



2023 BENEFITS GUIDE



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

Enrollment Guidelines

Welcome to the 2023 Benefits Guide for Fremont 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.

Eligibility

You are eligible to enroll in the benefit programs if you are a full-time employee working 20 or more hours per week or are an elected official. Benefits for newly hired employees will take effect the first day of the month following 60 days of qualified employment.

Your legal spouse and your married or unmarried dependent children are eligible for medical coverage if less than 26 years of age. Disabled unmarried children over age 26 may be eligible to continue benefits after approval of necessary applications.

OPEN ENROLLMENT

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

Qualifying Life Events

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

Qualifying events include:

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

When you have a qualifying event, you have 30 days after the event to complete and return a new enrollment/change form for health, dental, and/or vision coverage. You may be asked to provide proof of the change and/or proof of eligibility. (You have 60 days to complete and return a new enrollment/change form after coverage under Medicaid or CHIP terminates.)

Benefit Contacts

Primary Point Of Contact

Blue Cross Blue Shield of WY

Medical Plan

(800) 442-2376
www.YourWyoBlue.com

Other Contacts

Prime Therapeutics	Prescription Benefit Manager	(877) 794-3574 (877) 357-7463 – Home Delivery www.MyPrime.com
Blue Cross Blue Shield of WY	Dental	(844) 653-4057 www.YourWyoBlue.com
Blue Cross Blue Shield of WY	Vision	(844) 584-2865 www.BCBSWY.com
Blue Cross Blue Shield of WY (Further by Health Equity)	Flexible Spending Account	(800) 859-2144 https://www.bcbswy.com/employers/plans_services/spending_accounts/
Elevated Claim Issues	Novo Benefits Team	Kellie Grady: (307) 640-0359 kgrady@novobenefits.com Dianna Madvig: (307) 472-1831 dmadvig@novobenefits.com Sherry Reandean: (402) 802-9086 sreandean@novobenefits.com
Wellness Program Incentives	Wellness Program Manager Tatum Hall	Fremontcountywellness.com Tatum.hall@fremontcountywy.gov
Teladoc	Telemedicine	(800) Teladoc www.Teladoc.com
Other Questions	Margy Irvine	(307) 332-1123 Margy.Irvine@fremontcountywy.gov

Glossary Of Terms

The following terms will help you better understand your benefits.

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

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

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

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

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

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

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

Self-Funding: The Fremont County medical plan is “self-funded” which means Fremont County assumes the financial risk for providing health care benefits to its employees.



UNDERSTANDING
YOUR BENEFITS
CAN BE EASY

Medical Benefits

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

BENEFIT	Plan A – Standard Plan		Plan B – High Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Deductible	\$1,000/single \$2,000/family	\$2,000/single \$4,000/family	\$3,000/single \$6,000/family	\$6,000/single \$12,000/family
Out-of-Pocket Max (Includes deductible and copays)	\$6,000/single \$12,000/family	\$12,000/single \$24,000/family	\$6,500/single \$13,000/family	\$13,000/single \$26,000/family
Preventive Care	100%, Deductible Waived	60%, After Deductible	100%, Deductible Waived	60%, After Deductible
Office Visit (PCP)	\$30 Copay Deductible Waived	60%, After Deductible	\$30 Copay Deductible Waived	60%, After Deductible
Office Visit (Specialist)	\$50 Copay Deductible Waived	60%, After Deductible	\$50 Copay Deductible Waived	60%, After Deductible
Teladoc (Telemedicine)	\$10 copay	N/A	\$10 copay	N/A
Diagnostic Lab & X-ray	80%, After Deductible	60%, After Deductible	80%, After Deductible	60%, After Deductible
Urgent Center	80%, After Deductible	60%, After Deductible	80%, After Deductible	60%, After Deductible
Outpatient Hospital	80%, After Deductible	60%, After Deductible	80%, After Deductible	60%, After Deductible
Inpatient Hospital	80%, After Deductible	60%, After Deductible	80%, After Deductible	60%, After Deductible
Emergency Room	\$250 Copay, then subject to in-network Deductible and Coinsurance		\$250 Copay, then subject to in-network Deductible and Coinsurance	
Emergency Transport/Ambulance	80%, After Deductible		80%, After Deductible	
Family deductible and out-of-pocket amounts are embedded. This means an individual would not pay more than the individual deductible/out-of-pocket amounts				

