

A young girl with long brown hair, smiling brightly, holding a colorful pinwheel. The background is a bright, sunny outdoor setting with a blurred building in the distance.

2020 BENEFIT GUIDE

CARBON COUNTY WYOMING



ENROLLMENT GUIDELINES

Welcome to the 2020 Benefits Guide for Carbon County. 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.

This guide is not a Summary Plan Description or a 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 Decision Guide and the contracts, the Summary Plan Description or Certificate 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 Carbon County.

ELIGIBILITY

You are eligible to enroll in the benefits program if you are a full time employee working 30 or more hours per week. Benefits for newly hired employees will take effect the first of the month following the date of qualified employment.

Your legal spouse and your married or unmarried dependent children are eligible for medical coverage until the end of the month they attain 26 years of age. Your unmarried dependent children are eligible for dental coverage until midnight the day before the 19th birthday (24th birthday if a full time student). Your unmarried dependent children are eligible for vision coverage until the end of the month they turn age 19 (24 if a full time student). Unmarried disabled children over age 26 may be eligible to continue benefits after approval.

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

OPEN ENROLLMENT

Open enrollment for health, dental, vision and flex, is once a year and benefit elections will take effect January 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.

Qualified life events are:

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

When you have a qualifying event, you have **30** days to complete and return a new enrollment/change form for health, dental, and/or vision coverage. (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or CHIP terminates.)

POINTS OF INTEREST

Upon termination of employment, voluntary or involuntary, if the last day worked is the 1st - 15th, then coverage will end the 15th of the month. If the last day of employment was the 16th - through the end of the month, coverage will end the last day of the month.

Maximum flexible spending account contribution limit has increased to \$2,700!



BENEFIT CONTACTS

BlueCross Blue Shield Wyoming 4000 House Avenue P.O.Box 2266 Cheyenne, WY 82003	Medical Benefits, FSA, and PPO Network Group #248314	(800) 442-2376 M-F 8am –5pm yourwyoblue.com yourwyoblue.com/find-a-doctor/#/home
Prime Therapeutics 4000 House Avenue P.O.Box 2266 Cheyenne, WY 82003	Prescription Benefit Manager	(877) 794-3574 myprime.com/en/find-pharmacy.html
Guardian	Dental Benefits	(800) 627-4200 guardiananytime.com
VSP	Vision Benefits	(800) 877-7195 vsp.com
MASA Medical Transport Solutions	Air and Ground Ambulance Lynn Arenson	Lynn Arenson (970) 481-6282 larenson@masamts.com Customer Service: 800-423-3226 Emergency Access: 800-643-9023 www.MASAMTS.com
Carbon County Contacts	Ashley Jolly / Lisa Smith Deputy Clerk Gwynn Bartlett County Clerk	(307) 328-7825 humanresources@carbonwy.com (307) 328-2668 gwynnbartlett@carbonwy.com
Aflac	Nathen Gortemaker	(307) 514-2233 Nathen_gortemaker@us.aflac.co
Colonial	Dean Sailer	(866) 270-6733 dean.sailer@coloniallife.com
Teladoc	Video Doctor Consultation	Teladoc.com/mobile Patient Support – 1-800-Teladoc
WY Retirement System	Pension Benefits and 457 Deferred Comp	(307)777-7691 www.retirement.state.wy.us
Further	FSA/HRA/Dependent Care	Hellofurther.com (800) 859-2144 M-F 6 a.m. – 7 p.m. customersolutions@hellofurther.com PO Box 64193, St. Paul, MN 55164-0193



MEDICAL BENEFITS – PLAN A

BENEFIT	PLAN A MEDICAL BENEFITS	
	In-Network	Out-of-Network
Deductible	\$500/single \$1,000/family	\$1,000/single \$2,000/family
Out-of-Pocket Max (Includes deductible and copays)	\$2,500/single \$5,000/family	\$4,000/single \$8,000/family
Preventive Care	100%, Deductible Waived	100%, After Deductible
Office Visit (PCP)	\$25 copay	80%, After Deductible
Specialist Office Visit	\$25 copay	80%, After Deductible
Inpatient Hospital	90%, After Deductible	80%, After Deductible
Outpatient Hospital	90%, After Deductible	80%, After Deductible
Emergency Room	\$250 copay, then 90%, After Deductible	
Prescriptions* Retail – 30 day supply		
Generic	\$15 copay, Deductible Waived	Not covered
Preferred	\$35 copay, Deductible Waived	Not covered
Non-Preferred	\$50 copay, Deductible Waived	Not covered
Prescriptions* Mail Order – 90 day supply		
Generic	\$37.50 copay, Deductible Waived	N/A
Preferred	\$87.50 copay, Deductible Waived	N/A
Non-Preferred	\$125.00 copay, Deductible Waived	N/A

