

# 2023 Employee Benefits

# Benefits Package

## Blue Cross Blue Shield of Wyoming

- Low and High Deductible Health Plans
- Prescription Drug Coverage – provided through Prime Therapeutics

## Delta Dental of Wyoming

### VSP Vision Care

### Optum Financial

- Health Savings Account (HSA)
- Flexible Spending Account (FSA)
  - Health Care
  - Dependent Care

## Wyoming Retirement System

- Pension Plan
- 457 Deferred Compensation Plan

## Reliance Standard Life Insurance Company

- Basic Life and Accidental Death and Dismemberment
- Supplemental Life Insurance
- Long Term Disability

## Aflac

- Short Term Disability
- Hospital Indemnity
- Critical Illness
- Accident

## Employee Assistance Program (EAP)

## CC Wellness Program

## Holiday & Paid Sick Days

# BCBS of Wyoming

## In-Network Provider

- Preferred providers and hospitals that contracts with your health insurance plan provider
- Wyoming Choice – Preferred Provider Organization
- BlueCard® Program – Nationwide program coordinated by BCBS Assoc. that enables members to take advantage of available local provider networks, medical discounts, and cost saving measures when they receive care in states other than WY.

## Out-of-Network Provider

- Providers or hospitals that do not have a contract with your health insurance plan provider.
- Will pay a separate deductible and out-of-pocket max

WELCOME

BE INFORMED ABOUT COVID-19 (Coronavirus)

Go to [BCBSWY.com](https://www.bcbswy.com) >>  
or  
Follow us on Facebook

**WHAT'S INSIDE?**  
See what's inside your member site. [Get Started](#)

**VISION CLAIMS**  
Access eye care claims from your [member vision site](#).

**EMPLOYERS**  
Log in to manage your enrollment, assist employees, see your bill and make a payment.

John Smith  
ZYW123456789  
Group Number: 567890  
Effective Date: 01/01/2023

WYOMING  
Plan: PPO  
Office Visit: \$20  
Specialty Copay: \$20  
Emergency Deductible: \$100

**ASK** your provider and/or facility if they are an in-network provider with BCBS of Wyoming or check online at [www.yourwyoblue.com/home/](https://www.yourwyoblue.com/home/)

# BCBS of Wyoming

## Low Deductible Health Plan

### In-Network – Wyoming Total Choice

| Coverage      | Deductible | Total O.O.P. Max | Monthly Premium |
|---------------|------------|------------------|-----------------|
| Employee Only | \$750      | \$2,750          | \$100           |
| Employee + 1  | \$1,500    | \$5,500          | \$200           |
| Family        | \$1,500    | \$5,500          | \$300           |

## High Deductible Health Plan

### In-Network – Wyoming Total Choice

| Coverage      | Deductible | Total O.O.P. Max | Monthly Premium |
|---------------|------------|------------------|-----------------|
| Employee Only | \$1,600    | \$2,750          | \$0             |
| Employee + 1  | \$3,200    | \$5,500          | \$50            |
| Family        | \$3,200    | \$5,500          | \$100           |

## Wellness Benefits &

### Preventative Services

- Routine physical examination (office visit) – males 1 per calendar year
- Well-woman preventive care visits as medically appropriate
- Mammogram screening – 1 per calendar year for employee and covered spouse only
- Immunizations as recommended by the Center Disease Control (birth to adult)
- Tobacco cessation counseling – 8 visits per calendar year
- Colorectal cancer screening (routine) for 45 years to 75 years old
  - Fecal occult blood test – 1 per calendar year
  - Colonoscopy (including related services) – 1 every 10 years
  - Sigmoidoscopy (including related services) – 1 every 5 years
- Colonoscopy services to include preliminary office visit and polyp removal & pathology

**A complete list can be found in your Blue Cross medical benefit document online**

# BCBS of Wyoming

## Prescription Drug Coverage

The screenshot shows the MyPrime website homepage. At the top right, there are language options for English and Spanish, and the PRIME THERAPEUTICS logo. A navigation bar includes links for Medicines, Pharmacies, Learn, Forms, Register, and Sign in. A COVID-19 update banner is visible. The main content area features a 'Welcome to MyPrime' section with a photo of a smiling man and text explaining the benefits of the MyPrime platform. A 'Register now and find ways to save' call to action is prominent, with a 'Register' button and a 'Sign in' link.

