



UNDERSTANDING YOUR BENEFITS CAMPBELL COUNTY

CAMPBELL COUNTY BENEFIT PACKAGE

- Medical - **Blue Cross Blue Shield**
 - Low & High Deductibles
- Prescription – **Prime Therapeutics**
 - Low & High Deductibles
- Dental – **Delta Dental**
- Vision – **VSP**
- Health Saving Accounts – **Optum**
- Wellness Program – **Campbell County Health**
- Flexible Spending - **Optum**
 - Medical
 - Dependent Child Care
- Employee Assistance Program – **Cura Linc**
- Life Insurance - **Reliance Standard**
 - Basic and Supplemental
- Long-Term Disability – **Reliance Standard**
- Retirement – **Wyoming Retirement System**
 - Pension
 - Deferred Compensation 457

MEDICAL AND PRESCRIPTION BENEFITS

Low Deductible Health Plan

	Deductible	Coverage after Deductible	Total Out of Pocket Maximum
Single	\$ 750.00	\$2,000.00	\$2,750.00
Employee Plus One**	\$1,500.00	\$4,000.00	\$5,500.00
Family	\$1,500.00	\$4,000.00	\$5,500.00

**Embedded Deductible – At least two people have to meet the \$750 deductible(\$1,500.00)

High Deductible Health Plan

	Deductible	Coverage after Deductible	Total Out of Pocket Maximum
Single	\$1,600.00	\$1,150.00	\$2,750.00
Employee Plus One**	\$3,200.00	\$2,300.00	\$5,500.00
Family	\$3,200.00	\$2,300.00	\$5,500.00

****No** Embedded deductible – Either one person or combination can meet the \$3,200.00 deductible

****Beginning 01/01/2020****

MEDICAL AND PRESCRIPTION BENEFITS

Low Deductible

Employee Premium Share

- **Employee Paid Premium Per Month**
- Single \$105.00
- Employee Plus One \$210.00
- Family \$315.00
- ****Beginning 01/01/2020****

High Deductible

Employee Premium Share

- **Employee Paid Premium Per Month**
- Single \$0.00
- Employee Plus One \$0.00
- Family \$0.00

MEDICAL AND PRESCRIPTION BENEFITS SUMMARY

Actual Medical & Prescription Premium Cost beginning 01/01/2020

■ Single	\$ 884.00	LDHP	Single	\$ 884-\$105(EE share)=\$ 779.00(ER share)per month
■ Employee plus One	\$1,768.00	LDHP	Emp plus One	\$1,768-\$210(EE share)=\$1,558.00(ER share)per month
■ Family	\$2,475.00	LDHP	Family	\$2,475-\$315(EE share)=\$2,160.00(ER share)per month

Low Deductible Health Plan versus High Deductible Health Plan

- Example: LDHD Employee plus One **\$210 x12 months=\$2,520.00 yearly premium** (\$2,520.00) Prem + (\$1,500.00) deductible = (\$4,020.00) Cost to you
- Example: HDHP Employee plus One \$ **0 x12 months= \$ 0.00 yearly premium** \$1,000.00 HSA + (\$3,200.00) deductible = (\$2,200.00) Cost to you plus if you qualify for a health saving account an additional \$500.00 or \$1,000.00
- Campbell County is paying **\$1,768.00 prem x 12 months = \$21,216.00** a year for Emp plus One on the HDHP, and **\$18,696.00(\$21,216-\$2,520)** on the LDHP.