***Prescription copays count towards Out of Pocket Maximum. Prescriptions do NOT count towards Deductible.**

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.

After you pay your annual deductible and/or any up-front copays, the plan begins to pay a percentage of your provider's charges, for example 80%. The remaining percentage, for example 20%, is your responsibility – your "out-of-pocket" costs. You're protected from financial hardship by a maximum out-of-pocket amount each year – the most you'll have to pay before the plan covers costs at 100% (excluding non-covered expenses, and expenses above reasonable and customary charges).

Save when you see network providers

This plan offers a Preferred Provider Organization (PPO), a network of doctors and other healthcare professionals who have agreed to accept lower amounts than their standard charges. These lower amounts are negotiated and predetermined. That means when you see a PPO provider, your share of costs is based on a lower charge – so your costs are lower, too. PPO providers are conveniently located in both urban and rural areas. Remember: If you go outside the PPO network, you may still have benefits, but your share of costs will be higher, and the amount you pay will not be based on a lower rate.



MEDICAL BENEFITS – PLAN B

BENEFIT	PLAN B MEDICAL BENEFITS	
	In-Network	Out-of-Network
Deductible	\$1,000/single \$2,000/family	\$2,000/single \$4,000/family
Out-of-Pocket Max (Includes deductible and copays)	\$3,500/single \$7,000/family	\$7,000/single \$14,000/family
Preventive Care	100%, Deductible Waived	100%, After Deductible
Office Visit (PCP)	\$25 copay	70%, After Deductible
Specialist Office Visit	\$25 copay	70%, After Deductible
Inpatient Hospital	80%, After Deductible	70%, After Deductible
Outpatient Hospital	80%, After Deductible	70%, After Deductible
Emergency Room	\$250 copay, then 80%, After Deductible	
Prescriptions* Retail – 30 day supply		
Generic	\$15 copay, Deductible Waived	Not covered
Preferred	\$35 copay, Deductible Waived	Not covered
Non-Preferred	\$50 copay, Deductible Waived	Not covered
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Why wait for the care you need now?



Did you know there's a convenient and affordable healthcare alternative? With Teladoc®, you can be connected with a licensed physician in minutes, not hours or days like you would at the ER, urgent care or with your PCP. And, you can get care from wherever you are: home, office or traveling.

THE NEXT TIME YOU'RE SICK, CONSIDER YOUR OPTIONS:

TELADOC

Request a consult
from work or home

A doctor calls you
back in minutes

Get the care you need
at a price you can afford

VS.



ER OR URGENT CARE

Drive to the nearest
office while sick

Wait hours before
seeing the doctor

Pay high ER and
urgent care fees

COMMON ISSUES TELADOC DOCTORS TREAT INCLUDE:

- Respiratory Infection
- Allergies
- Bronchitis
- Cold and Flu Symptoms
- Mental Health
- Skin Problems
- Sinus Problems
- And More!

GET THE CARE YOU NEED

Teladoc doctors are available 24/7/365 to provide quality care for non-emergency health issues through the convenience of phone or video consults.

Talk to a doctor anytime, now with \$0 copays!*
\$0 copays now also include mental health visits
*\$25 copay for dermatology

 Teladoc.com

 1-800-TELADOC (835-2362)



WELLNESS REWARDS

\$\$ EARN MONEY TOWARDS HEALTH EXPENSES! \$\$
PARTICIPATION IS VOLUNTARY!

BLOOD DRAW

\$250 in your HRA!

- No need to sign up! Simply get your blood drawn and/or have a wellness exam or screening.
- Participate in the county's organized blood draw for free. Just show up and you will be signed up.
- Receive \$250.00 in your HRA. Spouses can receive an additional \$250 in the employee's HRA.

