LARAMIE COUNTY GOVERNMENT
July 2026 – June 2027

BENEFITS GUIDE


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This Benefits Guide is an overview of the benefits provided by Laramie County Government. 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 Laramie County Government.

Enrollment Guidelines

Welcome to the Benefits Guide for Laramie County Government. 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 medical benefits program if you are a full-time employee working 30 or more hours per week or part-time employee working 20 or more hours per week. Benefits for newly hired employees will take effect the first of the month following the first paycheck.

Your legally recognized spouse and your married or unmarried dependent children are eligible for medical, dental, and vision coverage if less than 26 years of age.

Disabled children over age 26 may be eligible to continue benefits after approval of necessary applications.

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

OPEN ENROLLMENT

Open enrollment for health, dental, vision and flex, Critical Illness and Accident is once a year in the month of May and benefit elections will take effect July 1st. Participants may add or drop coverage or make changes to their coverage at this time. Late entrants (employees or dependents who apply for coverage more than 30 days after the date of individual eligibility) are also provided an opportunity to enroll for coverage during the plan's open enrollment. The elections you make stay in effect the entire plan year, unless a qualifying life event occurs. If you do not enroll for Short-Term Disability when first eligible, you will need to provide evidence of insurability if you elect to enroll at a later date. Short-Term Disability does not have an open enrollment period.

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

Under the medical plan, Open Enrollment under your spouse's group plan will also be considered a qualifying event.

When you have a qualifying event, you have 30 days to log into BenefitSolver and complete your enrollment for health, dental, vision or other benefit coverages. You may be asked to provide proof of the change and/or proof of eligibility. (You have 60 days to log into BenefitSolver and complete your enrollment after coverage under Medicaid or Kid Care CHIP terminates.) You will find the benefit enrollment system at https://5.benefitsover.com/benefits/BenefitSolverView.

Benefit Contacts

Primary Point Of Contact

Blue Cross Blue Shield Wyoming	**Medical Plan** **Wyoming Total Choice PPO Network**	(800) 211-2966 www.yourwyoblue.com

Other Contacts

Prime Therapeutics	Prescription Benefit Manager	(877) 794-3574 (833) 599-0448 ESI Home Delivery (833) 599-0512 Specialty Pharmacy www.MyPrime.com
MDLive	Telemedicine Vendor	MDLive – (888) 994-6607 www.mdlive.com/bcbswyo
Delta Dental of Wyoming	Dental	(800) 735-3379 www.deltadentalwy.org
VSP	Vision	(800) 877-7195 www.vsp.com
Rocky Mountain Reserve	Flexible Spending Account	(888) 722-1223 www.RockyMountainReserve.com
L.I.F.E. Wellness Program	Wellness Program	(307) 633-4573 Julie.fornwalt@laramiecountywy.gov
The Hartford	Life and AD&D, Short-Term Disability, Critical Care Plan, Accident Plan	(800) 523-2233
Prudential (NCPERS)	Group Decreasing Term Life Insurance	(800) 525-8056
Mines and Associates	Employee Assistance Program (EAP)	(800) 873-7138 www.MINESandAssociates.com
Wyoming Retirement System	Pension Plan, Deferred Compensation Plan	(307) 777-7691
Laramie County Government	Heather Rudy Director of Human Resources Julie Fornwalt HR Generalist Jessica Bennetts HR Assistant Erin Andrews Communications and Staffing Specialist	Heather – (307) 633-4355 heather.rudy@laramiecountywy.gov Julie – (307) 633-4573 julie.fornwalt@laramiecountywy.gov Jessica – (307) 633-4465 Jessica.Bennetts@laramiecountywy.gov Erin – (307) 633-4579 erin.Andrews@laramiecountywy.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 Plan 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 Plan Year before the percentage payable under the Plan increases to 100%.

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

Full-Time Employee Premiums

Employee Contributions Per Pay Check (24 pay period deductions)
Effective June 1, 2026

BCBSWY Medical Plan	Wellness Program Premium Paid By Employee	Non-wellness Program Premium Paid By Employee
Employee Only	$71.15	$121.98
Employee & Spouse	$141.19	$242.05
Employee & Children	$120.16	$206.00
Family	$176.25	$302.14

Dental Plan Through Delta Dental	Premium Paid By Employee
Employee Only	$2.84
Employee & Spouse	$6.09
Employee & Children	$6.94
Family	$9.35

Vision Plan Through VSP	Premium Paid By Employee
Employee Only	$6.56
Employee & Spouse	$10.49
Employee & Children	$10.71
Family	$17.27

Part-Time Employee Premiums

Employee Contributions Per Pay Check (24 pay period deductions)
Effective June 1, 2026

BCBSWY Medical Plan	Wellness Program Premium Paid By Employee	Non-wellness Program Premium Paid By Employee
Employee Only	$254.12	$304.95
Employee & Spouse	$504.27	$605.12
Employee & Children	$429.15	$514.99
Family	$629.46	$755.35

Dental Plan Through Delta Dental	Premium Paid By Employee
Employee Only	$12.08
Employee & Spouse	$25.93
Employee & Children	$29.54
Family	$39.84

Vision Plan Through VSP	Premium Paid By Employee
Employee Only	$6.56
Employee & Spouse	$10.49
Employee & Children	$10.71
Family	$17.27

L.I.F.E.
(Life Improvement For Employees) Wellness Program

We're all worried about the high cost of health care, but together, in a partnership between Laramie County Government and the County employees, we can do something about this significant problem. The County is strongly committed to the health of County employees, and as a result we have a wellness program to help achieve better health and keep it. For a small investment of your time, you could save up to $3,021 per year on your health insurance premiums.

Participation Requirements: Preliminary Steps (**within 30 days of Hire or within 30 days of new wellness year**)

- Blood work (cholesterol/glucose)
- Health Assessment

There is no fee to participate in this program!

Reward: Employees that participate in the program will receive a discount from the 2026/2027 health insurance premium (see Wellness Program Participant Rates on page 7 & 8**).**

QUARTERLY GOALS
(To be submitted by September 30th, December 31st, March 31st and June 30th)

Choose three of the following to complete your participation each quarter:

- ✓ Set up your BCBS Portal
- ✓ Go to BCBS Wellness Tab and review Preventive Care List
- ✓ Get a dental cleaning (can only use twice per plan year)
- ✓ Get a vision exam (can only use twice per plan year)
- ✓ Get a preventative screening
- ✓ Keep an exercise log or a food log for at least 30 days
- ✓ Attend a Wellness Class (financial, health, mental)
- ✓ Watch a wellness related video
- ✓ Read a wellness related article
- ✓ Be tobacco free for 30 days (for tobacco users only)
- ✓ If you are participating in a health-related activity that is not listed, please contact HR for potential credit.

Failure to complete the primary steps and/or the quarterly goals by the established deadline may result in repayment of the discount received.

Medical Benefits

Laramie County Government 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 an in-network or an out-of-network provider. In-network providers have agreed to provide services at a discounted fee. For out-of-network providers, you are responsible for charges above the out-of-network allowance for services, in addition to the deductible and coinsurance. To find an in-network provider, visit www.yourwyoblue.com .

Benefit	In-Network	Out-of-Network Benefits will be paid up to the Allowed Amount
Deductible	$1,000/single $3,000/family	$2,500/single $5,000/family
Out-of-Pocket Maximum (Includes deductible, coinsurance and copays)	$3,500/single $7,000/family	$9,000/single $18,000/family
Accident Benefits	0% Deductible and Coinsurance Waived up to $1,500 Per Year	
Preventive Care	0% (Deductible Waived)	Not covered
Telemedicine – MDLive	$0 copay	N/A
Office Visit (Primary Care Provider)	$20 copay (Including laboratory services) All other services 20% After Deductible	40% After Deductible
Specialist Office Visit	$30 copay All other services 20% After Deductible	40% After Deductible
Urgent Care	$20 copay All other services 20% After Deductible	40% After Deductible
Diagnostic Lab and X-Ray	20% After Deductible	40% After Deductible
Advanced Imaging (CT/PET scans/MRI's)	20% After Deductible	40% After Deductible
Ambulatory Surgical Center	10% After Deductible	40% After Deductible
Outpatient Surgery	20% After Deductible	40% After Deductible
Inpatient & Outpatient Hospital	20% After Deductible	40% 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. Your In-network and Out-of-network accumulators do not cross accumulate.		

Medical Benefits (Continued)

Benefit	In-Network	Out-of-Network
Maternity Prenatal Delivery and All Inpatient Services	 0% (Deductible Waived) 20% After Deductible	 40% After Deductible 40% After Deductible
Mental Health/Substance Abuse Outpatient	$20 copay for PCP $30 copay for Specialist	40% After Deductible
Mental Health/Substance Abuse Inpatient	20% After Deductible	40% After Deductible
Telehealth visits through MDLive for Behavioral Health	$0 copay	
Emergency Room – True Emergency	$250 copay for ER Visit and Physician, all other services 20% After Deductible	
Emergency Room – NON-Emergency	$250 Copay for ER Visit and Physician, all other services 20% After Deductible	40% After Deductible
Emergency Transport/Ambulance	20% After Deductible	20% After Deductible
Physical Therapy • Combined 60 visit maximum per year	$30 copay	40% After Deductible
Chiropractic/Spinal Manipulation • 15 visit maximum per year	$30 copay	40% After Deductible
Prescriptions		
Retail 30-day supply Generic Preferred Non-Preferred Specialty	 $10 copay Ded Waived $35 copay Ded Waived $60 copay Ded Waived $100 copay Ded Waived	Not Covered
Retail and Mail Order 90-day supply Generic Preferred Non-Preferred Specialty	 3 times retail Ded Waived 3 times retail Ded Waived 3 times retail Ded Waived Not Available	Not covered
If a Member chooses a brand drug when a generic drug is available and authorized by the Provider, the Member must pay the difference in cost between the brand drug and the generic drug. This difference does not apply to the out-of-pocket maximum.		
What you pay and what the plan pays: This 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 at www.yourwyoblue.com.		

WYOMING

An Independent Licensee of the Blue Cross and Blue Shield Association

BlueSelect HealthPlus Lower Cost Drugs

Effective July 1, 2026

With a BlueSelect HealthPlus plan, drugs in HealthPlus drug categories are available to members at a lower out-of-pocket cost. Those drugs are listed here and are categorized by health condition. HealthPlus reduced copay benefits apply to 1st-tier (generics- in lower case) and 2nd-tier (preferred brand – in ALL CAPS) drugs on the BCBSWY BlueSelect formulary.

