coverage One premium will ensure all eligible children regardless of the number you have			

To Calculate Rates:

1. Take the amount of coverage you would like and divide it by 1000. (Example: If you want \$100,000 of coverage, divide that amount by 1000. You will get 100.)
2. Find your cost per \$1000 based on your current age using the Supplemental rate chart. (Example: age 40-44 Cost \$0.142)
3. Your monthly premium equals the answer to question 1 times the answer to question 2. ((1) x (2)) (Example: 100 x \$0.142 = \$14.20)
4. Take your monthly premium times 12 months, divided by 26 pay periods. This is your per pay period cost. (Example: \$14.20 x 12 / 26 = \$6.55 per pay period)

This is a brief summary of your benefit choices. Please refer to the insurance company's certificate of coverage for more information.

Supplemental AD&D Insurance



This valuable coverage is a combined coverage when you enroll in Cigna supplemental life insurance and provides benefits beyond your disability or life insurance for severe accidents or loss of life on or off the job for you your spouse and children – while commuting, traveling by public or private transportation and during business trips. Cigna’s AD&D insurance pays you benefits if you suffer an accident that results in paralysis or the loss of a limb, speech, hearing or sight, or brain damage or coma. If you suffer a fatal accident, benefits will be paid to your beneficiary.

The cost for Accidental Death & Dismemberment Insurance (AD&D):

AD&D Coverage	Cost per \$1,000 of coverage
Employee Only	\$0.038
Spouse Only	\$0.038
Child(ren) Only	\$0.038

To Calculate Rates:

1. Take the amount of coverage you would like and divide it by 1000. (Example: If you want \$100,000 of coverage, divide that amount by 1000. You will get 100.)
2. Find your cost per \$1000 based on your coverage tier (Example: Employee Cost \$0.038)
3. Your monthly premium equals the answer to question 1 times the answer to question 2. ((1) x (2)) (Example: $100 \times \$0.038 = \3.80)
4. Take your monthly premium times 12 months, divided by 26 pay periods. This is your per pay period cost. (Example: $\$3.80 \times 12 / 26 = \1.75 per pay period)



This is a brief summary of your benefit choices. Please refer to the insurance company’s certificate of coverage for more information.

Wyoming Retirement System - Benefits

Wyoming Retirement System (WRS) is a defined benefit program for public employees in Wyoming. The active membership is comprised of school district employees, University and community college employees, state and local government employees, and various other political subdivisions in the State.

WRS offers both a Pension and Deferred Compensation Plan to help you build a secure financial future:

- **PENSION** – This benefit plan is designed to provide a monthly income for life and will continue to grow as long as you are working within the WRS. Your benefit is based on a formula involving your age at retirement, highest average salary, and years of service; it is not affected by investment gains or losses. Regular, full-time employees are eligible and automatically enrolled on date of hire. You become ‘vested’ after 48 months of service.

Pension Plan	Contributions	Vesting	Eligibility
Public Plan Tier 1 (Eligibility if hired prior to 09/01/12)	15.87% of Salary: Employee=8.25% Employer=7.62% (Teton County Contributes 13.815% of employees total salary, leaving employee to fund 2.055%) <i>*These contributions change in July 2015</i>	48 Months	•Age 60 with 4 years service, or •Upon meeting the requirements of “rule of 85” (age plus your years of service equal 85 or more)
Public Plan Tier 2 (Eligibility if hired on or after 09/01/12)	15.87% of Salary: Employee=8.25% Employer=7.62% (Teton County Contributes 13.815% of employees total salary, leaving employee to fund 2.055%) <i>*These contributions change in July 2015</i>	48 Months	•Age 65 with 4 years service, or •Upon meeting the requirements of “rule of 85” (age plus your years of service equal 85 or more)
Fire Plan B	21.245% of salary: Employee = 9.245% Employer = 12%	48 Months	Age 50 with 4 years of service
Law Enforcement	17.20% of salary: Employee=8.6% Employer=8.6% (Teton County Contributes 11.25% of employees total salary, leaving employee to fund 5.95%)	48 Months	•Age 60 with 4 years of service, or •Any age with 20 years of service

This is a brief summary of your benefit choices. Please refer to the insurance company’s plan document for more information.

WRS-Deferred Compensation Plan

457 DEFERRED COMPENSATION PLAN

This benefit plan helps you build your own retirement by investing pre-tax contributions through payroll deductions into the Plan. You decide where to invest your contributions by choosing from an offering of conservative to high-risk investment options. However, you cannot borrow, take loans, or close your account until your employment ends.