EXAMS / SCREENINGS

\$50 each in your HRA!

Get the following screenings, most of which are free and get \$50 per test in your HRA. Spouses are also eligible and the funds go into the employee's HRA. Turn in the proof of service form to HR and get your HRA money!

- Annual physical (wellness exam)
- Mammogram
- Colonoscopy
- Pap or cervical cancer screening
- Prostate exam
- Skin cancer screening

Rewards are limited to one of each service per individual per year.

Who can participate?

Active county employees and spouses covered by the county's health insurance with BCBS.

Why should I participate?

- Monitor and take charge of your health.
- Earn up to a maximum of \$450 per year in a HRA. Eligible spouses can also earn up to an additional \$450 in the employee's HRA.

What is a HRA?

HRA is a Health Reimbursement Arrangement. Basically it is an account you can use to help pay for eligible medical, dental, vision and other expenses. Use for Rx, towards your deductible, copays, etc.... to help reduce your out of pocket costs.

Why would the county pay me to have these tests done?

The county is partially self-insured. This means county dollars plus your premiums pay for claims. We are not in a pool with other groups. The county wants members to find issues early to potentially avoid large claims later. That's the motivation! Individual test results are private under federal law and never shared with the county!





TRAVEL MEDICAL BENEFIT

If you need care in one of the specialty areas listed below you could be eligible for the Travel Medical Care Benefit. Coverage must be in WY, CO, UT or MT except for cancer, additional locations at University of Texas MD Anderson Center; Johns Hopkins Kimmel Cancer Center in Maryland & Taussig Cancer Institute at the Cleveland Clinic in Ohio.

- Full deductible waived. If you’ve already met your deductible, you will be eligible for a credit.
- \$200 per day reimbursement for travel expenses including: food, lodging, airfare, car rental, and gas
- Travel expense reimbursement benefit limited to \$2,500 per calendar year, per participant (about 17 days)
- Must retain receipts for reimbursement
- Travel with up to one companion

Travel Benefit Steps

- Confirm you are eligible by calling BCBS of Wyoming at 800-442-2376
To Find a Blue Distinction Center: click bcbs.com/why-bcbs/blue-distinction
- Get your deductible waived and travel with a companion
- Get up to \$200 per day for: food, lodging, and travel (limited to \$2500/year/member)
- Retain travel receipts and mail to:
BCBS Wyoming, Attn: Case Management, 4000 House Avenue, Cheyenne, WY 82001

Specialty Areas

(Available for deductible waiver/credit & travel reimbursement)

- Cardiac care
- Knee and Hip Replacement
- Transplants
- Cancer
- Spine Surgery

Blue Distinction is a travel reimbursement benefit for expenses incurred for certain medical treatment that is done at one of the Blue Distinction Center through Blue Cross Blue Shield of Wyoming. Centers of Distinction are located in Wyoming, Colorado, Utah and Montana. For more information about Blue Distinction Centers log on to: bcbs.com/why-bcbs/blue-distinction/





Why is MASA necessary?

- Only MASA MTS programs can give you complete peace of mind from all emergency medical transport bills after even the best insurance companies have paid their part.
- Americans today suffer from a *false sense of security* that their medical coverage will pay for all costs associated with emergency or critical care transport. The reality is that the majority of *Americans are only partially covered* for these high costs*. Only MASA MTS can provide complete protection.
- As the cost of medical transport increases each year, and insurance coverage decreases, only MASA MTS will be able to prevent these increased costs from impacting you directly.

What is covered with MASA?

- Emergency Air Transport
- Emergency Ground Ambulance Transport
- With MASA it does NOT matter which company picks you up in a life threatening situation, you are covered. There are over 300 air ambulance companies in the United States and even more ground EMS companies.
- With MASA MTS you are covered in all 50 states and with any ground or emergency air ambulance

MASA MTS ensures...

- NO health questions
- NO age limits
- NO claim forms
- NO deductibles
- NO network limitations
- **Simply said – EVERYONE is eligible!**

Cost...
Just \$9/month or \$99/year

Learn how to save money and protect your family from financial hardship when an emergency strikes.