To determine your drug costs: Log on to www.myprime.com, create an account, and click on "Find Medicine".
Below is the list of medications that will be available under your HealthPlus policy. This list is regularly maintained. It may be updated at any time.

DEPRESSION

Medications

amitriptyline
amoxapine
bupropion
bupropion ER (SR)
bupropion ER (XL)
citalopram
citalopram solution
desipramine
desvenlafaxine ER 24 HR
doxepin
doxepin concentrate
duloxetine
escitalopram solution
escitalopram
fluoxetine
fluoxetine solution
imipramine tab
mirtazapine
mirtazapine orally disintegrating
nefazodone
nortriptyline
paroxetine
phenelzine
protriptyline
sertraline oral conc solution
sertraline
tranylcypromine
trazodone
trimipramine
venlafaxine
venlafaxine ER
vilazodone

Generic Drugs = **bold**

DIABETES MEDICATIONS

Insulin

FIASP – insulin, FLEXTOUCH, PENFILL
HUMULIN R

LYUMJEV
LYUMJEV KWIKPEN
LYUMJEV TEMPO PEN
HUMULIN N
HUMULIN 70/30
HUMALOG MIX 75/25 KWIKPEN
HUMALOG MIX 50/50
HUMALOG
HUMALOG MIX 75/25
HUMALOG MIX 50/50
HUMALOG KWIKPEN
HUMALOG JUNIOR KWIKPEN
HUMALOG TEMPO PEN
HUMULIN 70/30 KWIKPEN
HUMULIN N KWIKPEN
INSULIN ASPART – insulin, FLEXPEN, PENFILL
INSULIN ASPART PROTAMINE
INSULIN ASPART (70/30) – insulin, FLEXPEN
INSULIN GLARGINE-yfgn vial, pen
LEVEMIR
LEVEMIR FLEXPEN
NOVOLIN N
FLEXPEN
NOVOLIN N FLEXPEN RELION
NOVOLIN N RELION
NOVOLIN R
NOVOLIN R FLEXPEN
NOVOLIN R FLEXPEN RELION
NOVOLIN R RELION
NOVOLIN 70/30
NOVOLIN 70/30 FLEXPEN

Brand Drugs = ALL CAPITAL LETTERS

DIABETES MEDICATIONS (CONTINUED)

NOVOLIN 70/30 FLEXPEN
RELION
NOVOLIN 70/30 RELION
NOVOLOG
NOVOLOG FLEXPEN
NOVOLOG FLEXPEN RELION
NOVOLOG PENFILL
NOVOLOG RELION
NOVOLOG MIX 70/30
NOVOLOG MIX 70/30
PREFILL
SEMGLEE-yfgn vial, pen
TOUJEO MAX
SOLOSTAR
TOUJEO SOLOSTAR
TRESIBA – INSULIN, FLEXTOUCH

Insulin Combinations

SOLIQUA
XULTOPHY

Oral

acarbose
diazoxide suspension
FARXIGA
glimepiride
glipizide
glipizide er 24hr
glipizide-metformin
glyburide
glyburide micronized
glyburide-metformin
GLYXAMBI
JANUMET
JANUMET XR
JANUVIA
JARDIANCE
metformin
metformin ER 24hr 500 mg, 750 mg
pioglitazone
pioglitazone-metformin repaglinide
RYBELSUS
SYNJARDY
SYNJARDY XR
TRIJARDY XR
XIGDUO XR

Inhalation

AFREZZA IHALATION POWDER

Other Diabetic Injectables

MOUNJARO
OZEMPIC
TRULICITY

Hypoglycemic Agents

BAQSIMI
glucagon (rdna) for inj kit
GLUCAGON EMERGENCY KIT
GVOKE HYPOPEN, PFS, KIT
ZEGALOGUE auto-inj, syringe

DIABETIC SUPPLIES

Comprehensive

Alcohol Prep Pads, Swabs Calibration
Liquid
Insulin Syringes
Lancet Devices
Lancets Pen Needles
Test Strips and Disks (acetone, blood glucose, urine glucose, blood and urine ketone)

Glucose Meters

Blood Glucose Monitoring Devices, Kit

HIGH BLOOD PRESSURE

Medications

acebutolol
amiloride
AMILORIDE &
HYDROCHLOROTHIAZIDE
amlodipine
amlodipine-benazepril
amlodipine-olmesartan
amlodipine-valsartan
atenolol
atenolol-chlorthalidone
benazepril
benazepril-hydrochlorothiazide **10/12.5, 20/12.5, 20/25**
betaxolol
bisoprolol
bisoprolol-hydrochlorothiazide
bumetanide
candesartan
candesartan-hydrochlorothiazide
captopril
carvedilol
chlorthalidone
clonidine
clonidine td patch weekly
diltiazem
diltiazem ER
doxazosin
enalapril
enalapril-hydrochlorothiazide

Generic Drugs = **bold**

Brand Drugs = ALL CAPITAL LETTERS

HIGH BLOOD PRESSURE (CONTINUED)

eplerenone
ethacrynic acid
felodipine er 24hr
fosinopril
fosinopril-hydrochlorothiazide
furosemide oral soln
furosemide
guanfacine
hydralazine
hydrochlorothiazide
indapamide
irbesartan
irbesartan-hydrochlorothiazide
isradipine
labetalol
lisinopril
lisinopril-hydrochlorothiazide
losartan
losartan-hydrochlorothiazide
methazolamide
methyldopa
metolazone
metoprolol succinate ER
metoprolol tartrate
metoprolol-hydrochlorothiazide
metoprolol er 24hr
metoprolol 25, 50, 100
minoxidil
moexipril
nadolol
nebivolol
nicardipine
nifedipine
nifedipine er 24hr osmotic release
nimodipine
nisoldipine er 24hr
olmesartan
olmesartan-hydrochlorothiazide
olmesartan-amlodipine-hydrochlorothiazide
perindopril
phenoxybenzamine
pindolol
prazosin
propranolol er 24hr
propranolol
propranolol oral solution
quinapril
QUINIPRIL & HYDROCHLORTHIAZIDE
ramipril
sotalol
sotalol AF
spironolactone
spironolactone-hydrochlorothiazide
telmisartan
terazosin
TIADYLT ER
timolol
torsemide
trandolapril
triamterene
triamterene-hydrochlorothiazide
valsartan
valsartan-hydrochlorothiazide
verapamil
verapamil er

HIGH CHOLESTEROL

Medications

atorvastatin
cholestyramine
cholestyramine lite
colesevelam
colestipol ezetimibe
ezetimibe-simvastatin
fenofbrate micronized
fenofbrate
fluvastatin
fluvastatin er tab
gemfibrozil
icosapent
lovastatin
NEXLETOL
NEXLIZET
niacin er
pravastatin
rosuvastatin
simvastatin
VASCEPA

Injectable

REPATHA prefilled syr, PUSHTRONEX, SURECLIK

RESPIRATORY

Medications

acetylcysteine inhal soln
albuterol sulfate inhal aero
albuterol sulfate neb solu
albuterol sulfate syrup
albuterol sulfate tab
ADVAIR HFA
ANORO ELLIPTA
arformoterol neb soln
ARNUITY ELLIPTA
ASMANEX HFA
ASMANEX TWISTHALER
BREO ELLIPTA
BREZTRI AEROSPHERE
budesonide inhalation susp
COMBIVENT RESPIMAT
Cromolyn sodium soln nebu

RESPIRATORY (CONTINUED)

DULERA
FLOVENT
DISKUS
FLOVENT HFA
fluticasone propionate/salmeterol
INCRUSE ELLIPTA
ipratropium inhal neb soln
ipratropium-albuterol nebu soln
levalbuterol soln nebu
levalbuterol soln nebu conc
montelukast chew
montelukast tab
QVAR REDIHALER
SEREVENT DISKUS
SPIRIVA
HANDIHALER
SPIRIVA RESPIMAT
STIOLTO RESPIMAT
SYMBICORT
STRIVERDI
RESPIMAT
terbutaline theophylline soln
theophylline ER
TRELEGY ELLIPTA
VENTOLIN HFA
zafirlukast
zaileuton ER

Select Drugs and Products℠ Program

The Plan's Select Drugs and Products℠ Program allows you to take an active role in helping the Plan reduce your costs, while allowing the Plan to continue to offer generous healthcare benefits to all Participants. The Plan is sponsoring this program at no cost to you. If you are prescribed a prescription drug, product, or service included on the Plan's Select Drugs and Products℠ List, you must enroll in the Program to comply with your Plan's benefit requirements.

Plan Members Taking Specialty Drugs – 1 – 2 – 3

1

The Plan's specialty contact center will initiate outreach to you by text message or phone call.

2

Complete the digital enrollment application which will allow the Plan's specialty contact center to match you to financial assistance programs that may help you reduce your out-of-pocket costs.

Note: you may be asked to provide household size and income information.

3

Your Plan Case Coordinator will coordinate with you and your pharmacy to ensure you are able to get your medication in a timely manner.

A Plan Case Coordinator is available (8:00 am to 8:00 pm CST) to guide you through the enrollment process and the program. Please respond to calls from your Case Coordinator in a timely manner.

This program will not share your information with any 3rd party solicitors without your consent. If you would like to complete your application over the phone or speak with a Plan Case Coordinator, please call (877) 422-1776 Common questions and answers about your Plan's Select Drugs and Products℠ Program can be found on the next page.

There are two reasons why you are receiving this important message:

- Your Plan has added an important program that includes the Plan's Select Drugs and Products℠ List*.
- Your Plan is continuing to offer generous specialty drug benefits while attempting to reduce costs to you and the Plan.

*The Plan's Select Drugs and Products℠ List includes drugs, products, or services typically prescribed by a specialist for chronic health conditions and other complex conditions that may result in financial hardship that makes these therapies unaffordable for you and your family.

How It Works

What is the Select Drugs and Product℠ Program?

The Plan's Select Drugs and Products℠ Program provides advocacy services to assist you by identifying and facilitating your enrollment in publicly available financial assistance programs that may reduce or eliminate your out-of-pocket costs for certain prescription drugs, products, and services. A Plan's Case Coordinator will contact you to guide you through the program. The Plan continues to offer generous healthcare benefits but needs your help to continue to meet this goal.