Eng Esp A A PRIME THERAPEUTICS

Medicines Pharmacies Learn Forms Register Sign in

**COVID-19 Update: Vaccine Coverage Information**

Approved Covid-19 vaccines are covered by your health insurance benefit. Check with your local health department to learn where to get a vaccine. Contact your health plan if you have questions.

### Welcome to MyPrime

#### Easily manage your medicines

Use MyPrime.com to save money on medicines for you and your family. We make it easy to compare costs for medicines and find the nearest pharmacy in your network.

**Register now and find ways to save**

It only takes a moment to register with MyPrime. You'll get personalized information on medicine costs and coverage based on your benefit plan.

**Register** [Sign in](#)

[www.myprime.com](http://www.myprime.com)

The screenshot shows the Express Scripts website homepage. The top navigation bar includes links for Home, Pharmacy, Benefits, Help, and English, along with Log In and Register buttons. The main visual is a large photo of a smiling woman. To the right, there is a 'Express Scripts' header with the tagline 'Health care built around you.' Below this is a form titled 'I'm interested in ...' with a dropdown menu currently set to 'Ordering free COVID-19 tests' and a 'Go' button.

Home Pharmacy Benefits Help English Log In Register

## Express Scripts

Health care built around you.

I'm interested in ...

Ordering free COVID-19 tests

**Go**

Stay Safe with Home Delivery



COVID-19 Tests and Resources



Express Scripts® Mobile App



[www.express-scripts.com](http://www.express-scripts.com)

# BCBS of Wyoming

## Prescription Drug Coverage

### Low & High Deductible Health Plan

- Tier 1: Preferred Generics
- Tier 2: Non-Preferred Generics

- Tier 3: Preferred Brands
- Tier 4: Non-Preferred Brands

- Tier 5: Specialty Preferred Generics
- Tier 6: Specialty Non-Preferred Generics

| Co-pay Retail (30-day supply) |                                  |
|-------------------------------|----------------------------------|
| Tier 1                        | \$10                             |
| Tier 2                        | \$10                             |
| Tier 3                        | \$20 + 20% of balance; \$80 max  |
| Tier 4                        | \$35 + 30% of balance; \$150 max |

| Co-pay Mail Order (up to 90-day supply) |                                  |
|---|----------------------------------|
| Tier 1                                  | \$15                             |
| Tier 2                                  | \$15                             |
| Tier 3                                  | \$40 + 20% of balance; \$160 max |
| Tier 4                                  | \$75 + 30% of balance; \$300 max |

| Co-pay Extended Supply Network (90-day supply) |                                     |
|--|-------------------------------------|
| Tier 1   | \$25                                |
| Tier 2   | \$25                                |
| Tier 3   | \$50 + 20% of balance; \$200 max    |
| Tier 4   | \$87.50 + 30% of balance; \$375 max |

#### Low Deductible Health Plan

Copayments for covered prescriptions are applied towards the pharmacy out-of-pocket maximum amount of \$5,500.00.

#### High Deductible Health Plan

Copayments are applied towards the prescription deductible and the out-of-pocket maximum amount of \$5,500.00. Which also accumulates together with the medical deductible and out-of-pocket amounts.