Lynn Arenson
MASA MTS
970 481-6282

larenson@masamts.com

*NAICS - Understanding Air Ambulance Insurance, Consumer Alert

FLEXIBLE SPENDING ACCOUNTS – January thru December

HEALTH FLEXIBLE SPENDING ACCOUNT (FSA)

The Health Flexible Spending Account allows you to set aside up to **\$2,700** in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses, including deductibles and copayments, eye glasses, dental and orthodontic work not covered by insurance.

You decide how much to deposit into your account. Your election amount is evenly deducted pre-tax from your paycheck throughout the plan year, however, your full annual election is available for use in January. 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 money you deposited in your account, you will forfeit any balance in the account at the end of the plan year. You have 60 days after the plan year ends (February 28) to submit claims for expenses incurred during that plan year or 30 days from last date of employment.

DEPENDENT CARE

The Dependent Care account allows you to set aside tax-free income to pay for qualified dependent care expenses, such as day care, 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 one of 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 up to **\$5,000** if you are married and filing jointly, **\$2,500** if married filing separately or single/head of household. Your contributions are deducted evenly during the calendar year from your paycheck before taxes are taken out. Unlike Health FSAs, dependent care funds become available for use as you contribute them.

THE ADVANTAGES

There are some significant advantages to using an FSA. Income directed to a flex account is tax free. When you pay less in taxes, you receive more spendable income. The accounts can save you 10% to 30% or even more, depending on your personal tax rate. Convenient payroll deductions help assure that you will have money available for out-of-pocket health and/or dependent care expenses.

MID-YEAR CHANGES

IRS regulations do not allow you to stop, start or change your contributions at any time during the plan year UNLESS you experience a qualified change in status, such as marital status, number of dependents, or employee status.

HOW TO FILE A CLAIM

Claims can be filed online at hellofurther.com, on the app, or by faxing to 866-231-0214.

JOHN'S EXPENSES	
LENSES & FRAMES	\$280
ORTHODONTIA	\$1,000
CO-PAYS	\$120
ANTICIPATED SURGERY	\$1,300
TOTAL FOR THE YEAR = \$2,700	\$2,700
JOHN'S SITUATION WITHOUT A FLEX ACCOUNT	
JOHN'S ANNUAL EARNINGS \$35,000	\$35,100
TAXES (25%) - \$8,750	\$8,750
NET PAY \$26,250	\$26,250
EXPENSES (AFTER TAXES) - \$2,700	\$2,700
TAKE HOME PAY = \$23,650	\$23,650
JOHN'S SITUATION WITH A FLEX ACCOUNT	
JOHN'S ANNUAL EARNINGS \$35,000	\$35,100
EXPENSES (BEFORE TAXES) - \$2,700	\$2,700
TAXABLE PAY \$32,400	\$32,400
TAXES (25%) - \$8,100	\$8,100
TAKE HOME PAY = \$24,300	\$24,300
JOHN'S TAKE HOME PAY INCREASES \$650 BY USING THE FLEX ACCOUNT	

Flex Spending Account – Eligible Expenses – A full list can be found at irs.gov/publications/p502

- Acupuncture
- Adoption (medical expenses)
- Alcoholism treatment
- Ambulance
- Artificial limbs & teeth
- Asthma treatments
- Bandages/Gauze
- Birth control pills
- Blood pressure monitoring devices
- Blood sugar test kit and test strips
- Breast reconstruction surgery following mastectomy
- Chiropractor
- Coinsurance & deductibles
- Contact lenses
- Copayments
- Counseling (except marriage)
- Crutches
- Deductibles
- Dental treatment (except cosmetic)
- Dentures and denture adhesives
- Diabetic supplies
- Drug addiction treatment
- Eyeglasses, prescription
- Fertility/Infertility treatments
- First aid kits
- Flu shots
- Genetic testing (only to diagnose med. condition)
- Glucose monitoring equipment
- Guide dog/other animal aid
- Hearing aids
- Hospital services
- Incontinence supplies
- Insulin
- IVF (in vitro fertilization)
- Laboratory fees
- Laser eye surgery/Lasik
- Massage therapy (only if recommended by a physician to treat a specific trauma or injury)
- Nutritionist’s professional expenses (if treatment relates to specifically diagnosed medical condition)
- Obstetrical expenses
- Optometrist
- Organ donors/transplants
- Orthodontia
- OTC drugs (only with a prescription)
- Oxygen
- Personal trainer fees (if for medical condition)
- Physical exams
- Physical therapy
- Prescription drugs
- Preventive care screenings
- Prostheses
- Psychiatric care
- Psychologist
- Reading glasses, prescription
- Smoking cessation programs & medications
- Speech therapy
- Sterilization procedures
- Surgery/Operations
- Therapy
- Thermometers
- Ultrasound (prenatal)
- Vaccines/Immunizations
- Vasectomy and reversals
- Wheelchair
- X-ray fees