Medical Benefits (Continued)

BENEFIT	Plan A – Standard Plan		Plan B – High Deductible Plan	
	In-Network	Out-of-Network	In-Network	Out-of-Network
Prescriptions Retail – 30 day supply Generic	\$15 copay, Ded Waived	Not Covered	\$15 copay, Ded Waived	Not Covered
Brand Preferred	\$40 copay + Difference if Generic Available		\$40 copay + Difference if Generic Available	
Brand Non-Preferred	\$55 copay + Difference if Generic Available		\$55 copay + Difference if Generic Available	
Specialty	\$100 copay		\$100 copay	
Retail – 90 day supply	2.5 x Applicable Copay		2.5 x Applicable Copay	
Mail Order – 90 day supply	2.5 x Applicable Copay	N/A	2.5 x Applicable Copay	N/A
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 or plan document.				

QUALIFYING FOR THE DISEASE MANAGEMENT PRESCRIPTION INCENTIVE

New participants will be enrolled in the prescription incentive on a quarterly schedule after meeting eligibility requirements. Participants in the incentive program will be removed from the program after each quarter if they do not actively participate or meet the program requirements. They will be notified two weeks before removal by mail, and, if available, email. Participants are eligible to reapply for participation for the next quarter after meeting with the Wellness Program Manager.

In order to qualify for the 100% prescription coverage of maintenance medications, Participants must meet the following guidelines for at least 3 months:

1. Under the care of a Physician with a diagnosis of hypertension, hyperlipidemia, diabetes, or asthma;
2. Annual visit with the physician to renew prescriptions covered by the program. Signed physician statements are required annually by the Wellness Program;
3. Meeting with the Wellness Program Manager quarterly;
4. Completing quarterly activities assigned by the Wellness Program. Participants will receive accommodation for activities that are not medically advisable.

Parents or guardians of dependents who qualify for the program will be required to submit an annual physician statement and meet with the Wellness Program Manager quarterly.

PREMIUMS

Employee Contributions
Effective January 1, 2023

FULL TIME	Premium Paid by Full-Time Employee	
	Plan A – Standard Plan	Plan B – High Deductible Plan
Single	\$235.00	\$65.00
Employee + Spouse	\$494.00	\$137.00
Employee + Child(ren)	\$407.00	\$113.00
Family	\$666.00	\$185.00

PART TIME	Premium Paid by Part-Time Employee	
	Plan A – Standard Plan	Plan B – High Deductible Plan
Single	\$235.00	\$65.00
Employee + Spouse	\$1,439.00	\$1,082.00
Employee + Child(ren)	\$1,037.00	\$743.00
Family	\$2,241.00	\$1,760.00

RETIREES	Premium Paid by Retirees	
	Plan A – Standard Plan	Plan B – High Deductible Plan
Single	\$1,204.00	\$1,034.00
Employee + Spouse	\$2,408.00	\$2,051.00
Employee + Child(ren)	\$2,006.00	\$1,712.00
Family	\$3,210.00	\$2,729.00

WITH TELEHEALTH, HELP
IS JUST A CLICK AWAY



What Is Telemedicine & Telehealth?