# Delta Dental of Wyoming

## Calendar Year Deductibles

- Employee Only \$45
- Employee+1/Family \$90

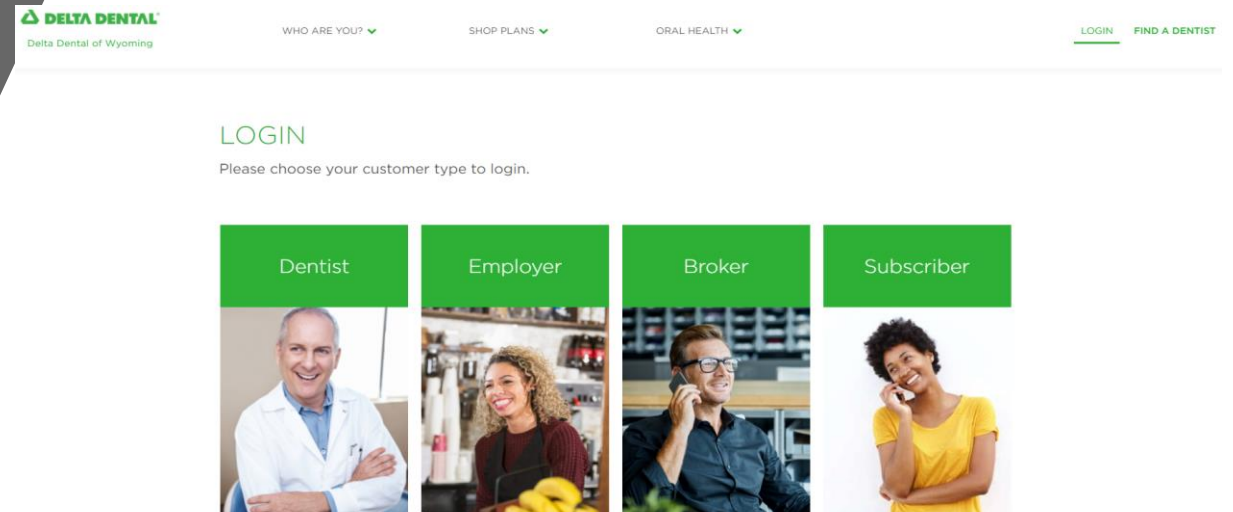
## Services

- Preventative & Diagnostic 100%
- Basic Services 85%
  - Extractions, Fillings, etc.
- Major Services 50%
  - Crowns, Dentures, etc.
- Orthodontic Services 50%
  - Lifetime maximum benefit \$1,750
  - Employee and/or eligible dependents up to age 26

## Calendar Year Maximum Benefit

- Yearly maximum/person (excluding orthodontic and preventative) \$1,500

| Coverage      | LDHP Monthly Premium | HDHP Monthly Premium |
|---------------|----------------------|----------------------|
| Employee Only | \$2.50               | \$0.00               |
| Employee + 1  | \$10.00              | \$5.00               |
| Family        | \$18.00              | \$12.50              |

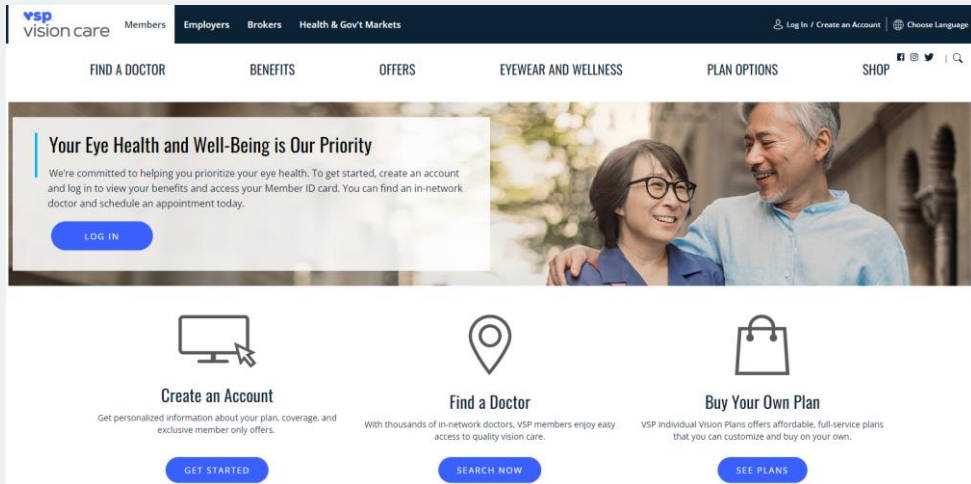


<https://www.deltadentalwy.org/>

# VSP Vision Care

*optional – employee paid*

| Coverage              | Monthly Premium |
|-----------------------|-----------------|
| Employee Only         | \$10.94         |
| Employee & Child(ren) | \$17.10         |
| Employee & Spouse     | \$18.00         |
| Family                | \$28.35         |