Flexible Spending Plan Worksheet

This form is designed to help you estimate what you will spend on eligible insurance, dependent care and unreimbursed medical expenses during the period of coverage. It is important to estimate your expenses during the last two years. Review your checkbook register, tax records and expense vouchers. Use this information to complete the form, but remember to be conservative in your estimates. If you overestimate your expenses and do not use them during the Plan Year, you will lose them.

Unreimbursed Medical Expenses

Medical	
Deductible	\$ _____
Medical copayments	\$ _____
Office Visits	\$ _____
Physical Exams	\$ _____
Prescription Drugs	\$ _____
Non-Prescription Drugs	\$ _____
Hospital Services	\$ _____
Psychologist Services	\$ _____
Chiropractic Services	\$ _____
Medical Aids (crutches, etc.)	\$ _____

Hearing	
Exams	\$ _____
Hearing Aids	\$ _____
Total Unreimbursed	\$ _____

Medical Expenses

Dependent Care (maximums for dependent care are based on calendar year, per IRS guidelines)
Use the total expenses estimated on your Dependent Care Work Sheet

Total Dependent Care	\$ _____
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Dental	
Exams	\$ _____
Fillings	\$ _____
Braces	\$ _____
Dentures	\$ _____

Vision	
Exams	\$ _____
Eyeglasses	\$ _____
Contacts	\$ _____



DENTAL BENEFITS

Carbon County offers voluntary dental benefits through Guardian Life Insurance Company. This dental 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.Guardiananytime.com.

DENTAL PLAN	In-Network Out-of-Network
Deductible	\$50 / Single \$150 / Family Maximum Out-of-Network reimbursed at the 90 th Percentile
Calendar Year Maximum	\$1,500/person
Preventive Services <ul style="list-style-type: none"> • Oral exams • X-rays • Cleanings • Space Maintainers 	100%, deductible waived No Waiting Period Applies
Basic Services <ul style="list-style-type: none"> • Fillings • Oral Surgery • General Anesthesia • Periodontics • Endodontics 	80%, after deductible 6 month waiting period for employees who previously waived dental coverage. No waiting period for newly eligible employees.
Major Services <ul style="list-style-type: none"> • Crowns • Inlays & onlays • Prosthodontics • Repair & Maintenance of Crowns, Bridges & Dentures 	50%, after deductible 1 year waiting period for employees who previously waived dental coverage. No waiting period for newly eligible employees.



VISION BENEFITS

Carbon County offers voluntary vision benefits through VSP. The vision plan through VSP provides access through a national network including both private practice and retail chain providers. To find a participating provider, visit www.VSP.com.

VISION PLAN	In-Network	Out-of-Network (Reimbursement)
Routine Vision Exam Frequency Contact Lens Fitting & Exam	\$20 copay Once every 12 months 15% discount to a max copay of \$60	Plan Pays Up to \$45 Once every 12 months
Lenses <ul style="list-style-type: none"> • Single Vision • Lined Bifocal • Lined Trifocal • Lenticular • Frequency Lens Enhancements:	\$20 Copay \$20 Copay \$20 Copay \$20 Copay Lenses once every 12 months Scratch Resistant Coating & Progressive Lenses	Plan Pays up to \$30 Plan Pays up to \$50 Plan Pays up to \$65 Plan Pays up to \$100 Lenses once every 12 months
Frames	\$130 Allowance (\$50 Wholesale) 20% savings over allowance \$150 Allowance for Featured Brands Frames once every 24 months	Plan Pays up to \$70
Contact Lenses (in lieu of glasses)	Elective: Up to \$130 Necessary: Covered in Full Contacts once every 12 months	Elective: Plan pays up to \$105 Necessary: Up to \$210
Primary Eye Care (allows patients to see their VSP provider for non-routine eye care needs (eye injuries, pink eye, etc.)	\$20 copay	N/A

Note: When using a non-network provider, the participant pays the full fee to the provider, and VSP reimburses the customer for services rendered up to the maximum allowance after the application of the applicable copay. All receipts must be submitted at the same time.