Your active role in helping the Plan reduce your costs is important. The Plan is sponsoring this program at no cost to you. However, you may be required to pay a portion of the cost to acquire your specialty drug, product or service depending on specific situations.

What is the Enrollment Requirement for the Select Drugs and Products℠ Program?

The Plan requires you to enroll in its Select Drugs and Products Program by following the three-step process outlined above, which starts with a response to texts, calls or other outreach efforts from the Plan's Case Coordinator in a timely manner.

What happens after I enroll in the Select Drugs and Products℠ Program?

After enrolling in the Plan's Select Drugs and Products Program, you will be asked to complete certain documentation related to the financial assistance program(s) identified by your Plan's Case Coordinator. This will include providing required documents and information to the assistance funding program from you and may require your prescriber's participation as well. Your timely responses will help you avoid any delays in processing your documentation.

Your Plan Case Coordinator will help you obtain your prescription drugs, products, or services and reduce your out-of-pocket costs by coordinating funding of your out-of-pocket costs. After your acceptance into a financial assistance program, your Plan Case Coordinator will contact you before and after each refill or episode of care to ensure there is no disruption in your treatment.

Call toll-free at (877) 422-1776 to speak to a Plan Case Coordinator, M-F, 8AM to 8PM CT.

ELECTRx
Pharmacy Benefit Strategists

Save Big. Stay Healthy.

Getting Your $0 Prescriptions Is Easy!

What You Get with ElectRx

- $0 costs on eligible medications!
- $0 shipping!
- $0 risk to you!

Keep in Mind

To qualify for this program, the medication must:

- Be eligible through your employer's prescription drug plan, and
- Have been filled at least once under that plan.

3 Steps to No-Cost Meds

Prescription drug prices are rising in the U.S., but that doesn't mean you have to pay more! Your employer's Personal Importation Program lets you access eligible medications at no cost through safe, licensed pharmacies in Canada, Australia, Great Britain, and New Zealand.

1 **Call ElectRx** at **(855) 353-2879** to enroll in the program. Have your current medication list and any medical or allergy questions ready.

2 **Have your doctor send your prescription(s) to:**

EScribe
A&M Pharmacy – NCPDP: 2338514
27620 Farmington Rd., Suite 102
Farmington Hills, MI 48334
Escribe: 313-875-2869

ElectRx
Fax: **(833) 353-2879**

3 **Stay informed!**
The pharmacy will receive your order, and your prescription will be mailed directly to your home at **no cost to you**. First-time delivery takes 10–15 business days. You will receive an email notification with tracking information each time your prescription ships.

It's Safe. It's Simple.

And it's completely FREE to you.

Ready to Save?

Review the drug list and then call **(855) 353-2879** to get started.

MDLIVE

Need a doctor? No long wait. No big bill. Always open.

With MDLIVE, you can visit with a doctor 24/7 from your home, office or on-the-go.

Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible.

Your COPAY is just

$0 copay

U.S. board-certified doctors with an average of 15 years of experience.

Consultations are convenient, private and secure.

Prescriptions can be sent to your nearest pharmacy, if medically necessary.

We treat over 50 routine medical conditions including:

- Acne
- Allergies
- Cold / Flu
- Constipation
- Cough
- Diarrhea
- Ear Problems
- Fever
- Headache
- Insect Bites
- Nausea / Vomiting
- Pink Eye
- Rash
- Respiratory Problems
- Sore Throats
- Urinary Problems / UTI
- Vaginitis
- And More

Download the app.
Join for free. Visit a doctor.

MdLive.com/bcbswyo.com
888-994-6607

MDLIVE
An Evernorth Company

WYOMING

MDLIVE BEHAVIORAL HEALTH ADVANTAGES

1. **MDLIVE Behavioral Health is more like in-office, face-to-face visits than other teletherapy providers** leading to more substantial interactions between patient and provider. In fact, 78% of patients suffering from anxiety or depression felt better after three sessions with an MDLIVE therapist.[1]

2. **Appointments with MDLIVE board-certified psychiatrists and licensed therapists happen quicker than traditional office visits.** Patients can be seen in as little as five days or less versus the national average of three weeks. Evening and weekend appointments increase access and improve patient satisfaction.

3. **MDLIVE teletherapy offers privacy and the convenience of sessions in a patient's own home** — these virtual appointments close gaps in care for those who don't have easy access to in-person therapy.

4. **Our provider network is comprised of over 900 board-certified psychiatrists and licensed therapists** available in all 50 states and Puerto Rico. Our providers have an average of 10 years of clinical experience and receive additional specialized, ongoing training in telehealth modalities. We adhere to all NCQA standards and guidelines.

5. **MDLIVE solutions meet the highest standards of data and privacy protection.** Our secure platform is HiTrust certified, and all our telehealth services are HIPAA compliant.

MDLIVE PROVIDES CARE FOR HUNDREDS OF BEHAVIORAL HEALTH NEEDS, INCLUDING:

- Addictions
- Anxiety
- Bipolar
- Depression
- LGBTQ+ Support
- Stress Management
- Trauma & PTSD

PSYCHIATRY SERVICES

- ePrescribing
- Ongoing Medication Management
- Care Coordination
- Employee Assistance Program Integration

PSYCHOLOGY AND COUNSELOR SERVICES

- Initial Assessment
- Ongoing Counseling
- Care Coordination
- Diagnostic Assessment

MDLIVE believes in the power of providing impactful and innovative health care to improve lives. Let's work together to deliver on that promise to your members.

www.MDLIVE.com/BCBSWYO

[1] Percentage of assessed patients that showed clinical improvement in PHQ-9 or GAD-7 scores after three or more virtual therapy sessions with their MDLIVE provider in 2020.

MDLIVE

WYOMING

Download the MDLIVE Mobile App

Quality care now goes where you do.

With MDLIVE, you can visit with a doctor or counselor 24/7 from your home, office or on-the-go.

The MDLIVE Mobile App makes connecting with doctors and behavioral health counselors fast, easy, and convenient.

Welcome to MDLIVE! Your anytime, anywhere doctor's office.

Avoid waiting rooms and the inconvenience of going to the doctor's office. Visit a doctor or counselor by phone, secure video, or MDLIVE App. Pediatricians are available 24/7, and family members are also eligible.

- U.S. board certified doctors and licensed counselors with an average of 15 years of experience.
- Consultations are convenient, private and secure.
- Prescriptions can be sent to your nearest pharmacy, if medically necessary.

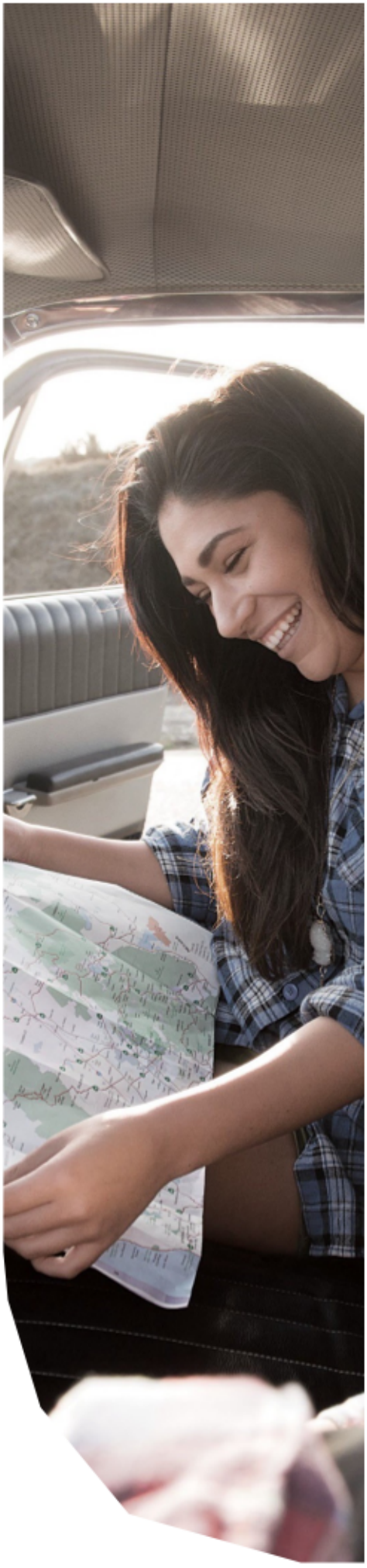
Your virtual doctor is here. Join for free today!

No smartphone? No worries!

Register your account using a computer or phone.

Download the app.
Join for free. Visit a doctor.

MDLIVE.com/bcbswyo.com
888.994.6607



BlueDistinction®
Specialty Care

For Laramie County Employees

TRAVEL MEDICAL BENEFIT

A "travel medical benefit" is available when Laramie County Employee Members travel for medical care to a Blue Distinction Center in Colorado, Utah, or Montana, or for cancer treatment at either the Universityof Texas MD Anderson Center, the Johns Hopkins Kimmel Cancer Center in Maryland, or the Taussig Cancer Institute at the Cleveland Clinic in Ohio.

Travel Benefit Steps

1. Members should inform the Human Resources office that they are using the TRAVEL MEDICAL BENEFIT.
2. Members should confirm their eligibility by calling Blue Cross Blue Shield of Wyoming.
3. Members can find a Blue Distinction Center at bcbs.com/why-bcbs/blue-distinction.

Centers of Excellence for CancerTreatment

1. University of Texas MD Anderson Center
   www.mdanderson.org
2. Johns Hopkins Kimmel Cancer Center in Maryland
   www.hopkinsmedicine.org
3. Taussig Cancer Institute at the Cleveland Clinic in Ohio
   my.clevelandclinic.org

Eligible Members may receive up to $150 per day for: food, lodging, and travel (limited to $2500 per benefit year per Member). Expense receipts must be submitted for reimbursement.

Some services may not be available, please refer to your benefit booklet to verify and see reimbursement process.

WYOMING

Live well, live balanced, live life

Counseling

Free and confidential counseling services for everyday life situations including stress, anxiety, depression, family situations, drug and alcohol abuse, relationships, death and grief, and work-related topics.

Legal & Financial

Practical legal and financial assistance that includes:

- **Free 30-minute consult** per legal/financial matter.
- **25% discount** on select services after the initial consult.
- Use your **EAP sessions** for financial/Medicare coaching.

Work/Life

Unlimited work/life services to help find the right service for your needs such as childcare, eldercare, and convenience services including everything from nutrition classes to finding the perfect dog walker.