## Coverage (using a VSP provider)

- Well Vision Exam – every 12 months
- Prescription Glasses
  - Frames – every 24 months  
*allowance is based on frame type & range from \$200-\$250; includes 20% savings on amount over allowance*
  - Lenses – every 12 months  
*single vision, lined bifocal, and lined trifocal impact-resistant lenses for dependent children*
  - Standard Progressive Lenses – every 12 months
  - Premium Progressive Lenses – every 12 months
  - Custom Progressive Lenses – every 12 months
  - Average savings of 30% on other lens enhancements
- Contacts (*instead of glasses*)
  - \$200 allowance; co-pay does not apply
  - Contact lens exam (fitting and evaluation)

## Co-Pay

- \$0.00
- \$15.00  
included in Rx glasses
- included in Rx glasses
- \$0.00
- \$95 - \$105
- \$150 - \$175
- Up to \$60  
every 12 months



# Optum Financial

## Health Savings Account (HSA)

Flexible Spending  
Account (FSA)

Dependent Care

### Health Savings Account (HSA)

Allows employees to contribute money and withdraw it tax free, if it is used towards qualified medical expenses, such as deductibles, copayments coinsurances, etc.

- ❖ Employees be enrolled in HDHP to be eligible for HSA
- ❖ Balances carry over at the end of the year
- ❖ Investment Opportunity
  - ❖ Once your HSA reaches a \$2,500.00, employees may choose to invest a portion of their HSA dollars. Optum Financial makes investing easy and more accessible by offering smart investment opportunities. Any investment earnings such as interest or dividends are income tax-free.

| HSA  | Max Annual Contribution | Employee Contribution | Employer 1x Contribution |
|--|-------------------------|-----------------------|--------------------------|
| Employee Only  | \$3,850.00              | \$3,500.00            | \$350.00                 |
| Employee + 1/Family  | \$7,750.00              | \$7,000.00            | \$750.00                 |
| Employees aged 55 – 64 are eligible to contribute an additional \$1,000.00 |                         |                       |                          |
| Age 65+ can no longer eligible to contribute                               |                         |                       |                          |

<https://secure.optumfinancial.com/portal/CC>

- ✓ Register your account
- ✓ Check your account balance and expenses
- ✓ Set up your checking account
- ✓ Enter your beneficiaries
- ✓ Access to Tax documents (1099-SA & 5498-SA)

# Optum Financial

---

Health Savings  
Account (HSA)

Flexible Spending  
Account (FSA)

Dependent Care

## Flexible Spending Account (FSA)

- ❖ FSA/Flex contributions are Pre-Tax
- ❖ “Use it or Lose it” account. Balances DO NOT carry over at the end of the year.

## Two types of FSA accounts

- ❖ Health Care FSA
  - ❖ Enrolled in LDHP to be eligible
  - ❖ Maximum contribution; \$3,050
- ❖ Dependent Care
  - ❖ Can be enrolled in HDHP
  - ❖ Licensed Professional Provider to qualify
  - ❖ Maximum contribution; \$5,000

Campbell County contributes \$100 to either account but not both.

<https://secure.optumfinancial.com/portal/CC>

# Reliance Standard

## Long Term Disability

Full-time or Part-time employees working at least 30 hours/week are eligible for LTD insurance coverage. This benefit is provided at no cost to the employee and eligible employees receive 60% of monthly earnings up to a maximum of \$5,000/month, less any other benefit(s) received. LTD is subject to a 180-day (6 months) elimination period.

## Basic Life Insurance & AD&D

Full-time or Part-time employees working at 20+ hours/week are eligible for Basic Life Insurance and AD&D coverage. This benefit is provided at no cost to the employees and eligible employees receive coverage in the amount of 1x their base annual salary earnings, rounded to the nearest \$1,000, up to a maximum of \$50,000.

## Basic Dependent Life Insurance

This benefit is provided at no cost to the employees for their eligible spouse and dependents to receive coverage in the amount of \$2,000 each

## Supplemental Life Insurance

New hires can purchase Supplemental Life Insurance through payroll deduction. Guaranteed Issue amounts for employee is \$50,000 and \$25,000 for eligible spouse. Any amounts above these amounts require an evidence of insurability (EOI) form to be completed and submitted to Reliance for approval before the excess can become effective. Child Supplemental Life Insurance may also be purchased for either \$5,000 or \$10,000.