VSP DISCOUNTS: EYE CARE & HEARING AIDS

VSP Primary EyeCare

You can visit your VSP Doctor as often as needed for non-routine eyecare needs, paying only a \$20 copay for services, which allows for greater savings compared to the specialist copay under your medical plan.



To Find a VSP Doctor, visit vsp.com or call 800-877-7195. At your appointment, tell them you have VSP . There's no ID card necessary.

Office visit copay includes treatment for:

- Eye Pain
- Conditions like Pink Eye
- Tests to diagnose sudden vision changes
- Exams to monitor cataracts
- Retinal screenings
- Pictures of your eyes to detect and track conditions for glaucoma and diabetic eye disease

TruHearing® is making hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to \$2,400 on a pair of hearing aids with TruHearing pricing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides :

- Three provider visits for fitting, adjustments, and cleanings
- 45-day money back guarantee
- Three-year manufacturer's warranty for repairs and one-time loss and damage
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 4,500 licensed hearing aid professionals
- Straightforward, nationally fixed pricing on a selection of more than 90 digital hearing aids in 400 styles
- Deep discounts on replacement batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with this program to maximize the benefit and reduce your out-of-pocket expense.

How it works

Call TruHearing. Call 877.396.7194. You and your family members must mention VSP.

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

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

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



RETIREMENT BENEFITS

Pension Plan:

The retirement benefit of a pension plan provides a monthly payment for life once you meet service and age requirements. This "defined benefit" is based on your age, years of service, and salary while participating. Those working at least 30 hours per week for Carbon County are required to participate and a pre-tax deduction is made from your monthly paycheck. Contact Human Resources or review your check stub for the current percentage.

Vesting Requirements: After obtaining 48 months of service, you are eligible to elect a monthly benefit at retirement age. Months of service are calculated based on actual hours worked. The 48 months of service do not have to be consecutive months.

You are eligible for unreduced ("full") retirement when:

Under Tier 1, you reach age 60 and are vested; Under Tier 2, you reach age 65 and are vested; or under either tier, you meet the requirements of the Rule of 85, which means your age plus your years of service in WRS equal 85 or more.

Law enforcement is eligible once you reach age 60 and are vested or you have 20 years of service at any age.

Tiers: If you made a contribution to the Plan for service prior to Sept. 1, 2012, you are in Tier 1. If you made your first contribution to the Plan for service on or after Sept. 1, 2012, you are in Tier 2.

457 Deferred Compensation Plan:

A Powerful Savings Tool That Can Make Having a Comfortable Retirement a Whole Lot Easier

You invest for retirement. You contribute a portion of your salary to the plan each month, and your contributions are automatically deducted from your paycheck – before you're tempted to spend that money on something else. This plan offers both pre-tax and post-tax options.

Term Life Insurance

National Conference on Public Employee Retirement Systems (NCPERS)

As a member of the WY Retirement System you are eligible to purchase Term life insurance through NCPERS. Assuring adequate life insurance coverage is an important part of financial planning. Contact Human Resources for more information and enrollment forms or if you have questions you can also call Member Benefits at 1-800-525-8056 or e-mail ncpers@memberbenefits.com.

Wyoming Retirement System

Visit WY Retirement's website at www.retirement.state.wy.us to calculate your benefit, login to your account, and to find general information about your plan. Periodically the WY Retirement educator visits Carbon County and employees can setup individual appointments to discuss your personal situations.





IMPORTANT NOTICES

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 30 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). To be eligible for these Special Enrollment rights you must have completed a waiver when you were first eligible stating that you were declining because of other group health insurance coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption, or placement for adoption. In the case of marriage, eligible individuals must submit their enrollment forms prior to the Effective Dates of coverage in order for salary reductions to have preferred tax treatment from the date coverage begins.