****Health Care costs are increasing by 5.5% on a national average annually****

CAMPBELL COUNTY WELLNESS BENEFITS/ PREVENTATIVE SERVICES BLUE CROSS BLUE SHIELD

- Listed are some of the Wellness Benefits with **no co-pay and no deductible**:
 - Well-woman preventive care visits as medically appropriate
 - Mammograms screening – 1 per calendar year for employee and covered spouse only
 - Routine physical examination (office visit) – males 1 per calendar year
 - Immunizations as recommended by the Center Disease Control (birth to adult)
 - Tobacco cessation counseling – 8 visits per year
 - Colorectal cancer screening (routine) for 45 years to 75 years old
 - Colonoscopy (including related services) – 1 every 10 years or Sigmoidoscopy (related services) – 1 every 5 years
- A complete list is found on pages 78-80 in your Blue Cross medical benefit document.**

PRESCRIPTIONS – PRIME THERAPEUTICS

Low Deductible Health Plan

- NO – not applied to deductible
- YES – applied to annual prescription out-of-Pocket maximum of \$5,500
- Employee Premium Cost Paid with the Medical Plan

High Deductible Health Plan

- YES – full, applicable price is paid until medical deductible is met (allowable charge is applied to medical deductible).
- Once deductible is met, you will pay the co-pay until the annual out-of-pocket maximum of \$5,500 is met then “NO” cost for prescriptions.

PRESCRIPTIONS – PRIME THERAPEUTICS

Low Deductible Health Plan

- Co-Pay Retail (30-day supply)
 - Generic \$10
 - Formulary \$20 + 20% of balance/\$80 max
 - Non-Formulary \$35 + 30% of balance/\$150 max
- Co-Pay Mail Order (90-day supply)
 - Generic \$15
 - Formulary \$40 + 20% of balance/\$160 max
 - Non-Formulary \$75 + 30% of balance/\$300 max
- Co-Pay Retail (90 day supply)
 - Generic \$15
 - Formulary \$50 + 20% of balance/\$200 max
 - Non-Formulary \$87.50 + 30% of balance/\$375 max

High Deductible Health Plan

*****Prescriptions with the HDHP are at discounted prices until deductible is met; allowable charge is applied to deductible*****

<https://www.primetherapeutics.com/en/about/blue-plus-prime.html>
1-855-457-0007

DENTAL – DELTA DENTAL

Deductibles & Coverage

■ Calendar Year Deductibles:

- Single Employee: \$45
- Employee+ I/Family: \$90

■ Coverage:

- Preventive & Diagnostic: 100%
- **Basic Services: 85%
- **Major Services: 50%
- Orthodontic: 50%

■ Calendar Year Maximum Benefit

- (excluding orthodontics & preventative): \$1,500
- Lifetime maximum for orthodontics
- (eligible dependents, limited to age 26): \$1,750

Employee Premium Cost Share

■ Employee Paid Premium Low Deductible Plan:

- Single \$ 5.00 per month
- Employee + One \$ 10.00 per month
- Family \$ 17.50 per month

■ Employee Paid Premium High Deductible Plan:

- Single \$ 0.00 per month
- Employee + One \$ 0.00 per month
- Family \$ 0.00 per month

■ **For a list of Basic and Major Services request a print out from Human Resources

■ Benefit payments are based on allowable, reasonable & customary charges.

<http://www.deltadentalwy.org>
Phone#1-800-735-3379

VISION – VSP CHOICE PLAN

<u>EFFECTIVE 07/01/2019</u>	<u>Co-Pay</u>	<u>Frequency</u>
<ul style="list-style-type: none"> ■ <u>Well Vision Exam:</u> 	\$ 0.00	Every 12 months
<ul style="list-style-type: none"> ■ <u>Prescription Glasses:</u> 	\$15.00	
<ul style="list-style-type: none"> ■ Frames 	\$200.00 Allowance	Every 24 months
<ul style="list-style-type: none"> ■ Lenses Single vision, lined bifocal, lined trifocal; 		Every 12 months
<ul style="list-style-type: none"> ■ Polycarbonate lenses for dependent children 		
<ul style="list-style-type: none"> ■ Lens Option - Standard progressive lenses \$ 0.00 		Every 12 months
<ul style="list-style-type: none"> ■ Premium progressive lenses \$95.00-\$105.00 		Every 12 months
<ul style="list-style-type: none"> ■ Custom progressive lenses \$150.00-\$175.00 		Every 12 months
<i><u>Average savings 20-25% on the other lens enhancements</u></i>		
<ul style="list-style-type: none"> ■ <u>Contacts</u> 		Every 12 months
<ul style="list-style-type: none"> ■ \$200.00 Allowance for contacts; copay does not apply (instead of glasses) 		Contact lens exam (fitting & evaluation) up to \$60