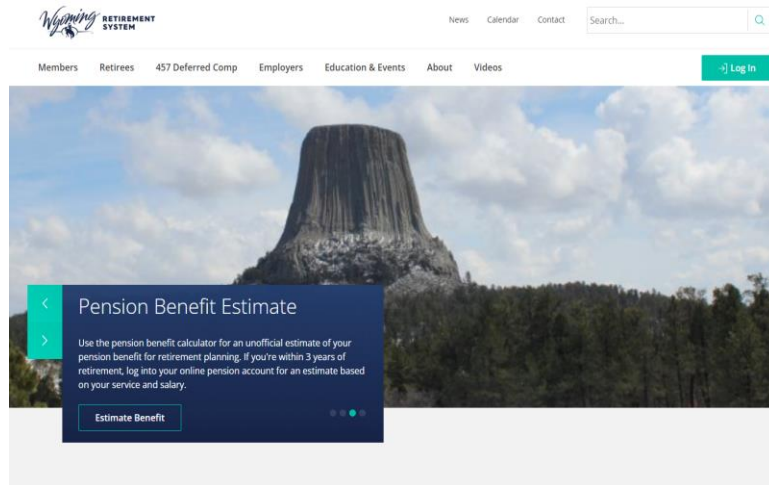
# Wyoming Retirement System

## Tier 1

1. Hired before Sept 1, 2012
2. Retirement age is 60; or Rule of 85 once you are vested

## Tier 2

1. Hired on or after Sept 1, 2012
2. Retirement age is 65; or Rule of 85 once you are vested



<https://retirement.wyo.gov/>

## Public Employee Pension Plan

- Eligible employees – 20+ hours/week
- Lifetime benefit after vestment – Vested after 4 years of employment
- Based on a Formula (age at retirement, months of service, highest average salary)
- Funds are managed by WRS to provide benefit
- Funds are pre-taxed
- Additional Benefits: Death, Disability and Survivor Benefit

|              |                               |
|--------------|-------------------------------|
| <b>Total</b> | <b>18.62% of gross salary</b> |
| Employee     | 9.25% of gross salary         |
| Employer     | 9.37% of gross salary         |

## 457 Deferred Compensation

- Optional Participation
- Eligible employees: 20+ hours/week
- Minimum contribution: \$20/pay period
- **County matches \$20/pay period during employee's first year of employment**
- Not a lifetime benefit – 100% vested
- Based on account balance
- Member elects how funds will be invested
- Member elects fund to be before tax, after tax or combination
- No additional benefits

# Aflac

## Supplemental Benefits



Brent J. Duryea  
AFLAC Special Project Manager  
*"Live with Purpose"*

Cell: 907-723-9518  
Email: [brenton\\_duryea@us.aflac.com](mailto:brenton_duryea@us.aflac.com)  
345 Sinclair St. Gillette, WY 82718



Critical Illness



Accident Insurance



Hospital Indemnity



Short Term Disability





### Critical Illness Insurance

- Spouse & Child(ren) covered up to 50% of amount elected by employee
- GI Amounts: EE – Up to \$20,000, SP – Up to \$10,000
- Separation Period, Additional Diagnosis/Reoccurrence – 6 consecutive months
- Health Screening Benefit (1 per calendar year)
  - Employee & Spouse \$50
  - Dependent Child(ren) 100% of Health Screening Amt



### Critical Illness Base Benefits (100%)

- Heart Attack
- Sudden Cardiac Arrest
- Major Organ Transplant\*
- Bone Marrow Transplant
- Kidney Failure (End-stage Renal Failure)
- Stroke (Ischemic or Hemorrhagic)
- Type I Diabetes

*\*25% of benefit is payable for insureds placed on a transplant list*

- Cancer Benefits
- Health Screening Benefit
- Childhood Conditions Rider Benefit
- Progressive Diseases Rider Benefit

### Employee/Spouse Uni-Tobacco Monthly Premiums

| AGE   | \$5,000 (EE/SP) | \$10,000 (EE/SP) | \$15,000 (SP) | \$20,000 (EE) | \$30,000 (EE) |
|-------|-----------------|------------------|---------------|---------------|---------------|
| 18-29 | \$2.73          | \$5.45           | \$8.18        | \$10.90       | \$16.36       |
| 30-39 | \$5.06          | \$10.11          | \$15.17       | \$20.23       | \$30.34       |
| 40-49 | \$9.49          | \$18.97          | \$28.46       | \$37.94       | \$56.91       |
| 50-59 | \$16.31         | \$32.61          | \$48.92       | \$65.23       | \$97.84       |
| 60+   | \$28.80         | \$57.60          | \$86.40       | \$115.20      | \$172.80      |