Women's Health & Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, benefits under this Plan are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following Covered Charges, as you determine appropriate with your attending Physician: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prostheses and treatment of physical complications of the mastectomy, including lymphedema. The amount you must pay for such Covered Charge (including Copayments and any Deductible) are the same as are required for any other Covered Charge. Limitations on benefits are the same as for any other Covered Charge.

Wellness Program Disclosure

Your health plan is committed to helping you achieve your best health. Rewards for participating in a wellness program are available to all employees. If you think you might be unable to meet a standard for a reward under this wellness program, you might qualify for an opportunity to earn the same reward by different means. Contact us at (307) 328-7825 and we will work with you (and, if you wish, with your doctor) to find a wellness program with the same reward that is right for you in light of your health status.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of Carbon County and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Human Resources at (307) 328-7825.

Effective Date

This Notice is effective September 23, 2013.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by internal company email.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official-

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

(1) the individual identifiers have been removed; or

(2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

(1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or

(2) treating such person as your personal representative could endanger you; and

(3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Human Resources. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Human Resources.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to Gwynn Bartlett at (307) 328-7825 . In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
 - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the information that you would be permitted to inspect and copy; or
 - is already accurate and complete.
- If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Human Resources. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request to Human Resources at (307) 328-7825. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request to Human Resources at (307) 328-7825. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Human Resources at (307) 328-7825.

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact Human Resources at (307) 328-7825 or 415 West Pine, Rawlins, WY 82301. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 5-31-2020)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after- tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources at (307) 328-7825 .

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name Carbon County		4. Employer Identification Number (EIN) 83-6000104	
5. Employer address 415 West Pine		6. Employer phone number 307.328.2668	
7. City Rawlins	8. State WY	9. ZIP code 82301	
10. Who can we contact about employee health coverage at this job? Gwynn Bartlett			
11. Phone number (if different from above) 307.328.7825		12. Email address humanresources@carbonwy.com	

Here is some basic information about health coverage offered by this employer:

As your employer, we offer a health plan to:

Employees working 30 hours or more per week. Coverage is effective the 1st of the month following your date of employment.

With respect to dependents:

We do offer coverage. Eligible dependents are:

- Legal spouse
- Children to the end of the month they attain age 26
- Unmarried disabled children

This coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, 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, 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, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of July 31, 2019. Contact your State for more information on eligibility –

ALABAMA – Medicaid	FLORIDA – Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: http://flmedicaidtplecovery.com/hipp/ Phone: 1-877-357-3268
ALASKA – Medicaid	GEORGIA – Medicaid
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.asp_x	Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162 ext 2131
ARKANSAS – Medicaid	INDIANA – Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: http://www.indianamedicaid.com Phone 1-800-403-0864
COLORADO – Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)	IOWA – Medicaid
Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711	Website: http://dhs.iowa.gov/Hawki Phone: 1-800-257-8563

<p align="center">KANSAS – Medicaid</p> <p>Website: http://www.kdheks.gov/hcf/ Phone: 1-785-296-3512</p>	<p align="center">NEW HAMPSHIRE – Medicaid</p> <p>Website: https://www.dhhs.nh.gov/oii/hipp.htm Phone: 603-271-5218 Toll free number for the HIP program: 1-800-852-3345, ext 5218</p>
<p align="center">KENTUCKY – Medicaid</p> <p>Website: https://chfs.ky.gov Phone: 1-800-635-2570</p>	<p align="center">NEW JERSEY – Medicaid and CHIP</p> <p>Medicaid Website: http://www.state.nj.us/humanservices/ / dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.htm / CHIP Phone: 1-800-701-0710</p>
<p align="center">LOUISIANA – Medicaid</p> <p>Website: http://dhh.louisiana.gov/index.cfm/subhome/1/n/331 Phone: 1-888-695-2447</p>	<p align="center">NEW YORK – Medicaid</p> <p>Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831</p>
<p align="center">MAINE – Medicaid</p> <p>Website: http://www.maine.gov/dhhs/ofi/public-assistance/index.html Phone: 1-800-442-6003 TTY: Maine relay 711</p>	<p align="center">NORTH CAROLINA – Medicaid</p> <p>Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100</p>
<p align="center">MASSACHUSETTS – Medicaid and CHIP</p> <p>Website: http://www.mass.gov/eohhs/gov/departments/masshealth/ Phone: 1-800-862-4840</p>	<p align="center">NORTH DAKOTA – Medicaid</p> <p>Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ / Phone: 1-844-854-4825</p>
<p align="center">MINNESOTA – Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/seniors/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>	<p align="center">OKLAHOMA – Medicaid and CHIP</p> <p>Website: http://www.insureoklahoma.org Phone: 1-888-365-3742</p>
<p align="center">MISSOURI – Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>	<p align="center">OREGON – Medicaid</p> <p>Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075</p>
<p align="center">MONTANA – Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>	<p align="center">PENNSYLVANIA – Medicaid</p> <p>Website: http://www.dhs.pa.gov/provider/medicalassistance/healthinsurancepremiumpaymenthippprogram/index.htm Phone: 1-800-692-7462</p>
<p align="center">NEBRASKA – Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: (855) 632-7633 Lincoln: (402) 473-7000 Omaha: (402) 595-1178</p>	<p align="center">RHODE ISLAND – Medicaid and CHIP</p> <p>Website: http://www.eohhs.ri.gov/ Phone: 855-697-4347, or 401-462-0311 (Direct RIte Share Line)</p>
<p align="center">NEVADA – Medicaid</p> <p>Medicaid Website: https://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>	<p align="center">SOUTH CAROLINA – Medicaid</p> <p>Website: https://www.scdhhs.gov Phone: 1-888-549-0820</p>