Wellness

No matter your wellness goals, MINES can help. You have:

- **4 professional wellness sessions** with a personal coach.
- **4 sessions** of parental coaching & lactation consults.
- **6 week** Virtual smoking cessation or stress reduction program.

Online

Sign on to ***PersonalAdvantage*** to access:

- **Online Resource Library** full of articles, assessments, training, and financial tools designed to beat stress and improve work/life balance.
- ***eM Life* mindfulness service** for live sessions, community support, and expert instructors that can help you live a healthier, more balanced life.
- ***Supportiv*** for on-demand peer-to-peer small group chats tailored to bring together individuals who share similar struggles and lived experiences. All facilitated by trained moderators and available 24 hours a day!

**Per Life Situation: A distinct, separate and new life event. A MINES case manager will review requests for additional sets of sessions. Continuation of counseling is not a separate, distinct and new life event. This guide is for informational purposes only. Call MINES for details.*

Your info

As an employee of

Laramie County,

you and each member of your household have up to **5 counseling sessions per life situation*, per year.**

Digital message-based, telephonic, video, and face-to-face counseling available.

To Access services:

Call MINES at 1-800-873-7138

Or visit: minesandassociates.com

Company Code: laramie

Your company code is used to register for online services as well as complete online requests for service. Log on today to access your services and mindfulness app.

Free & Confidential Support 24/7

$19/MONTH

MASA® Emergent Plus

Strengthen your emergency medical transportation protection

Membership includes:

Emergency Ground Ambulance Transport Protection²
If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.

Emergency Air Ambulance Transport Protection²
If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.

Hospital to Hospital Ground Ambulance Transport Protection²
If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.

Hospital to Hospital Air Ambulance Transport Protection²
If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.

Repatriation to Hospital Near Home Transport²
After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.

AboutMASA

Founded in 1974, Medical Access & Service Advantage (MASA®) is the leading Emergency Transportation protection built to enhance healthcare plans by protecting against out-of-pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non emergency transportation cost-reimbursement services and so much more.

masaAccess

2: United States and Canada

This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the plan selected. For additional information and disclosures about MASA plans, visit: https://info.masaglobal.com/disclaimers

WY residents: MASA, Medical Air Services Association, Inc. provides a membership plan and not insurance coverage and the range of discounts for air ambulance services provided under such membership will vary depending on the provider and the services offered. For more information visit www.masaaccess.com, or call 800-643-9023.

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$39/MONTH

MASA® Platinum

Strengthen your emergency medical transportation protection

Membership includes:

Emergency Ground Ambulance Transport Protection[2]
If you ever need an emergency ground ambulance, MASA will pay for your eligible out-of-pocket expenses.

Emergency Air Ambulance Transport Protection[2]
If a first responder or doctor says air transport is medically necessary during your serious emergency, MASA will pay for your eligible out-of-pocket flight expenses.

Hospital to Hospital Ground Ambulance Transport Protection[2]
If your doctor orders a ground ambulance to move you to another hospital for specialized care, MASA will pay for your eligible out-of-pocket expenses.

Hospital to Hospital Air Ambulance Transport Protection[2]
If your doctor orders an air ambulance to transfer you to a different hospital with the necessary level of care, MASA will pay for your eligible out-of-pocket expenses.

Repatriation to Hospital Near Home Transport[4]
After a hospital stay more than 100 miles away from home, MASA will help arrange and pay for air or ground transportation so you can return home to recover.

Patient Return Transport[4]
After being discharged from the hospital following an emergency more than 100 miles from home, MASA will arrange and pay for your commercial flight back home.

AboutMASA

Founded in 1974, Medical Access & Service Advantage (MASA®) is the leading Emergency Transportation protection built to enhance healthcare plans by protecting against out-of pocket costs associated with emergency medical transport. Today, as a global organization with 14 international locations and services in all 50 states and Canada, MASA serves more than 2 million members with emergency and non emergency transportation cost-reimbursement services and so much more.

masaAccess

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Companion Emergency Transport Protection[3]
MASA will reimburse eligible out-of-pocket expenses related to having a companion ride with you during emergency transport.

Hospital Visitor Air Transport[3]
If you're hospitalized more than 100 miles away from home, MASA will arrange and pay for round-trip air transportation for someone you choose to be with you.

Minor Return Transport Protection[3]
If a child under 18 is left without a guardian due to your ambulance transport, MASA will reimburse eligible expenses to safely return them to family or a responsible caregiver.

Pet Return Transport Protection[3]
If your pet is left behind after an ambulance transport, MASA will reimburse eligible expenses to bring them home safely.

Vehicle &RV Return[3]
If your vehicle or RV is left unattended after an ambulance transport, MASA will help arrange and pay to get it back to your home or rental location.

Organ Retrieval Transport[1]
MASA will reimburse eligible out-of-pocket expenses to transport an organ needed for your transplant.

Organ Recipient Transport[1]
If you need an organ transplant, MASA will help arrange and pay for your flight to the airport closest to where the surgery will take place.

Mortal Remains Return Transport[4]
In the unfortunate event a member passes away more than 100 miles from home, MASA will help support and reimburse eligible expenses to bring their remains home.

masaAccess 1:;

1: United States | 2: United States and Canada | 3: United States, Canada, Mexico, and the Caribbean | 4: Worldwide: to include any region with the exclusion of Antarctica and not prohibited by U.S. law or U.S. travel advisories. Contingent upon ten (10) day notice of travel

This material is for informational purposes only and does not provide any coverage. Not all MASA products and services are available to residents of all states. The benefits listed, and the descriptions thereof, do not represent the full terms and conditions applicable for usage and may only be offered in some memberships or policies. Premiums and benefits vary depending on the plan selected. For additional information and disclosures about MASA plans, visit: https://info.masaglobal.com/disclaimers

WY residents: MASA, Medical Air Services Association, Inc. provides a membership plan and not insurance coverage and the range of discounts for air ambulance services provided under such membership will vary depending on the provider and the services offered. For more information visit www.masaaccess.com, or call 800-643-9023.

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DELTA DENTAL

www.deltadentalwy.org

Laramie County Employees
Group #1020

Summary of Benefits

Benefits	PPO plus Premier Network	Premier Network	Out of Network*
Diagnostic & Preventive Services √ Routine periodic examinations, including bitewing x-rays once every six months. √ Dental prophylaxis (cleaning) once every six months. √ Topical fluoride applications once every twelve months. (Dependents through the end of the month in which age 19 is attained.) √ Space maintainers, fixed. (Dependents through the end of the month in which age 19 is attained.) √ Sealants (Dependents through the end of the month in which age 19 is attained.) √ Full mouth x-rays once every three years.	100%	100%	100%
Basic Services √ Extractions and other oral surgery. √ Amalgam, preformed crowns, synthetic porcelain, plastic, and composite restorations (fillings.) √ Endodontics. √ Periodontics.	90%	90%	90%
Major Services √ Crowns when teeth cannot be restored with a filling material. √ Prosthetics - provides bridges, partial dentures, and complete dentures.	60%	60%	60%
Orthodontic Services (Six-Month Waiting Period for New Enrollees) √ For dependent children. (Under the age of 19.)	50%	50%	50%
Annual Maximum (Contract Year) √ July - June	$2,000.00	$2,000.00	$2,000.00
Deductible √ Deductible does NOT apply to Diagnostic and Preventive or Orthodontic Services.	$50 per person per contract year/$100 per family	$50 per person per contract year/$100 per family	$50 per person per contract year/$100 per family
Orthodontic Lifetime Maximum	$1,500.00	$1,500.00	$1,500.00

Your plan includes the Health through Oral Wellness program (or, HOW for short.) HOW is a unique, patient-centered program that adds additional benefits to your dental plan, based on your individual oral health needs. By having your dentist perform a simple risk assessment, you may have access to additional preventive and health-sustaining benefits.

The effective date of this policy is the first of the month following the date of full-time employment.

Dependent Eligibility: *End of the month age 26 is attained.*

*Out of Network: When you receive services from non-participating dentists, you will not receive any of the advantages that our agreement offers. Non-participating dentists do not accept Delta Dental's pre-approved fees. This means you are responsible for any difference between their charge and what Delta Dental pays. Claims are paid to you. You are responsible for paying your dentist for claims as well as any deductible, co-insurance, or non-approved charge.

This is a brief description of benefits and limitations. Please see your policy booklet for full descriptions.

Delta Dental of Wyoming
6705 Faith Dr. * P.O. Box 29 * Cheyenne, WY 82003-0029
307-632-3313 or 1-800-735-3379

Delta Dental of Wyoming – PPO plus Premier

Delta Dental of Wyoming's PPO plus Premier plan allows you and your family members to visit any licensed dentist, but **you will receive the greatest out-of-pocket savings if you see a Delta Dental PPO provider**.

Participating providers file claims directly with Delta Dental of Wyoming and accept Delta Dental's reimbursement in full. You are responsible only for your deductible and coinsurance (as determined by your plan), as well as any charges for non-covered services.

If you choose to see an out-of-network provider, you will incur additional out-of-pocket expenses, and you will be billed the total amount the provider charges (called balance-billing). When you see a Delta Dental PPO or Premier® provider, you are protected from balance-billing for covered services.

Advantages of the PPO plus Premier network

Savings:
Delta Dental PPO Providers offer our Subscribers & Dependents the greatest savings.

Choice:
Delta Dental of Wyoming's PPO plus Premier network allows you to choose to visit a PPO Dentist or a Premier Dentist. If you choose to visit a Premier provider you will still save money because Premier providers also accept discounted fees, however discounts are not as great as if you see a PPO provider.

Network:
The Delta Dental of Wyoming PPO plus Premier dual network has over 101 PPO providers and 302 Premier providers across the state of Wyoming. Nationwide there are over 100,000 PPO providers and 152,000 Premier providers in the two networks.

Looking for a dentist? Concerned about costs? PPO providers offer you the greatest savings.

Benefit illustration only. Example assumes deductible has been met.

	Greatest Savings ← → Least Savings		
	Protected from balance-billing		Not protected from balance-billing
Network	Delta Dental PPO Provider	Delta Dental Premier Provider	Out-of-Network Provider
Procedure Cost	$275	$275	$275
Maximum Provider Can Charge Patient	$220	$250	Unlimited
Maximum Provider Can Charge Insurance (MPA)*	$220	$250	$190
Benefit Percentage	80%	80%	80%
Delta Dental Pays	$176	$200	$152
You Pay	**$44**	**$50**	**$123**

*The maximum a provider can charge your insurance company for covered services is called the Maximum Plan Allowance (MPA). The MPA for an out-of-network provider is always lower than in-network MPA. Delta Dental pays a portion of the MPA only, which exposes you to balance-billing from an out-of-network provider.