### Group Accident Insurance

- Coverage available for all family members. Spouse-only & Child-only coverage is not available
- Health Screening Benefit (1 per calendar/insured)
  - Employee, Spouse & Child(ren) \$50



### Plan Benefits (Initial Treatment Category – Mid)

Initial Treatment – once/accident, within 7 days of accident

- ER/Urgent Care \$150 – EE/SP/CH
- ER/Urgent Care w/ X-Ray \$200 – EE/SP/CH
- Dr’s Office \$75 – EE/SP/CH
- Dr’s Office w/ X-Ray \$100 – EE/SP/CH
- Ambulance
  - Ground \$300 – EE/SP/CH
  - Air \$900 – EE/SP/CH
- Concussions \$350 – EE/SP/CH
- Traumatic Brain Injury \$3,500 – EE/SP/CH
- Burns – Amount Varies depending severity of burn
- Dental Work
- Eye Injuries
- Dislocations
- Fractures
- Hospitalizations
- Appliances (Canes, Crutches, Wheelchairs, etc.)
- PTSD
- Dismemberment
- SO MUCH MORE...

### Monthly Premiums

| Coverage                | Amount  |
|-------------------------|---------|
| Employee                | \$16.36 |
| Employee and Spouse     | \$26.54 |
| Employee and Child(ren) | \$34.60 |
| Family                  | \$44.78 |



### Hospital Indemnity Insurance

- Coverage available for all family members. Spouse-only & Child-only coverage is not available
- Guaranteed-issue coverage is offered to all eligible applicants during the initial enrollment and for new hires thereafter. At the group's first anniversary, late enrollees are eligible to enroll on a guaranteed-issue basis.
- Health Screening Benefit (1 per calendar/insured)
  - Employee, Spouse & Child(ren) \$50

### Hospitalization Benefits - High

|  |            |
|--|------------|
| Hospital Admission (per confinement)<br>Once per covered sickness or accident/calendar year                          | \$2,000.00 |
| Hospital Confinement (per day)<br>Max confinement period: 31 days/covered sickness or accident                       | \$200      |
| Hospital Intensive Care (per day)<br>Max confinement period: 10 days/covered sickness or accident                    | \$200      |
| Intermediate Intensive Care Step-down Unit (per day)<br>Max confinement period: 10 days/covered sickness or accident | \$100      |

### Monthly Premiums

| Coverage                | Amount  |
|-------------------------|---------|
| Employee                | \$35.26 |
| Employee and Spouse     | \$68.92 |
| Employee and Child(ren) | \$54.44 |
| Family                  | \$88.10 |







## Short Term Disability Insurance

- Coverage available for Employees working at least 20+ hours per week
- Guaranteed Issue Amounts are based off employee's salary
- Benefit Duration: 180 days
- Elimination Period: 0/14 days
- Total Disability Benefit
  - Pays monthly benefit when covered employee is totally disabled and unable to work due to sickness or injury.
- Partial Disability Benefit
  - Pays 50% of the monthly benefit when covered employee is partially disabled and returns to work earning less than 80% of base income due to sickness or injury.
- Pre-existing Condition
  - an illness, disease, infection, disorder, pregnancy, or injury that existed within the 12-month period before the effective date of coverage
- Pregnancy Limitation
  - Within the first nine months of the effective date of coverage, we will not pay benefits for a disability that is caused by, or occurs as a result of, pregnancy or childbirth. After this coverage has been in force for nine months from the effective date of coverage, disability benefits for childbirth will be payable.

| Monthly Rates<br>per \$100 of monthly benefit |              |
|---|--------------|
| Coverage Age                                  | Premium Rate |
| 18 – 49                                       | \$2.49       |
| 50 – 64                                       | \$2.98       |
| 65 – 74                                       | \$3.73       |





**HealthAdvocate**  
Call: 1-855-423-8585

Visit: [www.healthadvocate.com/aflac](http://www.healthadvocate.com/aflac)

**Telephone Guidance Sessions**



Get personal help when you need it through 30-minute telephone sessions with a professional financial or legal counselor (1 call per topic – at no cost to you)

**Financial Specialists**



Get advice on debt management, life insurance, college funding, credit management and more

**Legal Specialists**



Get help with will and estate planning and family, criminal and elder care law

**Comprehensive Online Tools**



Access 200+ financial tutorials, plus calculators, webinars, downloadable legal forms to help with will preparation and more

**Medical Bill Saver**



A value-added service to help foster the financial health of covered employees to help review and negotiate medical and dental bills over \$400.00.