VISION – VSP CHOICE PLAN

Vision Coverage - Continued

- **Diabetic Eyecare Plus Program:** \$20.00 co-pay. Services related to diabetic, glaucoma, & age-related macular degeneration (AMD). Retinal screening for eligible members with diabetes. Limitations and coordination with medical coverage may apply. Ask your VSP doctor for details.
 - **Extra Savings & Discounts**
- **Glasses & Sunglasses :** Extra \$20 to spend on featured frame brands. Go to vsp.com/special_offers for details. 20% savings on additional glasses & sunglasses, including lens enhancements, from any VSP provider within 12 months of your last Well Vision Exam.
- **Retinal Screening:** No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam.
- **Laser Vision Correction:** Average 15% off regular price or %5 off promotional price; discounts only available from contracted facilities.
- **Out-of-Network Providers:** Get the most out of your benefits & greater savings with a VSP network doctor. Your coverage with out-of-network providers will be less or you'll receive a lower level of benefits. Visit vsp.com for plan details

Employee Premium Cost Share

Employee Premium Cost Per Month (Optional-Employee Paid Monthly Premiums)

Single	\$10.94
Employee & Spouse	\$18.00
Employee & Child	\$17.10
Family	\$28.35

****Effective 07/01/2019****

- <https://www.vsp.com/> 1-800-877-7195 Member Services

HEALTH SAVING ACCOUNT FACTS

-
- **Account Holders responsibility to manage the account:**
 - Account holders responsibility to do mandatory tax reporting
 - Account holders responsibility to do the necessary record keeping
 - Our advise is just that advise – we are not tax accountants or tax lawyers

 - **Campbell County determines how and for whom they will:**
 - make deductions
 - make contributions

 - **Employer contributions are part of total compensation package and may vary from year to year**
 - **For 2019 they will be \$250/\$500 or**
 - **\$500/\$1,000 if enrolled in wellness**

HEALTH SAVING ACCOUNT HIGH DEDUCTIBLE HEALTH PLAN

■ TRIPLE TAX ADVANTAGE

- Contributions made by you or your employer, are not taxable income
- Interest or other earnings are not considered taxable income
- Distributions may be tax free if you pay for qualified medical expenses

■ THE MONEY IS ALWAYS BELONGS TO THE ACCOUNT HOLDER

- The money remains in your account until you use it
- You **cannot** have a joint HSA
- If a distribution qualifies favorable tax treatment – qualified medical expenses are not subject to income tax
- A distribution for a non-qualified expense is subject to income tax and if you are under 65, a 20% penalty

HEALTH SAVING ACCOUNT FACTS

- **Requirements for an individual to be eligible for an H S A**
 - You must be covered under a high deductible qualified health plan (HDHP)
 - You must have no other health insurance coverage except what is permitted such as:
 - Insurance that provides benefits for **Workers' Compensation**, tort liabilities or liabilities related to ownership or use of property
 - Insurance that provides for a **specific disease or illness** (CANCER INSURANCE)
 - Insurance that provides a **fixed amount per day of hospitalization** (AFLAC)
 - **You care also have coverage for the following:**
 - Accidents
 - Disability
 - Dental Care
 - Vision Care
 - Long Term Care

Maximum Contributions for 2020

Single	\$3,550.00
Employee + One	\$7,100.00
Family	\$7,100.00

****If you are 55 years and older you can contribute an additional \$1,000.00****

HEALTH SAVINGS ACCOUNT - EXAMPLE

2017

- Employer Contribution \$1,000.00 (family)
- Employee Max Contribution \$6,750.00 (family)

- \$5,750.00 (\$1000 - \$6750) would be \$239.59 per 24 pay periods
- **Total Saved \$6,750.00**