SOUTH DAKOTA - Medicaid	WASHINGTON – Medicaid
Website: http://dss.sd.gov Phone: 1-888-828-0059	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022 ext. 15473
TEXAS – Medicaid	WEST VIRGINIA – Medicaid
Website: http://gethipptexas.com/ Phone: 1-800-440-0493	Website: http://mywvhipp.com/ Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
UTAH – Medicaid and CHIP	WISCONSIN – Medicaid and CHIP
Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669	Website: https://www.dhs.wisconsin.gov/publications/p1/p10095_p_df Phone: 1-800-362-3002
VERMONT– Medicaid	WYOMING – Medicaid
Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427	Website: https://wyequalitycare.acs-inc.com/ Phone: 307-777-7531
VIRGINIA – Medicaid and CHIP	
Medicaid Website: http://www.coverva.org/programs_premium_assistance_cfm Medicaid Phone: 1-800-432-5924 CHIP Website: http://www.coverva.org/programs_premium_assistance_cfm CHIP Phone: 1-855-242-8282	

To see if any other states have added a premium assistance program since July 31, 2019, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/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, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

MEDICARE PART D NOTICE – CREDITABLE COVERAGE

Important Notice from Carbon County About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with Carbon County and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. If neither you nor any of your dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. Prime Therapeutics has determined that the prescription drug coverage offered by the Carbon County Employee Benefit Plan is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, you and your dependents will be able to get this coverage back at the next annual open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with Carbon County and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through Carbon County changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook.

You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 15, 2019

Carbon County

Human Resources

415 W. Pine

Rawlins, WY 82301

(307) 328-7825

PREMIUMS

Employee Contributions (per month)
Effective January 1, 2020

MEDICAL PLANS	Premium Paid by Employee			
	Plan A	Plan B	Plan A COBRA	Plan B COBRA
Single	\$200	\$100	\$1237	\$1153
Employee + Spouse	\$440	\$220	\$3076	\$2859
Employee + Child(ren)	\$400	\$200	\$3076	\$2859
Family	\$500	\$250	\$3076	\$2859

DENTAL PLAN	Premium Paid by Employee
Single	\$28
Employee + Spouse	\$57
Employee + Child(ren)	\$63
Family	\$92

VISION PLAN	Premium Paid by Employee
Single	\$10.43
Employee + Spouse	\$16.69
Employee + Child(ren)	\$17.04
Family	\$27.47

WELLNESS	Maximum Annual Wellness Reward* Subject to change by BOCC at any time.
Employee	Up to \$450
Spouse	Up to an Additional \$450
* You may carryover a combined total of \$150 to the next plan year.	

EMERGENCY MEDICAL TRANSPORT PLAN	MASA
Per Employee	\$9

RETIREE MEDICAL PLAN	Plan A – No Plan Choice for Retirees
Single	\$300
Family	\$700