**MeMD provides care when you need it:**

- Private consultations with U.S. Licensed Medical Providers available 24/7
- Connect by phone, web or mobile app
- **ONLY** \$25/visit
- Easy registration and payment
  - 1-855-636-3669 or [www.memd.me/aflac](http://www.memd.me/aflac)



**With MeMD, get help for conditions like:**

- ❖ Abrasions, bruises, sprains and strains
- ❖ Allergies, asthma, hives, skin infections, bites and stings
- ❖ Sinus infections and symptoms, fever, sore throat, cough, body aches
- ❖ Dehydration, vomiting, nausea, UTI's
- ❖ Anxiety, insomnia, migraines
- ❖ Short-term medication refills and more

# EMPLOYEE ASSISTANCE PROGRAM



Welcome to your enhanced web and mobile experience where expert content and a comprehensive set of tools can be found in a secure, confidential and easy-to-use platform.

Log In

Create Account

**Log In** if you previously created a username and password  
**Create Account** if you do not have a username and password  
**Having trouble?** [Contact us.](#)

Group Code: campbellcounty

<https://www.supportlinc.com/>

- ✓ Legal Consultation
- ✓ Financial Expertise
- ✓ Counseling
- ✓ Elder Care Resources
- ✓ Child Care Resources
- ✓ Adoption Resources

# Campbell County Wellness Program



## Wellness Screening

- Eligible employees – 20+ hours/week & Spouse
- Annual Blood Draw held in July or August
- New Employees – Must complete blood draw within 30 days of hire date to receive wellness incentive for current year

## Wellness Incentive

Campbell County Recreation Center  
Membership

Bell Nob Golf Course Membership

## Additional Wellness Programs

BMI - Programs designed to encourage participants to achieve or maintain their ideal weight and body composition.

Nutrition - Programs designed to encourage employees to make healthy food choices.

Exercise - Programs designed to encourage employee to move—walking, bike riding, participating in team activities.

Specific Conditions - Programs designed to increase awareness of specific conditions, such as breast cancer, high blood pressure, etc.

Tobacco Cessation - Program designed to motivate employees to quit using tobacco products. Financial rewards are given to employees who have quit for 6 months and again at 12 months.

# Holiday, Sick and Vacation Leave

## Holiday Leave

Campbell County recognizes 11 paid holidays.

Eligible FT and PT employees working 20+ hours/week will accrue eight (8) hours of holiday pay. Eligible PT employees working less than 20 hours/week will accrue hours on a pro-rated basis.

## Sick Leave

Paid sick leave is provided for employees under certain circumstances to help them maintain their income during a qualifying authorized absence. Sick Leave should be treated as a form of insurance and not as extra days off from work. FT Employees accrue paid sick leave at a rate of 3.70 hours/bi-weekly pay period. PT employees working at least 20 hours/week accrue paid sick leave on a pro-rated basis. *(Maximum accrual amount will not exceed 720 hours)*

## Vacation Leave

Eligible FT and PT employees working 20+ hours/week accrue hours per pay period and based on their months of service. *(Maximum yearly accrual amount is 250 hours for FT employees.)*

| Months of Service | Vacation Hours Earned |
|-------------------|-----------------------|
| 0 – 47            | 3.70 hours/pay period |
| 48 – 107          | 5.24 hours/pay period |
| 108 – 167         | 6.77 hours/pay period |
| 168 – 227         | 7.54 hours/pay period |
| 228 – 287         | 8.31 hours/pay period |
| 288 and over      | 9.08 hours/pay period |

# Thank you and Welcome to Campbell County!

Any questions?

Human Resources

[humanresources@campbellcountywy.gov](mailto:humanresources@campbellcountywy.gov)

307-687-6355