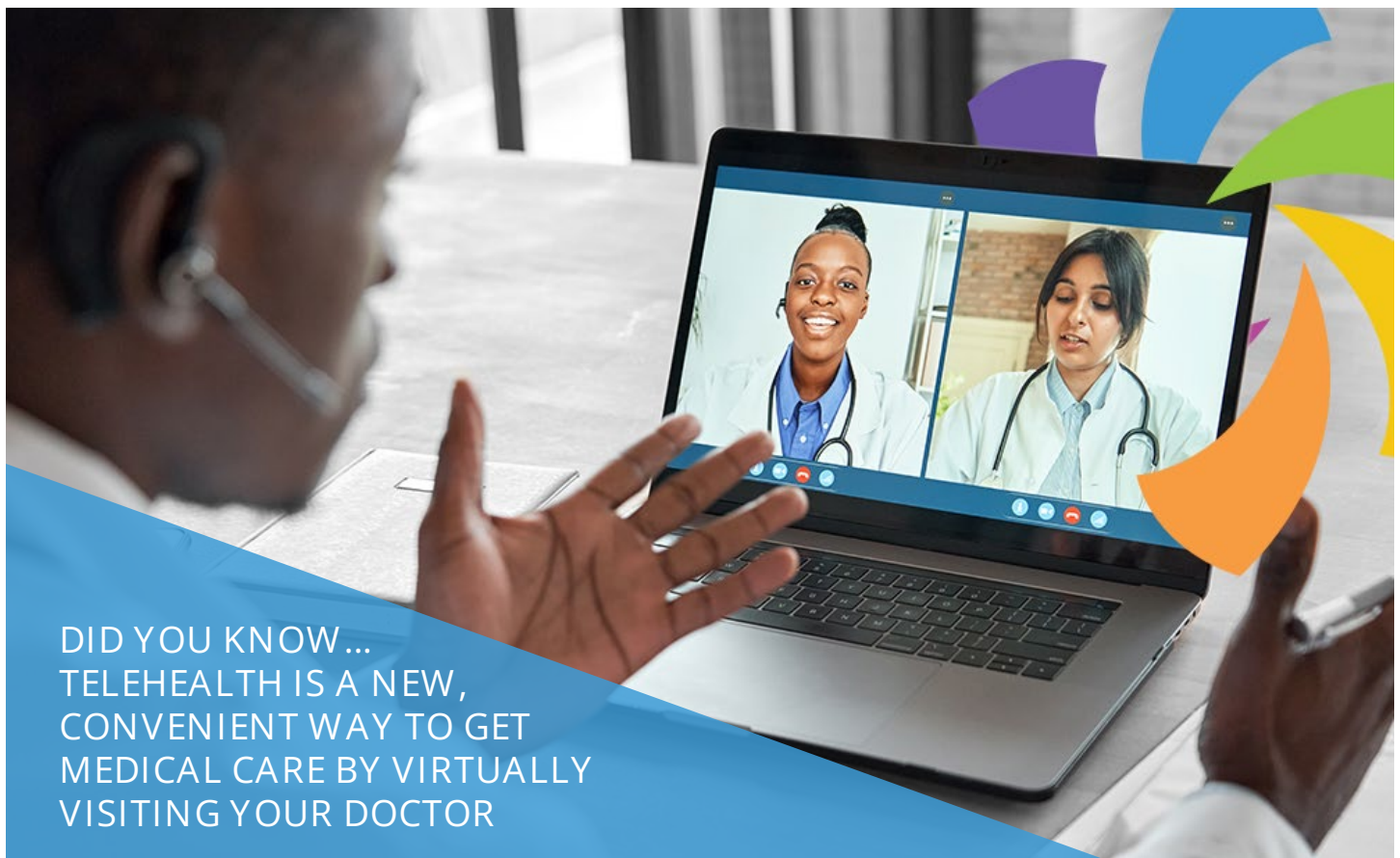
With the onset of Covid-19, telehealth has become an increasingly popular way for individuals to receive medical treatment and diagnosis without visiting a physical, clinical location such as a doctor's office or hospital.

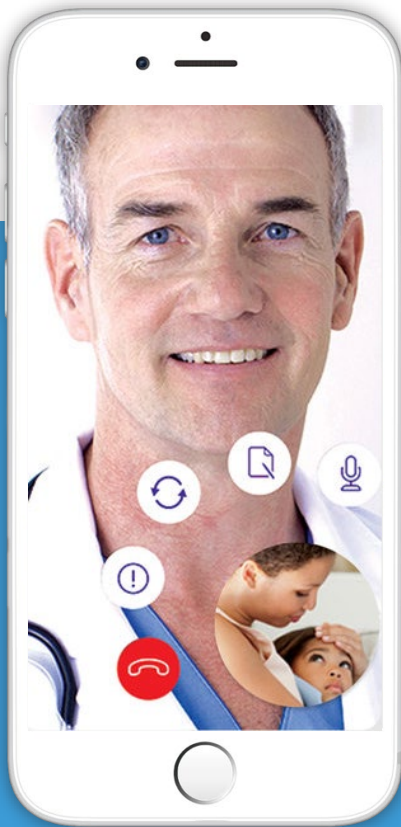
Telemedicine and telehealth are sometimes used interchangeably to describe both clinical and non-clinical interactions with health professionals through technology. While telemedicine focuses on remote clinical assistance, telehealth also includes educational and non-clinical remote interactions through the use of various technologies such as webcams, apps, and mobile devices.