2018

- Employer Contribution \$1,000.00 (family)
- Employee Max Contribution \$6,900.00 (family)

- \$5,900.00 (\$1000 - \$6900) would be \$245.84 per 24 pay periods
- **Total Saved \$6,900.00**

- **Combined 2017 & 2018 \$13,650.00 plus interest. To be used tax free for qualified medical, dental, RX, and vision**

HEALTH SAVING ACCOUNT OPTUM ON LINE ACCESS

With Optum on line you can:

- Check your balance
- Check your spending/expenses
- Set up your checking account to transfer money
- Option to invest once balance is over \$2,500
- Forms and Documents for income tax (HSA Tax Documents-Tools & Support 1099-SA & 5498-SA)

Website for Optum <https://mycdh.optum.com/index.html>

1-877-470-1774 Account Services

OPTUM

Direction for a new day in health care

Home | Health care toolbox | Health account FAQs

PARTICIPANT LOG IN

Employees and individual users: Click above to access your account.

Welcome to Optum!

At Optum, we bring our financial and health care expertise to every facet of the health care system. We help consumers better manage some of their most important assets, health and money, with confidence.

Useful links and resources

myCDH by optum

Download the mobile app to manage your accounts on the go.

WELLNESS PROGRAM – CAMPBELL COUNTY HEALTH

Health Screening - Blood Draw

- **Wellness Screenings (Blood Draw):**
- Blood Pressure and Pulse Ox
- Blood Draw – Basic Wellness Panel & CBC
- Body Composition (height, weight, BMI, body fat percentage, hip/waist measurements)
- ***Registration for Wellness Screenings starts July 8th and closes at noon the day before each screening***
- ***Time Frame: Wellness Screenings (Blood Draw) August 19, 2019 - September 6, 2019***

Health Coach

- **Health Coaching:**
- Will partner with participants to help them assess behavior risks & provide resources for personal goals
- Year Ending and Year Beginning Appointments
 - Review program details & expectations
 - Review Health Risk Assessment (HRA)
 - Review Blood work and Biometric results
 - Establish your Goals
- Average Annual Visits Per Participant
 - Low Risk – 1-2 Times per Year
 - Medium Risk – 3-4 Times per Year
 - High Risk – 5-6 Times per Year

WELLNESS PROGRAM CAMPBELL COUNTY HEALTH

Wellness Program

■ **2020 HSA additional contribution**

- Single \$250.00
- Employee Plus One \$500.00
- Family \$500.00

**You must do the Wellness Screening/Blood Draw and make an appointment with the Health Coach

Wellness Outcome Incentives

■ **2019 Outcome Incentive** will be based on measurable success:

- Employee \$ 150.00 Spouse \$ 75.00

■ **2020 Recreation Center Membership**

- If you are in the Wellness Program (Blood draw and health coach)
- You and your spouse are eligible for a **free** Rec Center membership (which includes classes)
- Please obtain your application from your health coach if you are eligible

FLEXIBLE SPENDING ACCOUNTS - OPTUM

BOTH MEDICAL AND DEPENDENT CARE ALLOW EMPLOYEES TO SAVE TAX DOLLARS BY SETTING ASIDE FUNDS TO PAY FOR QUALIFYING HEALTH AND/OR DEPENDENT CARE EXPENSES (FSA ONLY) ON A "BEFORE-TAX" BASIS.

Reimburse Qualified Medical Expenses

- 2019 Maximum Contributions
 - \$2,700.00
- 2020 Maximum Contributions
 - ??