- Participation is voluntary and you must complete an enrollment form.
- You are eligible to participate on your date of hire, but you can elect to participate at any time during your enrollment.
- Your contributions are voluntary and do not affect your pension benefit or your contributions to the Pension system.
- You must contribute at least \$20 per pay period, 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. However, the Plan must receive your change request the month before the month you want the change to take effect.

RETIREMENT

If an employee wishes to take early retirement, the pension benefit is reduced by 5% for each year the employee is under age 60. An employee qualifies for early retirement after reaching 50 years of age and has completed four years of service or by completing 25 years of service at any age.

Each pension plan has an associated handbook to help you understand your benefits



WRS Benefit calculator and Plan Documents are available at:
<http://retirement.state.wy.us>

For more information:
Call: 1-307-777-7691

Notice of Employee Rights



HIPAA Privacy Notice

The Health Insurance Portability and Accountability Act (HIPAA) requires employers to adhere to strict privacy guidelines and establishes employee's rights with regard to their personal health information. If you have any questions regarding this federal regulation, please speak with your Human Resources department.



Patient Protection and Affordable Care Act (PPACA)

PPACA, commonly referred to as "Health Care Reform", was signed into law on March 23, 2010. One of the provisions of this law requires the plan to extend dependent coverage to eligible dependents through age 26. Individuals whose coverage ended, or who were denied coverage (or were not eligible for coverage), because the availability of dependent coverage to children ended before attainment of age 26 are eligible to enroll in the Teton County plan.



Women's Health & Cancer Rights Act Annual Notice (WHCRA)

Did you know that your plan, as required by the Women's Health and Cancer Rights Act of 1998, provides benefits for mastectomy-related services including all states of reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy, including lymphedema?

Call your Plan Administrator for more information



COBRA Rights

Under the Consolidated Omnibus Budget Reconciliation Act (COBRA), federal law makes it possible for certain employees and their eligible dependents to continue participation in health care plans if coverage would have otherwise been terminated.



Newborn's and Mother's Health Protection Act

The Newborn's and Mother's Health Protection Act of 1996 (NMHPA) affects the amount of time you and your newborn child are covered for a hospital stay following childbirth. In general, health insurers and HMOs may not restrict benefits for a hospital stay in connection with childbirth to less than 48 hours following a vaginal delivery or 96 hours following a delivery by cesarean section. If you deliver in the hospital, the 48 hour (or 96 hour) period starts at the time of delivery. If you deliver somewhere other than the hospital and you are later admitted to the hospital in connection with the childbirth, the period begins at the time of admission. Also, a health insurer or HMO cannot require you or your attending provider to obtain prior authorization for your delivery or show that the 48 hour (or 96 hour) stay is medically necessary. However, a health insurer or HMO may require you to get prior authorization for any portion of stay after the 48 hours (or 96 hours).

Please contact your Human Resources Department for detailed information on these federal laws.

Chip Notice

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

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some States have premium assistance programs that can help pay for coverage.

These States use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums.

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

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

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

You may also be eligible for assistance paying your employer health plan premiums. Contact your State for further information on eligibility.

IDAHO – Medicaid and CHIP

Medicaid Website: www.accesstohealthinsurance.idaho.gov

Medicaid Phone: 1-800-926-2588

CHIP Website: www.medicaid.idaho.gov

CHIP Phone: 1-800-926-2588

WYOMING – Medicaid

Website: <http://www.health.wyo.gov/healthcarefin/index.html>

Telephone: 307-777-7531

For more information on special enrollment rights, you can contact either:

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

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

Please Note: This is not an all-inclusive list of states, please contact Human Resources for a full copy of the notice.



Patient Care is provided by Teton County and is free to you and your dependents.

Patient Care is completely free to you. You are automatically enrolled !

Patient Care is completely confidential. We will not access your confidential health information or share it with anyone without your permission.

Your Patient Care Advocate can help you...

- Answer questions about your benefits
- Explain and educate on how to best use your benefits
- Resolve claims and billing issues
- Help you understand the cost of a procedure or test
- Assist with referrals and prior authorization
- Help with appeals and grievances

Your Advocate can assist you with medical, dental, vision, Flexible Spending Account (FSA) benefits, and Health Savings Accounts (HSA).