Telemedicine and telehealth provide options for meeting virtually with a healthcare provider when you are not feeling well. Using technology and apps, it is now easier than ever to meet with a physician from your home, office, or while traveling. Additionally, physicians are available outside of normal business hours and on weekends.

Meeting with a doctor through an app like Teladoc is very similar to visiting your primary care physician in an office, except your interactions with the physician are through your mobile device. The doctor can give you a diagnosis based on your symptoms and even provide a prescription that can be picked up from your local pharmacy.

You can contact a doctor at any time using this benefit and there is no need to contact your care coordinator prior to using this service. We recommend you download the app to your phone now so that you can use this option when needed. More information is available on the next page.





Meet With A Doctor Without Leaving Your Home Through Your Mobile Device!

Teladoc is one of the nation's most established providers of telehealth services. Our national network of U.S. board-certified doctors is standing by to provide quality healthcare for you and your family, 24/7.

From the information you provide, Teladoc can diagnose many illnesses and injuries, order prescriptions, and know immediately if you need to be referred to in-person emergency care.

Teladoc medical and psychiatrist are as follows:

Medical Visits:

- Standard Plan - \$10 Copay
- HDHP Plan - \$10

Psychiatrist Visits:

- Standard Plan - \$10 Copay
- HDHP Plan - \$10

Licensed Therapist Visits:

- Standard Plan - \$10 Copay
- HDHP Plan - \$10



Benefits:

- Consults with U.S. Board-Certified doctors via phone or video conference 24/7
- Access to a doctor anytime, anywhere – from home, work, or on the road
- Diagnosis and treatment for many common, non-emergency medical conditions
- A way to avoid unnecessary visits to the ER and long waits for doctor appointments
- Prescriptions called-in when appropriate

Be Prepared For The Unexpected!

Download the App on Google Play for Android, or via the App Store for iPhone/iPad



 [Teladoc.com/mobile](https://www.teladoc.com/mobile) or visit your appstore.
 1-800-Teladoc



\$800 REFUND

Available for certain procedures performed at a Blue Distinction Center in Wyoming, Colorado, Utah and Montana.

TRAVEL BENEFIT STEPS TO SUCCESS

1. Call Blue Cross at 1-888-557-2368 to confirm your procedure is eligible
2. Find Blue Distinction Center: click www.bcbs.com/blue-distinction-center-finder
3. Fill out a refund form and submit to Fremont County Clerk's Office
 - a. Do NOT submit for FSA (flex spending account) reimbursement on the \$800 deductible. This is not allowed by the IRS.
 - b. Any amounts spent over \$800 qualify for FSA reimbursement
4. Travel with one companion allowed
 - a. Receive up to \$200 per day reimbursement for: food, lodging, and travel (Limited to \$2500 per member per year)
 - b. Retain travel receipts and form and submit to any Fremont County Executive Health member.

MEDICAL PROCEDURES ELIGIBLE

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

ADDITIONAL CENTERS OF EXCELLENCE FOR CANCER TREATMENT

University of Texas MD Anderson Center

www.mdanderson.org

Johns Hopkins Kimmel Cancer Center in Maryland

www.hopkinsmedicine.org

Taussig Cancer Institute at the Cleveland Clinic in Ohio

www.my.clevelandclinic.org

Huntsman Cancer Institute – Salt Lake City, UT

Flexible Spending Account (FSA)

The General-Purpose Health Flexible Spending Account allows you to set aside up to \$2,850 in pre-tax dollars to pay most out-of-pocket medical, dental or vision expenses not paid by insurance; including deductibles and copayments. Please refer to the next page for a list of eligible expenses or refer to the most recent version of IRS publication 502.

Limited Purpose Health Flexible Spending Account will be available for those employees who also elect a Health Savings Account. The Limited Purpose Health Flexible Spending Account can be used for dental and vision expenses only.

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

If you don't use all the pre-tax dollars you deposited in your account(s), your plan does have a Grace Period that allows an employee to submit claims incurred after the end of the plan year. You may incur claims during the claims extension (grace) period and still be reimbursed money from the prior plan year. You have a 2 ½ month grace period to use your remaining balance.

Dependent Care Account

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

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

The IRS allows you to contribute the following amounts (each calendar year), depending on family status:

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

REIMBURSEMENTS

To claim reimbursements, fill out a claim form and attach any supporting information. For health care this will include receipts of the amount you paid and the date(s) on which you or a dependent received services. For dependent care this may include any contracts, letters, or receipts.