Reimburse Dependent Care Expenses

- 2019 Maximum Contributions
 - \$5,000.00
- 2020 Maximum Contributions
 - ??
- *If you are on the high deductible plan with an HSA you can also have Reimbursable Dependent Care*

FLEX Employer Contribution: Single \$100 & Employee Plus I & Family \$100
Applied only to Medical or Dependent Care not both

EMPLOYEE ASSISTANCE PROGRAM

CURA LINC

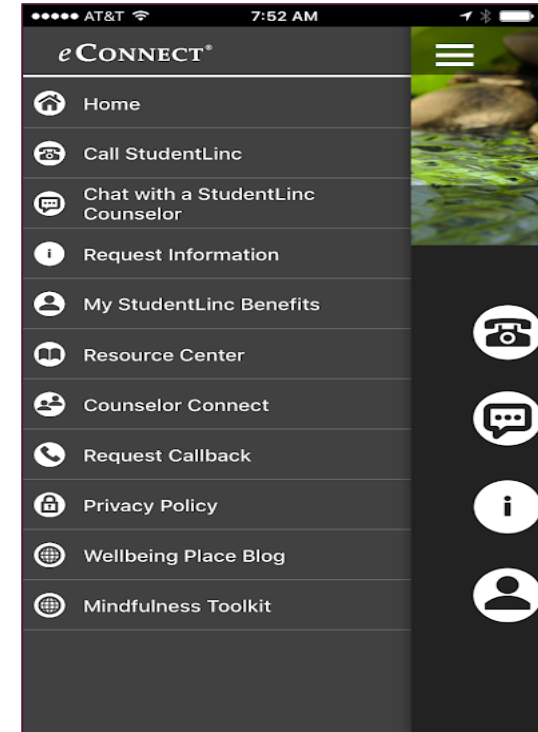
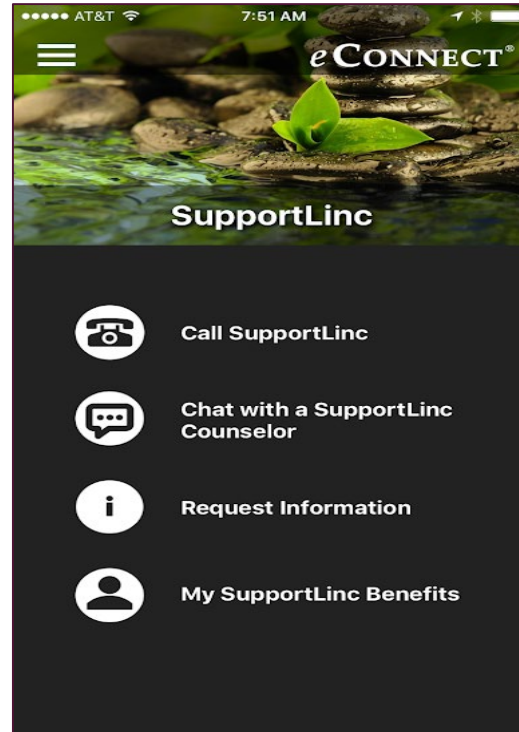
- At some point in our lives, each of us faces a problem or situation that is difficult to resolve. When these instances arise, Supportlinc will be there to help.
 - Family and Relationships
 - Substance Abuse
 - Stress
 - Work-Life Balance

This is a prepaid services offered to employees and household members, up to six sessions are allowed per issue, no co-pay or charge. First step is to call 1-888-881-LINC(5462), they are available 24 hours a day, 365 days year!

website: www.supportlinc.com
campbellcounty No password needed!

Username:

EMPLOYEE ASSISTANCE PROGRAM CURALINC - ECONNECT MOBILE APP



LIFE & LONG TERM DISABILITY INSURANCE

RELIANCE STANDARD

Life Insurance

The Life and Accidental Death & Dismemberment Plan provides a benefit equal to 1 x annual salary up to a maximum of \$50,000. In the event of the death of a spouse or eligible dependent child, the life benefit is \$2,000.

Supplemental employee and dependent insurance may be purchased through payroll deduction.

Long Term Disability

As a regular full-time or regular part-time employee working at least 30 hours per week, you are eligible for Long-Term Disability insurance coverage. The benefit for eligible, qualifying employees is 60% of monthly earnings to a maximum of \$5,000 per month, less any other benefit(s) received.