Delta Dental of Wyoming | 307-632-3313 | 800-735-3379 | customerservice@deltadentalwy.org

DELTA DENTAL®

HOW HEALTH through ORAL WELLNESS®

Here's [HOW] you can maximize your oral health at no additional cost

A healthy mouth is a vital part of your overall health, and Delta Dental of Wyoming cares about yours. That's why we're introducing Health *through* Oral Wellness® (or, HOW® for short). HOW is a unique, patient-centered program that adds additional benefits to your dental plan, based on your individual oral health needs. By having your dentist perform a simple risk assessment, you may have access to additional preventive and health-sustaining benefits.

HOW TO GET STARTED:

First, simply request an Oral Health Risk Assessment at the beginning of your dental visit.

*Dentists can choose whether to participate with the HOW program.

Second, if you qualify based on your results, Delta Dental of Wyoming will release, or "unlock" specific additional benefits.

BELOW ARE JUST SOME OF THE BENEFITS THAT MAY BE COVERED BASED ON RISK SCORES

- Additional Cleanings
- Additional Sealants (child and adult)
- Fluoride (child and adult)
- Periodontal Maintenance (gum disease treatment)
- Tobacco Cessation Counseling

If you have questions or would like to contact us for more information about the new Health *through* Oral Wellness program, please contact us by phone at (307) 632-3313 or toll-free at (800) 735-3379 or by email at customerservice@deltadentalwy.org.

All enhanced benefits are subject to the patient meeting their plan's annual maximum and other limitations. A risk assessment must be performed at least once every 12 months. Enhanced benefits and standard policy requirements, including coinsurance percentages, copayments and plan maximums, may be subject to changes.

Your VSP Vision Benefits Summary

Laramie County Government and VSP provide you with an affordable vision plan.

PROVIDER NETWORK:
VSP Choice
EFFECTIVE DATE:
07/01/2026

vsp vision care

BENEFIT	DESCRIPTION	COPAY	FREQUENCY
Your Coverage with a VSP Provider			
WELLVISION EXAM	• Focuses on your eyes and overall wellness • Routine retinal screening	$10 Up to $39	Every 12 months
ESSENTIAL MEDICAL EYE CARE	• Retinal imaging for members with diabetes covered-in-full • Additional exams and services beyond routine care to treat immediate issues from pink eye to sudden changes in vision or to monitor ongoing conditions such as dry eye, diabetic eye disease, glaucoma, and more. • Coordination with your medical coverage may apply. Ask your VSP network doctor for details.	$20 per exam	Available as needed
PRESCRIPTION GLASSES		**$25**	See frame and lenses
FRAME†	• $220 Enhanced Featured Frame Brands allowance • $200 frame allowance • 20% savings on the amount over your allowance • $200 Walmart/Sam's Club frame allowance • $110 Costco frame allowance	Included in Prescription Glasses	Every 12 months
LENSES	• Single vision, lined bifocal, and lined trifocal lenses • Impact-resistant lenses for dependent children	Included in Prescription Glasses	Every 12 months
LENS ENHANCEMENTS	• Standard progressive lenses • Premium progressive lenses • Custom progressive lenses • Average savings of 30% on other lens enhancements	$0 $95 - $105 $150 - $175	Every 12 months
CONTACTS (INSTEAD OF GLASSES)	• $130 allowance for contacts; copay does not apply • Contact lens exam (fitting and evaluation)	Up to $60	Every 12 months
VSP LIGHTCARE™+	• $200 allowance for ready-made non-prescription sunglasses, or ready-made non-prescription blue light filtering glasses, instead of prescription glasses or contacts	$25	Every 12 months
ADDITIONAL SAVINGS	**Glasses and Sunglasses** • Discover all current eyewear offers and savings at **vsp.com/offers**. • 20% savings on unlimited additional pairs of prescription or non-prescription glasses/sunglasses, including lens enhancements, from a VSP provider within 12 months of your last WellVision Exam.		
	Laser Vision Correction • Average of 15% off the regular price; discounts available at contracted facilities.		
	Exclusive Member Extras for VSP Members • Contact lens rebates, lens satisfaction guarantees, and more offers at **vsp.com/offers**. • Save up to 60% on digital hearing aids with TruHearing®. Visit **vsp.com/offers**/special-offers/hearing-aids for details. • Enjoy everyday savings on health, wellness, and more with VSP Simple Values.		

YOUR COVERAGE GOES FURTHER IN-NETWORK

With so many in-network choices, VSP makes it easy to get the most out of your benefits. You'll have access to preferred private practice, retail, and online in-network choices. Log in to **vsp.com** to find an in-network provider.

Create an account on VSP.com to view your in-network coverage, download coupons, and find the VSP network doctor who's right for you. You can investigate prior appointments and services provided. Print a Vision ID card - if you'd like one, although ID cards are not necessary.

SHOP ONLINE AND CONNECT YOUR BENEFITS:

EYECONIC Eyeconic® is the preferred VSP online retailer where you can shop in-network with your vision benefits. See your savings in real time when you shop over 70 brands of contacts, eyeglasses, and sunglasses.

PREMIER PROGRAM Maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations (located on www.vsp.com)

†Only available to VSP members with applicable plan benefits. Frame brands and promotions are subject to change.
‡Savings based on doctor's retail price and vary by plan and purchase selection; average savings determined after benefits are applied. Ask your VSP network doctor for more details.
+Coverage with a retail chain may be different or not apply.

VSP guarantees member satisfaction from VSP providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business. TruHearing is not available directly from VSP in the states of California and Washington. Premier Edge is not available for some members in the state of Texas.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on vsp.com.

Put your eyes at ease with VSP LightCare

Why UV and Blue Light Coverage?

Even if you don't wear prescription glasses, an annual eye exam is an easy and cost-effective way to take care of your eyes and overall health.

With VSP LightCare™, you can use your frame and lens benefit to get non-prescription eyewear from your VSP® network doctor. Sunglasses or blue light filtering glasses may be just what you're looking for.

KEEP YOUR EYES PROTECTED OUTDOORS AND IN:

Always wear sunglasses outdoors. Protect your eyes from the sun's ultraviolet rays that can damage your corneas and cause eye-related diseases like cataracts. 100% UVA and UVB protection is the best choice for your sunglasses.[2]
Wear blue light filtering glasses indoors to combat digital eye strain. Digital screens and fluorescent lighting emit blue light that can contribute headaches, blurred vision, and sore eyes—all possible symptoms of digital eye strain.

PROVIDER CHOICES YOU WANT

The VSP Premier Program includes thousands of **private practice doctors** and more than 700 **Visionworks® retail locations** nationwide.

vsp PREMIER PROGRAM

Prefer to shop online?

At **eyeconic.com®**, you'll be shopping at the preferred online retailer for VSP members where you can connect and use your benefits.[3]

vsp vision care

Your VSP LightCare Coverage with a VSP Network Doctor*

Eye Exam

A fully covered comprehensive WellVision Exam®

Eyewear

Visit a VSP network doctor and choose either prescription eyewear coverage, or use your frame and lens allowance toward ready-to-wear:

- non-prescription sunglasses *or*
- non-prescription blue light filtering glasses

*Register and log in to **vsp.com** to review your benefit information. Based on applicable laws; benefits may vary by location.

Questions? vsp.com |800.877.7195

1. Less any applicable copay 2. Tips for Choosing the Best Sunglasses. American Academy of Ophthalmology. June 2021 3. To find out whether your employer participates in Eyeconic®, log in to **vsp.com** to check your vision benefits.

Save Up to 60% on Brand-Name Hearing Aids

Like vision loss, hearing loss can have a huge impact on your quality of life. However, the cost of a pair of quality hearing aids usually costs more than $5,000,* and few people have hearing aid insurance coverage.

TruHearing makes hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to 60% on a pair of hearing aids with TruHearing. What's more, your dependents and even extended family members are eligible too.

In addition to great pricing, TruHearing provides you with:

- One year of follow-up visits for fittings, adjustments, and cleanings
- 60-day trial
- Three-year manufacturer warranty for repairs and one-time loss and damage replacement
- 80 free batteries per hearing aid for non-rechargeable models

Plus, with TruHearing you'll get:

- Access to a national network of more than 8,850 hearing healthcare providers
- Discounted pricing on a wide selection of the latest brand name hearing aids
- High-quality, low-cost batteries delivered to your door

Best of all, if you already have a hearing aid allowance from your health plan or employer, you can combine it with TruHearing prices to reduce your out-of-pocket expense even more!

Over-the-counter hearing aids are also available to VSP members through phone or online orders.**

vsp exclusive member extras

TruHearing

truhearing.com/vsp

Here's how it works:

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

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

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

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

*Based on a 2018 third-party survey of nationwide provider and manufacturer retail pricing.
**Over-the-counter hearing aids are different from prescription hearing aids.

VSP is providing information to its members, but does not offer or provide any discount hearing program. VSP makes no endorsement, representations or warranties regarding any products or services offered by TruHearing, a third-party vendor. TruHearing is not insurance and not subject to state insurance regulations. For additional information, please visit **vsp.com/offers/special-offers/hearing-aids/truhearing**. For questions, contact TruHearing directly. Not available directly from VSP in the states of Washington and California.

To learn about your privacy rights and how your protected health information may be used, see the VSP Notice of Privacy Practices on **vsp.com**.

ROCKY MOUNTAIN reserve

Flexible Spending Account (FSA)

2026 USER GUIDE: Health FSA & Dependent Care FSA

What is an FSA?

A Flexible Spending Account (FSA) is a pre-tax benefit that allows you to set aside money from your paycheck to use for eligible healthcare and dependent care expenses. Any money you set aside comes out of your paycheck before taxes, this means you pay no income tax on your FSA money.