You may submit claims by logging into your FSA account at: <https://hellofurther.com> or call (800) 859-2744 to request a paper claim form.

Plan Year

January 1, 2023 through December 31, 2023

Once Enrolled, You May Not Change Your Election

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

Flexible Spending Account – Eligible Expenses

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

Flexible Spending Account Eligible Expenses

Eligible Expenses

These are only examples, and this list is not all-inclusive – it only provides some of the more common expenses.

Additional information is available in IRS Publication 502.

Common Eligible Medical Expenses:

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



Health Care Reform & Over-the-Counter Items:

Over-the-Counter Medicine and Drugs do not require a prescription to be eligible for reimbursement under the plan.

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



Dependent Care Eligible Expenses:

- A dependent receiving care must be a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you. The care must be necessary for you or your spouse to be gainfully employed or to go to school. Care may be provided by anyone other than your spouse or your children under the age of 19. Expenses for schooling, kindergarten, over-night care, and nursing homes are not reimbursable. See IRS Publication 503.
- The maximum you can elect, in a calendar year, is equal to the smallest of the following:
 - \$5,000 – Married and filing federal taxes jointly or a single parent
 - \$2,500 – Married and filing separate federal tax return
- The amount contributed year-to-date, is available for reimbursement.



Dual Purpose Expenses That Potentially Qualify:

The expense must be for a specific medical reason and be accompanied by a prescription.

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



Ineligible Expenses:

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

Dental Benefits

Fremont County offers dental benefits through Blue Cross Blue Shield of Wyoming. 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.yourwyoblu.com

DENTAL PLAN	BENEFITS
Deductible	\$50 Per Member up to a Maximum of \$150 Per Family
Calendar Year Maximum for Dependent Children Age 19 and Under	Preventive and Diagnostic Expenses are Unlimited Restorative and Prosthodontic Services \$2,000
Calendar Year Maximum for All Other Covered Persons	\$2,000
Preventive and Diagnostic Services <ul style="list-style-type: none"> Oral exams X-rays Cleanings Emergency Palliative Treatment General Anesthesia 	100%, deductible waived
Restorative Services <ul style="list-style-type: none"> Fillings Space Maintainers Oral Surgery Extractions (except for orthodontics) 	80%, after deductible
Prosthodontic Services <ul style="list-style-type: none"> Crowns Inlays & onlays Bridgework Dentures 	80%, after deductible
Orthodontia (children 19 or under only) Lifetime Maximum	50%, after deductible \$2,000
Periodontal Lifetime Maximum	80%, after deductible \$1,000 – maximum does not apply to participants age 19 and under. This lifetime maximum does not apply toward the \$2,000 calendar year maximum



For a complete description of benefits, limitations, and exclusions, consult your benefits summary, available from Bookkeeping or at www.yourwyoblu.com