Comparing Cost

March 28, 2014



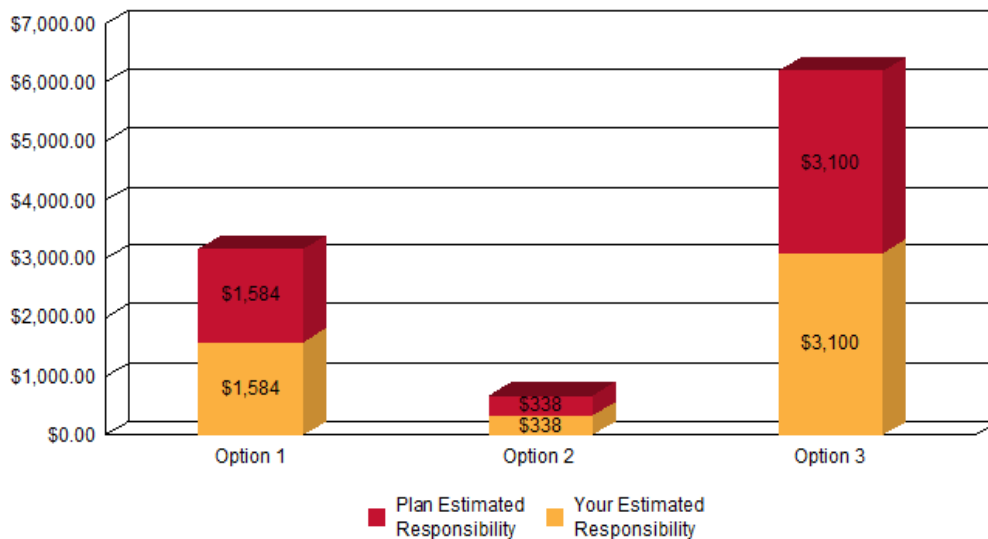
Cost & Quality Report Prepared For:

Ryan White
1234 Main Street
BEVERLY HILLS, MI
48025-0000

Request Date:	11/4/2013
Procedure:	Transesophageal Echocardiogram
CPT code:	93312
Physician ordering the procedure:	93312
Date the procedure scheduled:	Dr. Silverman
Setting:	Not Scheduled
Authorization Required:	Outpatient
Reference Number:	No

Provider Cost Comparison

(details on next page)



This member had Patient Care compare prices for an upcoming radiology test. It would end up costing the member:

Option 1 - \$1,584

Option 2 - \$338

Option 3 - \$3,100

That's a **\$2,762** difference!



Who should you contact with questions?

- For general eligibility or enrollment questions, please contact;
 - Teton County's Human Resources Department.
- For payroll deduction changes or questions, please contact;
 - Teton County's Payroll Clerk in the Clerk's Office.
- For coverage verification/information, claims questions, or provider locators contact;
 - For Medical, Vision and FSA - Allegiance
 - For Dental - Delta Dental of WY
 - For Life, AD&D & LTD - CIGNA
 - For AFLAC – Summit Insurance
- If you are having trouble with claims processing, billing discrepancies, or just need someone to help guide and assist you with understanding your coverage, contact;
 - Patient Care



Provider phone numbers, websites and email addresses are located on the following page.

Contact Page

Provider	Phone / E-Mail	Website / Email
Teton County Human Resources Julianne Fries Hannah Lewis	Phone: 307-732-8483	jfries@tetonwyo.org hlewis@tetonwyo.org
Medical Allegiance	Phone: 800-877-1122 Fax: 406-532-4507 or 866-201-0522	www.askallegiance.com
Vision Allegiance	Phone: 866-201-0522 Fax: 406-532-4507	www.askallegiance.com
Dental Delta Dental Policy #: 70025	Phone: 800-735-3379	www.deltadentalwy.org customerservice@deltadentalwy.org
Deductions & H.S.A Contributions Payroll Clerk/Shelley Fairbanks	Phone: 307-732-8421	sfairbanks@tetonwyo.org
Flexible Spending Account Allegiance	Phone: 800-877-1122 Fax: 406-523-3149	www.askallegiance.com
Life, AD&D & LTD Insurance Cigna Policy #OK 964217	Phone: 800-36- Cigna Fax: 800.440.0856	BethlehemMail@Cigna.com
Wyoming Retirement System (WRS) Defined Benefit Program	Phone: 307-777-7691 Fax: 307-777-5995	http://retirement.state.wy.us Email: pension@wyo.gov
Patient Care	Phone: 866-253-2273	Patientcare4u.com
WRS Deferred Compensation Plan	Phone: 307-777-7691 Fax: 307-777-3621	http://www.wrsdcp.com Email: 457pln@wyo.gov
Hays Companies Phillip Aguillon Stephanie Mace	Phone: 801-505-6513 Phone: 801-505-6507	paguillon@hayscompanies.com smace@hayscompanies.com
Summit Insurance Individual Voluntary Products – AFLAC	Phone: 307-733-2055 Fax: 307-733-6178	www.summitinsurance.com