- The LTD benefit is subject to a 180 day(6 months) elimination period

****If you choose to have your children under the age of 18 years old be your beneficiaries...please check state law or an attorney****

RETIREMENT – WYOMING RETIREMENT SYSTEM

Public Employee Pension

- All eligible employees participate in the Wyoming Retirement System. Under the Public Employees Pension Plan
- Employee contribution 8.4% of gross salary
- Employer contribution 8.62% of gross salary
- Total contribution of 17.12%. of gross salary
 - ****07/01/19 total contribution will be 17.62%****

Multiplier:	Tier 1	Tier 2
▪ 1-15 Years	2.215%	2.00%
▪ 16 Years Plus	2.250%	2.00%

- Currently, both the employee and the employer contribution are funded by Campbell County.
- Tier 1 – If you made contributions to Plan for service prior to September 1, 2012
- Tier 2 – If you made contributions to Plan for service after September 2, 2012

Years of Service: Salary Replacement Ratio

	Tier 1	Tier 2
▪ 5 Years	10.63%	10.00%
▪ 10 Years	21.25%	20.00%
▪ 15 Years	31.88%	30.00%
▪ 20 Years	43.13%	40.00%
▪ 25 Years	54.38%	50.00%
▪ 30 Years	65.63%	60.00%

RETIREMENT – WYOMING RETIREMENT SYSTEM

Law Enforcement Pension

- Employee contribution 8.60% of gross salary
- Employer contribution 8.60% of gross salary
- Total contribution of 17.20% of gross salary

- Income Replacement Multiplier 2.5% Ceiling 30 years
- Years of Service Salary Replacement Ratio
 - 5 years - 12.5% 10 years - 25.0% 15 years - 37.5%
 - 20 years - 50.0% 25 years - 62.5% 30 years - 75.0%
- Ceiling 75%
- *Your pension benefit is calculated using a “multiplier” for each year of service. A quick way to estimate your future benefit is to approximate your years of service at retirement and apply the multiplier. WRS also has online calculators you can use to approximate your benefit.*
- ****Currently, both the employee and the employer contribution are funded by employer.**

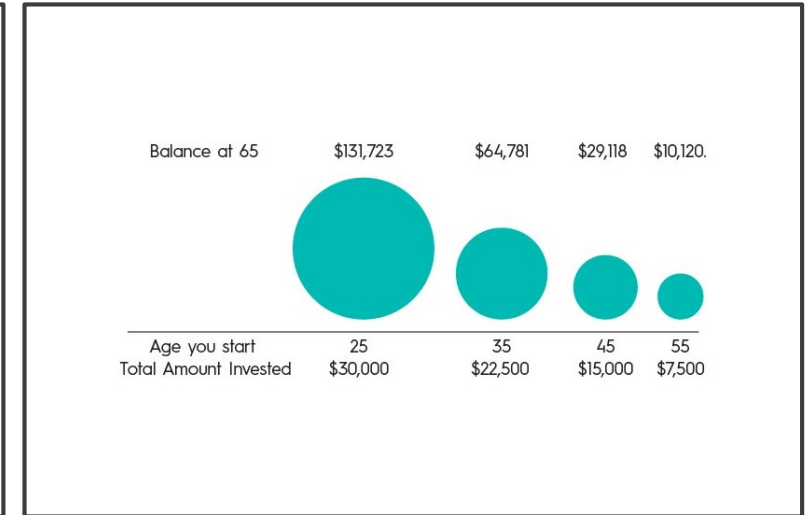
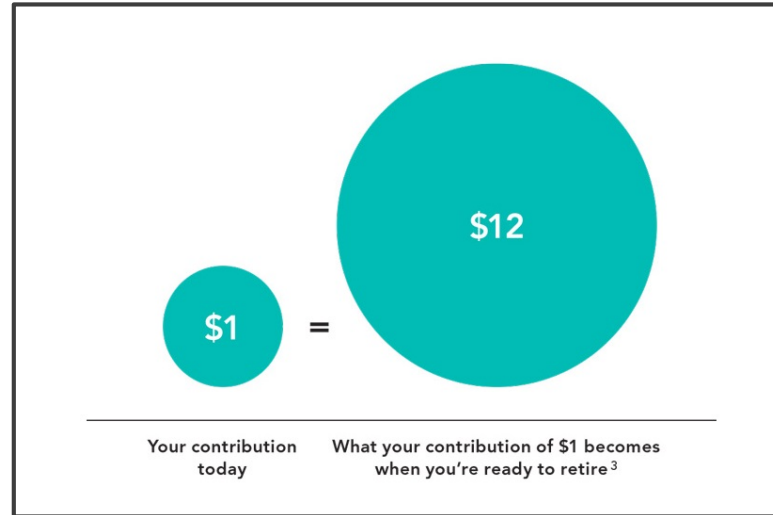
Firefighters Pension