Vision Benefits



Fremont County Vision Benefits - Davis Vision

Plan Design		Benefits for Fremont Gov't	
		Fashion Plan	
Service Type	Frequency	In-Network Benefit	Out-of-Network Reimbursement
Eye Examination with Dilation (as necessary)	12 Months Calendar YR	\$10 Copay	Up to \$200
Spectacle Lenses	12 Months Calendar YR	\$10 Copay	See Spectacle Lenses
Frame	24 Months Calendar YR	\$0 Copay	See Frame
Contact Lenses (in lieu of eyeglasses)	12 Months Calendar YR	\$0 Copay	See Contact Lenses
Eyeglass Benefit - Frame			
Frame Allowance (Retail):		Up to \$130 Plus a 20% discount on any overage **	Up to \$100
Exclusive Collection Frame (in lieu of Allowance) Fashion / Designer / Premier ***		Covered / \$15 / \$40	
Eyeglass Benefit - Spectacle Lenses*****			
Clear plastic lenses in any Rx (Single Vision / Bifocal / Trifocal / Lenticular)		Covered	Up to \$65 / \$100 / \$110 / \$110
Digital Single Vision (Intermediate) Lenses		\$30	Included in Lens Allowance
Tinting of Plastic Lenses (Solid / Gradient)		Covered	Included in Lens Allowance
Scratch-Resistant Coating		Covered	Included in Lens Allowance
Polycarbonate Lenses (Children **** / Adults)		\$0/\$30	Included in Lens Allowance
Ultraviolet Coating		\$12	Included in Lens Allowance
Blue Light Filtering		\$15	Included in Lens Allowance
Anti-Reflective (AR) Coating (Standard/Premium/Ultra/Ulimate)		\$35/\$48/\$60/\$85	Included in Lens Allowance
Progressive Lenses (Standard/Premium/Ultra/Ulimate)		\$50/\$90/\$140/\$175	Up to \$110 (In lieu of bifocal reimbursement)
High-Index Lenses (1.67/1.74)		\$55/\$120	Included in Lens Allowance
Polarized Lenses		\$75	Included in Lens Allowance
Plastic Photochromic Lenses		\$65	Included in Lens Allowance
Scratch Protection Plan: Single Vision Multifocal Lenses		\$20/\$40	Included in Lens Allowance
Contact Lens Benefit (in lieu of eyeglasses)			
Contact Lenses Materials Allowance (Retail)		Up to \$130 + 15% off balance**	Up to \$115
- Evaluation, Fitting & Follow-Up Care for Standard Lens Types		15% Discount **	Included in Contact Allowance
- Evaluation, Fitting & Follow-Up Care for Specialty Lens Types		15% Discount **	Included in Contact Allowance
Visually Required Contact Lenses (with prior approval)		Covered	Up to \$225
- Materials, Fitting & Evaluation			
Laser Benefit			
		Up to 25% on U & C or 5% off any participating providers advertised specials	N/A
Additional Savings			
Retinal Imaging – member charge		\$39	N/A
Additional Pairs of Eyeglasses		20% discount **	N/A

** Additional discounts not applicable at Walmart, Sam's Club, or Costco locations or where limited by law or manufacturer restrictions.

*** Collection is available at most participating independent provider offices. Collection is subject to change. Collection is inclusive of select torics and multifocals.

**** Polycarbonate lenses are covered for dependent children, monocular patients and patients with prescriptions +/- 6.00 diopters or greater.

***** Applicable both in- and out-of-network. Additional discounts apply in-network.

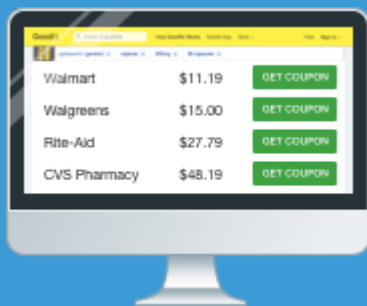
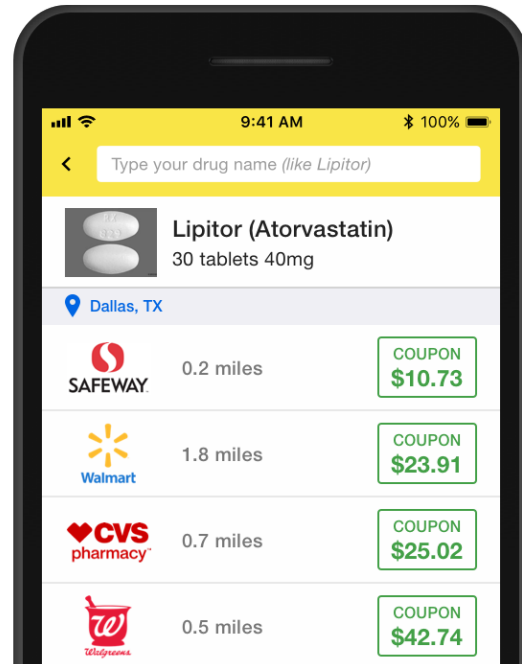
***** Spectacle lens options may not be available at all locations.

GoodRx – The Free Rx Savings Solution

Drug prices vary widely between pharmacies. GoodRx finds the lowest prices and discounts.

How?

1. Collect and compare prices for every FDA-approved prescription drug at more than 70,000 U.S. pharmacies
2. Find free coupons to use at the pharmacy
3. Show the lowest price at each pharmacy near you



Compare Prices

GoodRx collects prices and discounts from over 70,000 U.S. pharmacies



Print Free Coupons

Or send coupons to your phone by email or text message



Save Up To 80%

Show the coupon to your pharmacist for massive savings on your meds

GoodRx



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 Wellness Program, <https://www.fremontcountywellness.com> 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.