Know the Rules

- **Enrollment:** You must enroll in an FSA during your employer's open enrollment period. Elections cannot be changed during the year unless there is a qualifying event.
- **Contribution Limit:** The amount you can set aside in an FSA is limited by the IRS and your employer's FSA plan.
- **Eligible Expenses:** An FSA can only be used for eligible Health & Dependent Care expenses not covered by your insurance. What is eligible is determined by the IRS.
- **Use-it-or-Lose-it Rule:** Generally, you must spend the funds in your FSA by the end of the plan year. Some plans may offer a grace period or allow you to carry over a certain amount to the next year (check your plan details). Any unclaimed funds that do not rollover are forfeited.
- **Documentation:** IRS rules require that every FSA expense be substantiated. Keep your receipts and documentation for all FSA expenses (especially when you use your debit card). You'll need these to submit claims & substantiate card transactions.
- **Run-out Period:** Each employer sets the deadline when claims & documentation must be submitted by. You must claim your funds & submit documents by this deadline.

IRS Limits

Health FSA: $3,400 (2026)
Dependent Care FSA: $7,500 (2026)
(Married filing Separate - $3,750)

What Expenses Qualify?

Health FSA

Common Eligible Expenses:

- Medical co-payments and deductibles
- Prescriptions, and some OTC medications.
- Dental (excluding cosmetic)
- Eye Exams, Glasses, & Contacts

Ineligible Expenses:

- Cosmetics (goods & services)
- Vitamins (unless prescribed for a medical condition)

Dependent Care FSA :

Requirements:

- Care must be for a child under the age of 13, or a tax dependent unable to provide for their own care, who resides with you
- Care must be necessary for you (and your spouse if you are married) to be gainfully employed or going to school

Common Eligible Expenses:

- Preschool
- Before & After School Care
- Day Camps

Ineligible Expenses:

- Overnight Camps
- Tuition / Kindergarten

Scan or Click
to search for more eligible expenses

Tax Savings - Why Use An FSA?

Your exact savings depends on your tax bracket but if your effective tax rate is 30%, and you save $3,400 in your Health FSA and $7,500 in your DCFSA you would save $3,270 in taxes.

Visit rockymountainreserve.com for additional information

Using FSA Funds Is Easy!

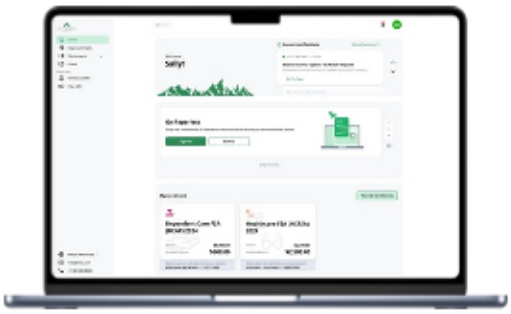
Pay With Your FSA Debit Card

- **Easy & Convenient:** payments come directly from your FSA, no need to pay out-of-pocket first
- **One Card:** The RMR card intelligently allocates funds between Health & Dependent Care accounts
- **Save Your Receipts:** occasionally you will be asked to provide RMR with your receipt, per IRS rules

Pay Out-Of-Pocket & Get Reimbursed

- **Mobile App & Online:** submit claims easily right from your phone or computer
- **Quick Approval:** using AI capabilities, many claims can be processed instantly
- **Fast Reimbursement:** Funds can be sent quickly via Direct Deposit, Venmo*, or Paypal*

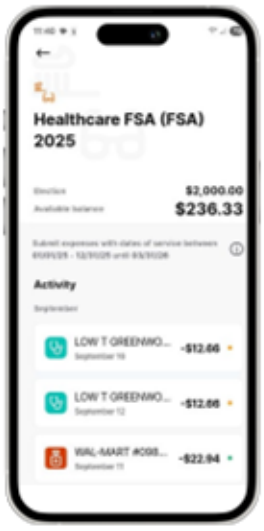
**additional fees apply for instant reimbursement options*



Accessing Your Account

1. Navigate in your browser to: user.rmrbenefits.com
2. Select **Register**
3. Enter your Date of Birth and Unique ID (likely your 9 digit SSN)
4. Fill in or choose your required login & password information
5. **Verify your email**
   After registering, you'll receive an email. You must click the verification link in that email to fully register your account
6. **Enter Your Debit Card #**
   If your account has a debit card you'll need to enter the last 4 digits of your card number after logging into the portal

Mobile App



RMR Benefits

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★★★★★

GET IT ON Google Play

Download on the App Store

Need Help? 1-888-722-1223 • support@rmrbenefits.com

The content of this handout is for informational purposes only and does not constitute legal or tax advice.

ROCKY MOUNTAIN reserve

Employer-Paid Life/AD&D effective 7/1/2026

Insured by The Hartford

LIFE	
Life Insurance Amount	$25,000
Reduction Schedule	By 35% at age 65, to 50% of the original amount at age 70
Accelerated Benefit	80% is available if you are terminally ill with a life expectancy of 12 months or less
Conversion	If your insurance reduces or ends, you may be eligible to convert your existing Life insurance to an individual life insurance policy without submitting proof of good health, as long as you apply with 30 days of termination. Portability is also available
Additional Life Benefits	Bereavement Services, Funeral Planning Services, Free Will Preparation, Counseling Services, Travel Assistance and Identity Theft Support
AD&D	$25,000 - Paid in addition to benefits shown above
Loss of Life Sight of Both Eyes Both Hands / Both Feet One Hand & One Foot Speech & Hearing in Both Ears Quadriplegia	100% of Principal Sum
Sight of One Eye One Hand / One Foot Hemiplegia Speech or Hearing in Both Ears Paraplegia / Triplegia	1/2 of Principal Sum 3/4 of Principal Sum Loss of Thumb & Index Finger of Same Hand or Uniplegia pays 1/4
Additional AD&D Benefits	Seat Belt (10% to $10,000) / Air Bag (5% to $5,000) Repatriation (5% of Principal Sum) Exposure & Disappearance Child Education (5% to $5,000) / Spouse Education (5% to $5,000) Day Care (5% to $5,000) Rehabilitation (5% to $5,000) Adaptive Home & Vehicle (5% to $5,000)
DEPENDENT LIFE	Spouse $2,000 Children $2,000 / Live Birth to age 26 regardless of marital status Other than newborns, deferred effective date if dependent is confined and unable to perform the normal functions of daily living.

If you are not actively at work due to a physical or mental condition, coverage will not start until the date you are actively at work. For dependents, other than newborns, coverage is delayed if they are confined in a facility until they are no longer confined and have engaged in normal activities and in good health for at least 15 consecutive days

TRAVEL ASSISTANCE AND IDENTITY THEFT SUPPORT SERVICES

WHAT DO I DO FIRST?

In the event of a life-threatening emergency, call the local emergency authorities first to receive immediate assistance and then contact International Medical Group (IMG).

WHAT TO HAVE READY

- Your employer's name
- Phone number where you can be reached

(Please cut here and keep in your wallet.)

INTERNATIONAL MEDICAL GROUP (IMG) CONTACT INFORMATION

U.S. and Canada: 800-243-6108 (toll-free)

Outside U.S.: 202-828-5885

assist@imglobal.com

THE HARTFORD

EVEN THE BEST PLANNED TRIPS CAN BE FULL OF SURPRISES

The best laid travel plans can go wrong, leaving travelers vulnerable and potentially unable to find the right help. When the unexpected happens far from home, it's important to know whom to call for assistance. If you're covered under a group policy with The Hartford, you and your family may have access to travel assistance and identity theft support services provided by International Medical Group (IMG).[1]

Since 1990, IMG has provided global travel assistance services to millions of customers worldwide. IMG has extensive experience handling complex and remote medical transport situations, as well as providing support for travel concerns when they arise. Their team of international, multilingual specialists are accustomed to working across time zones and with different languages and currencies. Utilizing IMG's extensive global network of medical care providers, the on-site 24/7/365 U.S.-based call center is available day or night to arrange high-quality care you can depend on.

Additionally, IMG stands ready to provide identity theft support services that include assistance on the steps to take once a theft has occurred.

TRAVEL EMERGENCY TRANSPORT SERVICES

IMG will provide payment for transportation expenses associated with the following services up to a $1 million combined single limit per person. For services to be paid for by IMG, they must be contacted to approve and arrange all services in advance.[2]

- **Medical evacuation and repatriation:** IMG will arrange a medically necessary transportation to a medical facility capable of providing adequate treatment.
- **Repatriation of mortal remains:** IMG will arrange and coordinate the preparation and transportation of mortal remains to the deceased's place of residence or to the place of burial.
- **Return of dependent children:** IMG can arrange the transport of dependent children home or to the residence of a family member in the event the parent is hospitalized due to an unforeseen medical situation and the children are left unattended.
- **Return of travel companion:** If someone is hospitalized due to an unforeseen medical situation, IMG can arrange for a travel companion to accompany them on their medical evacuation or repatriation back home.
- **Visit by a family member or friend:** If someone is traveling alone and hospitalized due to an unforeseen medical situation and an emergency evacuation or repatriation is not imminent, IMG can arrange to bring a chosen family member or friend to their location.

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Travel assistance and identity theft support services through IMG are available to eligible employees who are covered under certain group insurance policies from The Hartford. The services are also available to eligible employees' spouses and dependent children up to age 26. Identity Theft Support and Pre-Trip Services are available 24/7/365. The services listed for Travel Emergency Transport Services and Travel Medical Assistance are only available when traveling more than 100 miles from home (or while in a foreign country) and while traveling for 90 consecutive days or less.

TRAVEL MEDICAL ASSISTANCE

IMG will provide assistance services only for the following items:

- **Medical and dental referrals:** IMG provides referrals within their global medical network that includes physicians, clinics, hospitals and other healthcare providers worldwide.
- **Medical monitoring:** IMG will continually monitor the medical situation until the traveler is either healthy or transferred to their home hospital. IMG medical staff review and analyze each situation to ensure quality of care.
- **Pre-transport patient assessments:** Prior to coordination of a medical transport such as an emergency evacuation, IMG provides an assessment to determine fitness to travel and identify any risks associated with the transfer.
- **Arrange or facilitate filling prescriptions:** If a traveler requires an emergency prescription, IMG can arrange for or facilitate filling prescriptions locally.
- **Replacement of medical devices and corrective lenses:** IMG will arrange for the replacement of corrective lenses or medical devices if they are lost, stolen or broken during travel.
- **Emergency medical payments:** Upon securing payment or a guarantee to reimburse from the travelers' insurance provider, IMG will coordinate payment to the treating facility.