- Employee contribution 9.245% of gross salary
- Employer contribution 12.000% of gross salary
- Total contribution of 21.245% of gross salary

- Income Replacement Multiplier 2.8% Ceiling 25 years
- Years of Service Salary Replacement Ratio
 - 5 years - 14% 10 years - 28% 15 years - 42%
 - 20 years - 56% 25 years - 70% 30 years - 70%
- Ceiling 70%
- *Your pension benefit is calculated using a “multiplier” for each year of service. A quick way to estimate your future benefit is to approximate your years of service at retirement and apply the multiplier. WRS also has online calculators you can use to approximate your benefit.*
- ****Currently, part of the employee contribution and the employer contribution are funded by employer.**

INVESTING IN YOUR FUTURE

WYOMING RETIREMENT 457 DEFERRED COMPENSATION



■ **Why invest?**

■ *If you start investing at the age of 25, and invested \$30,000.00 your possible balance at the age of 65 would be **\$131,723.00**.*

■ *Compared if you started to invest at the age of 45, and invested \$15,000.00 your possible balance at the age of 65 would be only **\$29,118.00***

TERM LIFE INSURANCE PRUDENTIAL LIFE

- **\$16 Monthly Premium**
- **Must be enrolled as an active employee to carry it through to your retirement pension.**
- **Sign up during Open Enrollment.**

Member's Age Time of Claim	Group Term Life	Group Accidental Death & Dis	Total Benefit	Group Term Life Spouse Partner	Children
Less than 25	\$225,000	\$100,000	\$325,000	\$20,000	\$4,000
25-29	\$170,000	\$100,000	\$270,000	\$20,000	\$4,000
30-39	\$100,000	\$100,000	\$200,000	\$20,000	\$4,000
40-44	\$65,000	\$100,000	\$165,000	\$18,000	\$4,000
45-49	\$40,000	\$100,000	\$140,000	\$15,000	\$4,000
50-54	\$30,000	\$100,000	\$130,000	\$10,000	\$4,000
55-59	\$18,000	\$100,000	\$118,000	\$7,000	\$4,000
60-64	\$12,000	\$100,000	\$112,000	\$5,000	\$4,000
65 and over	\$7,500	\$7,500	\$15,000	\$4,000	\$4,000

IMPORTANT DATES

- Wellness Screenings/Health Coaching:
- Registration Begins July 8th, 2019 (payroll stuffers July 3rd)
- Wellness Screenings August 19th-September 6th, 2019
- Last Day to enroll in Health Coaching for 2020 November 25, 2019 if you are already in the Wellness Program
- If you are just starting the Wellness Program your initial Health Coach appointment maybe between December 2nd through December 18th, 2019

- Understanding your Benefits September 2019 (TBA evenings)
- Benefit Update/Road Show September 16th-September 20th
- Open Enrollment for 2020 October 14th – November 15th



(c) ClipArtIllustration.Co

QUESTIONS??

*Thank you for your
time and attendance!
If you should have any
questions please do not
hesitate to call me.*

*Faye Jorgenson
HR Benefit Specialist
307-687-6357
fkj16@ccgov.net*

CAMPBELL COUNTY