MHP Act Opt Out Notice

As a non-federal government entity, Fremont County has the option of opting out of mental health parity requirements under Title XXVII of the Public Health Service Act and as stipulated under the Affordable Care Act. Fremont County has elected to opt out of mental health parity and to continue providing the same benefits for mental health and substance abuse as has been provided for in the past. For more detailed information about mental health and substance abuse benefits, please see our Summary Plan Description.

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 Fremont 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) 332-1123.

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 Margy Irvine at 450 N 2nd Street, Lander, WY 82520. 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) 332-1123. 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) 332-1123. 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) 332-1123.

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) 332-1123 or 450 N 2nd Street, Lander, WY 82520. 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 6-30-2023)

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) 332-1123.

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 Fremont County		4. Employer Identification Number (EIN) 83-6000107	
5. Employer address 450 N 2 nd St		6. Employer phone number (307) 332-1123	
7. City Lander	8. State WY	9. ZIP code 82520	
10. Who can we contact about employee health coverage at this job? Margy Irvine			
11. Phone number (if different from above)		12. Email address Margy.irvine@fremontcountywv.gov	

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

☐ As your employer, we offer a health plan to:

☐ All employees. Eligible employees are:

☒ Some employees. Eligible employees are:

All employees legally employed and regularly scheduled for twenty or more hours a week, retirees who are not eligible for Medicare who have been employed by Fremont county for ten years and are collecting benefits from the Wyoming Retirement System, elected county officials, employees of off-line boards of other Fremont county entities including Library, Museum, Fire, Fair and Weed & Pest as approved by the Fremont County Commissioners.

☐ With respect to dependents:

☒ We do offer coverage. Eligible dependents are:

Legally married spouses and dependent children through the end of the calendar year in which they attain age 26, and disabled/incapacitated dependent children beyond age 26 subject to plan definitions.

☐ We do not offer coverage.

☒ If checked, 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, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado's Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	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 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtprecovery.com/flmedicaidtprecovery.com/hipp/index.html Phone: 1-877-357-3268

<p>GEORGIA-Medicaid</p> <p>GA HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>MASSACHUSETTS-Medicaid and CHIP</p> <p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840 TTY: (617) 886-8102</p>
<p>INDIANA-Medicaid</p> <p>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: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>MINNESOTA-Medicaid</p> <p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
<p>IOWA-Medicaid and CHIP (Hawki)</p> <p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>MISSOURI-Medicaid</p> <p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
<p>KANSAS-Medicaid</p> <p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>MONTANA-Medicaid</p> <p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084 Email: HSHIPPProgram@mt.gov</p>
<p>KENTUCKY-Medicaid</p> <p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPPPROGRAM@ky.gov KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718 Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>NEBRASKA-Medicaid</p> <p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>
<p>LOUISIANA-Medicaid</p> <p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>NEVADA-Medicaid</p> <p>Medicaid Website: http://dhcfp.nv.gov Medicaid Phone: 1-800-992-0900</p>
<p>MAINE-Medicaid</p> <p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711 Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>	<p>NEW HAMPSHIRE-Medicaid</p> <p>Website: https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218</p>

NEW JERSEY-Medicaid and CHIP	SOUTH DAKOTA-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW YORK-Medicaid	TEXAS-Medicaid
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Website: http://gethiptexas.com/ Phone: 1-800-440-0493
NORTH CAROLINA-Medicaid	UTAH-Medicaid and CHIP
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH DAKOTA-Medicaid	VERMONT-Medicaid
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
OKLAHOMA-Medicaid and CHIP	VIRGINIA-Medicaid and CHIP
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OREGON-Medicaid	WASHINGTON-Medicaid
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
PENNSYLVANIA-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
RHODE ISLAND-Medicaid and CHIP	WISCONSIN-Medicaid and CHIP
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RItE Share Line)	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
SOUTH CAROLINA-Medicaid	WYOMING-Medicaid
Website: https://www.scdhhs.gov Phone: 1-888-549-0820	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since July 31, 2022, 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 ebbsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

OMB Control Number 1210-0137 (expires 1/31/2023)

MEDICARE PART D NOTICE

Important Notice from Fremont 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 Fremont 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. Blue Cross Blue Shield of Wyoming has determined that the prescription drug coverage offered by the Fremont 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 Fremont 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 Fremont 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, 2022

Fremont County

Margy Irvine

450 N 2nd Street, Lander, WY 82520

(307) 332-1123

Notes

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.



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