ADDITIONAL TRAVEL ASSISTANCE SERVICES

IMG will provide assistance services only for the following items:

- **Pre-trip and cultural information:** IMG can provide certain country-specific information such as travel advisories, passport and visa information, general info on local customs and more.
- **Lost luggage assistance:** If luggage is lost, IMG can communicate with commercial flight carriers to coordinate the return of lost luggage and file the requisite reports.
- **Lost document assistance:** When a passport, visa, or other crucial document is lost during travel, IMG can provide support on the next steps to obtain emergency replacements.
- **Legal referrals:** IMG can provide the contact information for local attorneys.
- **Emergency cash:** If a traveler's money is lost or stolen, this service provides for the coordination of a cash advance through Western Union.
- **Pet and vehicle return:** IMG will assist with returning a pet home or returning a rented vehicle in the event of an emergency while traveling.

IDENTITY THEFT SUPPORT SERVICES

IMG will provide assistance services only for the following items:

- **Education:** Assistance to help prevent theft and support on the steps to take following theft.
- **Credit bureau notification:** Assistance notifying all three major credit reporting agencies to obtain a copy of your credit report and place an alert on your records.
- **Credit information review:** Assistance to review your credit information and history over the phone to determine if fraud or theft has occurred.
- **Identity theft affidavit:** Assistance with completing an identity theft affidavit and direction on who to send it to.
- **Card replacement:** Assistance replacing credit, debit and membership cards.
- **Translation services:** Assistance when you're overseas and need help communicating with the local police to file a report of an identity theft incident.

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Travel Assistance and Identity Theft Support Services are provided by International Medical Group (IMG). IMG is not affiliated with The Hartford. None of the services provided by IMG as a part of the Travel Assistance and Identity Theft Support services are insurance.

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This card is not proof of insurance.

If travel asistance is needed, please contact IMG at **800-243-6108** (U.S. only) or 202-828-5885 (Outside U.S.) or **assist@imglobal.com**.

The Hartford Financial Services Group, Inc., (NYSE: HIG) operates through its subsidiaries, including Hartford Life and Accident Insurance Company, under the brand name, The Hartford®, and is headquartered at One Hartford Plaza, Hartford, CT 06155. For additional details, please read The Hartford's legal notice at www.TheHartford.com. © 2022 The Hartford

[1] Travel Assistance and Identity Theft Support Services are provided by International Medical Group (IMG). IMG is not affiliated with The Hartford. None of the services provided by IMG as a part of the Travel Assistance and Identity Theft Support services are insurance. Services may vary and may not be available in all states. Conditions may exist that render services difficult or impossible to provide. The Hartford is not responsible and assumes no liability for the goods and services described in this material and reserves the right to discontinue any of these services at any time.

[2] IMG will provide payment for third-party transport expenses related to a qualified medical evacuation or repatriation, return of dependent children, return of travel companion, return of mortal remains, or visit of a family member or friend. Payment will be limited to $1,000,000 combined single limit per person; however, any non-transport related expenses, such as medical expenses, related to these services is the responsibility of the traveler. IMG will not provide evacuation services if the transport is not medically advisable or necessary or if the injury or illness can be treated locally. All emergency medical transport services must be arranged by IMG-designated personnel to be eligible for services under this program. No payment for reimbursement of services not approved by IMG in advance will be accepted.

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THE HARTFORD

Business Insurance
Employee Benefits
Auto
Home

Voluntary Group Decreasing Term Life Insurance

Underwritten By Prudential

Employee Paid

This voluntary employee paid benefit, which pays your beneficiary a maximum benefit amount in your younger years and gradually decreasing benefit amount in your older years, will help give you peace of mind for your family's well being.

Schedule of Benefits - $16 Monthly Contribution

EMPLOYEE				DEPENDENTS	
Employee's Age at Time of Claim	Group Term Life	Group Accidental Death & Dismemberment	Total Benefit For Accidental Death	Group Term Life Spouse	Child(ren)*
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

Payment Examples:

1. If an insured member age 38 dies of natural causes, the beneficiary would receive $100,000. If death is due to a covered accident, $200,000 would be payable.
2. If the spouse or domestic partner of a 42-year old member dies, the member would receive $18,000.
3. If a dependent child less than age 25 dies, the payment to the member would be $4,000.

*Unmarried children up to age 26 are covered, including adopted children, stepchildren, and foster children who depend on you for support. Dependents in the military service are not eligible.

Please note: insurance coverage for a child will not end at age 26 if the child is then mentally or physically incapable of earning a living and meets the definition of Qualified Dependents.

GROUP SHORT-TERM DISABILITY INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

Laramie County

A disability can happen to anyone. A back injury, pregnancy, or serious illness can lead to months without a regular paycheck. If you're unable to work for a short period of time due to a non-work- related condition, illness or injury, short-term disability insurance offers financial protection by paying you a portion of your earnings.

COVERAGE INFORMATION

BENEFIT PERCENTAGE (PERCENT OF YOUR EARNINGS)	WEEKLY MAXIMUM	MINIMUM	SICKNESS BENEFIT STARTS	INJURY BENEFIT STARTS	BENEFIT DURATION
60%	$2,500	$25	On the 15th day	On the 15th day	11 weeks

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible if you are an active full- time employee who works at least 20 hours per week on a regularly scheduled basis.

AM I GUARANTEED COVERAGE?

If you elect coverage and this is the first time you are eligible to elect coverage, evidence of insurability is not required.

During a family status change period, evidence of insurability is required to elect coverage for the first time.

This coverage is subject to a pre-existing condition limitation. Please refer to the Limitations & Exclusions sheet provided with this benefit highlights sheet for more information on limitations and exclusions, such as pre-existing conditions.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premium is provided on the Premium Worksheet.

Premium will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during an open enrollment period, or within 31 days of the date you have a change in family status.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect.

WHEN DOES THIS INSURANCE END?

This insurance will end when you no longer satisfy the applicable eligibility conditions, premium is unpaid, you leave your employer, or the coverage is no longer offered.

WHAT DOES IT MEAN TO BE DISABLED?

Disability is defined in The Hartford's certificate with your employer. Due to accidental bodily injury, sickness, mental illness, substance abuse or pregnancy you are unable to perform the essential duties of your occupation, and as a result, you are earning 20% or less of your pre-disability weekly earnings or you are able to perform some, but not all, of the essential duties of your occupation and as a result, you are earning more than 20% but less than 80% of your pre-disability weekly earnings.

Pre-disability earnings are defined in your policy.

[1]U.S. Social Security Administration Fact Sheet. Web. 14 October 2020 https://www.ssa.gov/news/press/factsheets/basicfact-alt.pdf

[2]Rates and/or benefits may be changed on class basis. Rates are based on the age of the insured person and increase on the policy anniversary date on or following your birthday as you enter each new age category.

The Buck's Got Your Back ®

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GROUP SHORT TERM DISABILITY INSURANCE
LIMITATIONS AND EXCLUSIONS
GENERAL EXCLUSIONS

- You must be under the regular care of a physician to receive benefits.
- You cannot receive disability insurance benefit payments for disabilities that are caused or contributed to by:
- War or act of war (declared or not)
- The commission of, or attempt to commit a felony
- An intentionally self-inflicted injury
- Your being engaged in an illegal occupation
- Sickness or injury for which workers' compensation benefits are paid, or may be paid, if duly claimed
- Sickness or injury sustained as a result of doing any work for pay or profit for another employer, including self-employment

PRE-EXISTING CONDITIONS

- Your insurance limits the benefits you can receive for pre-existing conditions. In general, if you were diagnosed or received care for a condition before the effective date of your certificate, you will be covered for a disability due to that condition only if:
- You have not received treatment for your condition for 3 months before the effective date of your insurance, or
- You have not received treatment for your condition for 3 months after the effective date of your insurance, or
- You have been insured under this coverage for 12 months prior to your disability commencing, so you can receive benefits even if you're receiving treatment, or
- You have already satisfied the pre-existing condition requirement of your previous insurer
- If you are unable to satisfy one of the requirements above, your coverage will be limited to a maximum of 4 weeks of benefits for that disability

OFFSETS

- Your benefit payments will be reduced by other income you receive or are eligible to receive due to your disability, such as:
- Social Security disability insurance (please see next section for exceptions)

GROUP VOLUNTARY ACCIDENT INSURANCE BENEFIT HIGHLIGHTS

THE HARTFORD

Laramie County

With Accident insurance, you'll receive payment(s) associated with a covered injury and related services. You can use the payment in any way you choose – from expenses not covered by your major medical plan to day-to-day costs of living such as the mortgage or your utility bills.

COVERAGE INFORMATION

This insurance provides benefits when injuries, medical treatment and/or services occur as the result of a covered accident. Unless otherwise noted, the benefit amounts payable under each plan are the same for you and your dependent(s).

PLAN INFORMATION		
Coverage Type		On and off-job (24 hour)
BENEFITS		
EMERGENCY, HOSPITAL & TREATMENT CARE		
Accident Follow-Up	Up to 3 visits per accident	$100
Acupuncture/Chiropractic Care/PT	Up to 10 visits each per accident	Up to $75
Ambulance – Air	Once per accident	$1,500
Ambulance – Ground	Once per accident	$750
Blood/Plasma/Platelets	Once per accident	$300
Child Care	Up to 30 days per accident while insured is confined	$50
Daily Hospital Confinement	Up to 365 days per lifetime	$250
Daily ICU Confinement	Up to 30 days per accident	$500
Diagnostic Exam	Once per accident	$300
Emergency Dental	Once per accident	Up to $300
Emergency Room	Once per accident	$150
Health Screening Benefit or Accident Prevention Benefit	Once per year for each covered person	$50
Hospital Admission	Once per accident	$1,500
Initial Physician Office Visit	Once per accident	$150
Lodging	Up to 30 nights per lifetime	$125
Medical Appliance	Once per accident	$150
Rehabilitation Facility	Up to 15 days per lifetime	$200
Transportation	Up to 3 trips per accident	$400
Urgent Care	Once per accident	$150
X-ray	Once per accident	$100
SPECIFIED INJURY & SURGERY		
Abdominal/Thoracic Surgery	Once per accident	$3,000
Arthroscopic Surgery	Once per accident	$500
Burn	Once per accident	Up to $10,000
Burn – Skin Graft	Once per accident for third degree burn(s)	50% of burn benefit
Concussion	Up to 3 per year	$200
Dislocation	Once per joint per lifetime	Up to $8,000
Eye Injury	Once per accident	Up to $500

Fracture	Once per bone per accident	Up to $8,000
Hernia Repair	Once per accident	$500
Joint Replacement	Once per accident	$2,500
Knee Cartilage	Once per accident	Up to $1,000
Laceration	Once per accident	Up to $500
Ruptured Disc	Once per accident	$1,000
Tendon/Ligament/Rotator Cuff	Once per accident	Up to $2,000
CATASTROPHIC		
Accidental Death	Within 90 days; Spouse @ 50% and child @ 25%	$50,000
Common Carrier Death	Within 90 days	$150,000
Coma	Once per accident	$10,000
Dismemberment	Once per accident	Up to $50,000
Home Health Care	Up to 30 days per accident	$75
Paralysis	Once per accident	Up to $50,000
Prosthesis	Once per accident	Up to $3,000
FEATURES		
Organized Amateur Sports Injury Enhancement Benefit		25% of non-catastrophic benefits
Ability Assist® EAP[2] – 24/7/365 access to help for financial, legal or emotional issues		Included
HealthChampion[SM3] – Administrative & clinical support following serious illness or injury		Included

PREMIUMS

The amounts shown are semi-monthly amounts (24 payments/deductions per year):[4]

COVERAGE TIER	
Employee Only	**$3.88** ($0.26 per day)
Employee & Spouse	**$6.12** ($0.40 per day)
Employee & Child(ren)	**$6.58** ($0.43 per day)
Employee & Family	**$10.31** ($0.68 per day)

ASKED & ANSWERED

WHO IS ELIGIBLE?

You are eligible for this insurance if you are an active full-time employee who works at least 20 hours per week on a regularly scheduled basis.

Your spouse and child(ren) are also eligible for coverage. Any child(ren) must be under age 26.

AM I GUARANTEED COVERAGE?

This insurance is guaranteed issue coverage – it is available without having to provide information about your or your family's health. All you have to do is elect the coverage to become insured.

HOW MUCH DOES IT COST AND HOW DO I PAY FOR THIS INSURANCE?

Premiums are provided above. You may elect insurance for you only, or for you and your dependent(s), by choosing the applicable coverage tier.

Premiums will be automatically paid through payroll deduction, as authorized by you during the enrollment process. This ensures you don't have to worry about writing a check or missing a payment.

WHEN CAN I ENROLL?

You may enroll during any scheduled enrollment period.

WHEN DOES THIS INSURANCE BEGIN?

Insurance will become effective in accordance with the terms of the certificate (usually the first day of the month following the date you elect coverage).

You must be actively at work with your employer on the day your coverage takes effect. Your spouse and child(ren) must be performing normal activities and not be confined (at home or in a hospital/care facility).

GROUP CRITICAL ILLNESS INSURANCE BENEFIT HIGHLIGHTS

Underwritten by Hartford Life and Accident Insurance Company

For Employee of:

LARAMIE COUNTY (Policyholder)

Facing a serious illness at any age can be challenging – physically, emotionally and financially. Primary health insurance may pick up some or most of the tab but can still leave medical and other recovery expenses that add up quickly. **Critical Illness insurance can provide a lump-sum cash benefit upon diagnosis of a covered illness that can be used however you choose.**

CLASS & POLICY INFORMATION

Eligible Class(es): All Eligible Employees

Policy Situs/Issue State: Wyoming	**Policy Number:** VCI-926444
Policy Effective Date: July 1, 2025	**Policy Anniversary:** July 1

ELIGIBILITY & ENROLLMENT INFORMATION (Additional conditions may apply as described in the Certificate.)

Employee	To be eligible for coverage, an Employee must be performing the normal duties of their regular job for the policyholder for 20 or more hours each week and be receiving compensation from the policyholder for work performed.
Dependent(s)	Dependent(s) must be able to perform normal and customary activities and not be confined (at home or in any medical facility) to be eligible for coverage. In addition, Dependent Child(ren) must be under age 26, unless otherwise allowed by the policy.
New Hire Enrollment	An Employee may enroll for coverage for the Employee and any Dependent(s) within 31 days following the day the Employee or Dependent(s) first become(s) eligible for coverage under the Policy. If an Employee does not elect coverage during the Employee's or Dependent's initial enrollment period, future enrollment may only occur as provided in the Changes in Coverage provision of the Certificate.
Ongoing Enrollment	An Employee may enroll for coverage for the Employee and any desired Dependent(s) within an Annual Enrollment Period specified by the Policyholder or during an Additional Enrollment Event.

COVERAGE ELECTION & AMOUNT(S)

In order to be insured under the Policy an Employee must elect coverage for themself and any Dependent(s). The Employee is required to pay premium for the coverage elected. Payment of premium does not guarantee eligibility for coverage.

All Coverage Amount(s) are Guaranteed Issue.

Employee	Choice of $5,000 to $30,000 in increments of $5,000
Spouse	100% of the Employee's elected Coverage Amount, if elected
Dependent Child(ren)	50% of the Employee's elected Coverage Amount (per child)

CRITICAL ILLNESS BENEFITS

All Critical Illness Benefits are subject to all of the applicable Definitions, Additional Requirements, maximums, limitations, Exclusions and other provisions of the Policy. The amounts shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy.

All **Initial Occurrence Benefit Amounts** are a percentage of the applicable Coverage Amount in effect for a Covered Person at the time of Diagnosis of a Critical Illness, unless otherwise stated as a specific dollar amount. All **Reoccurrence Benefit Amounts** are a percentage of the Initial Occurrence Benefit Amount for the applicable Critical Illness that is payable or was previously paid under the Policy for a Covered Person.

CANCER & BENIGN TUMOR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cancer (Invasive)	100%	100%
Carcinoma in Situ (Non-Invasive)	100%	100%
Skin Cancer	$250	$250

Bone Marrow Failure	50%	None
Benign Brain or Spinal Cord (Intradural) Tumor • Advanced Diagnosis	100%	None

HEART & VASCULAR CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Heart Attack (Myocardial Infarction)		
• ST-Segment Elevation Myocardial Infarction (STEMI)	100%	100%
• Non-ST Segment Elevation Myocardial Infarction (NSTEMI)	25%	100%
Coronary Artery Disease		
• Minor Diagnosis	10%	100%
• Major Diagnosis	100%	100%
Stroke		
• Mild Stroke	10%	100%
• Moderate Stroke	25%	100%
• Severe Stroke	100%	100%
Aneurysm • Abdominal Aortic Aneurysm or Thoracic Aortic Aneurysm - Major Diagnosis	100%	100%

MAJOR ORGAN CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Major Organ Failure	100%	100%
End Stage Renal Disease (ESRD)	100%	None
Acute Respiratory Distress Syndrome (ARDS)	25%	None

NEUROLOGICAL CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Dementia • Advanced Diagnosis	100%	None
Parkinson's Disease • Advanced Diagnosis	100%	None
Amyotrophic Lateral Sclerosis (ALS) • Advanced Diagnosis	100%	None
Multiple Sclerosis (MS) • Advanced Diagnosis	100%	None

INFECTIOUS CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Severe Infectious Disease • Major Diagnosis	25%	None

FUNCTIONAL LOSS & CATASTROPHIC CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Coma	100%	100%
Loss of Hearing	100%	None
Loss of Sight	100%	None
Loss of Speech	100%	None
Permanent Paralysis	100%	None

CHILD CONDITIONS CATEGORY	Initial Occurrence Benefit Amount:	Reoccurrence Benefit Amount:
Cerebral Palsy		
• Early Diagnosis	10%	None
• Advanced Diagnosis	100%	None
Congenital Heart Defect	100%	None
Congenital Metabolic Disorder	100%	None
Genetic Disorder	100%	None
Structural Congenital Defect	100%	None
Critical Illnesses included in the Child Conditions Category must be Diagnosed during Childhood.		

ADDITIONAL BENEFITS

All Additional Benefits are subject to the applicable Definitions, Exclusions and other provisions of the Policy. The amounts and maximums shown below may be adjusted or reduced based on other benefits payable or previously paid under the Policy, as described in the Additional Benefit(s) and General Limitations & Exclusions sections of this Certificate.

Benefit:	Benefit Amount:	Benefit Maximum:
Health Screening	$50	Once per Policy Year

GENERAL LIMITATIONS & EXCLUSIONS

The limitations and exclusions included below apply to all benefits included in the Certificate unless otherwise noted below. Please note that certain Critical Illness Benefits and Additional Benefits may have additional limitations or requirements presented in the benefit provisions and definitions of the Certificate. All limitations and exclusions are fully described in the Certificate.

Unless otherwise stated in the Certificate, We will not pay benefits for any Critical Illness included in the Policy if a Covered Person was Diagnosed with such illness or condition prior to the Covered Person's effective date under the Policy.

Related Critical Illness Limitation	Once a Critical Illness is Diagnosed for which an Initial Occurrence Benefit is payable for a Covered Person, in order for an Initial Occurrence Benefit to be payable for any Related Critical Illness for the Covered Person, the date of Diagnosis of any Related Critical Illness must occur more than 30 days after the date Diagnosis for the prior Critical Illness. This limitation is fully described in the Certificate.
Reoccurrence Benefit Separation Period **Policy Benefit Maximum**	Once a Critical Illness is Diagnosed for which a benefit is payable for a Covered Person, in order for a Reoccurrence Benefit to be payable for that same Critical Illness, a Reoccurrence Benefit Separation Period of 180 days must be satisfied. Each Covered Person may receive multiple payments for Critical Illness Benefits under this Certificate until the Policy Benefit Maximum of 500% is reached. Any payments received by a Covered Person for any Additional Benefit(s) do not count toward this maximum. This limitation is fully described in the Certificate.
Exclusions	No benefits are payable under the Policy for any Critical Illness that results from, is caused by or that takes place during a Covered Person's: • intentional self-inflicted illness or Injury • voluntarily taking or using any drug, narcotic, medication or sedative, unless it is: - taken or used as prescribed by a Physician, or -taken according to package directions, for any over-the-counter drug, medication or sedative • voluntary commission of or attempt to commit a felony , voluntary participation in illegal activities (except for misdemeanor violations), or voluntary engagement in an illegal occupation • incarceration or imprisonment in any type of penal or detention facility • active duty service or training in the military (naval force, air force or National Guard/Reserves or equivalent) for service/training extending beyond 31 days of any state, country or international organization, unless specifically allowed by a provision of this Certificate • involvement in any declared or undeclared war or act of war (not including acts of terrorism), while serving in the military or an auxiliary unit attached to the military, or working in an area of war whether voluntarily or as required by an employer In addition, no benefits are payable under the Policy for any Critical Illness that results from or is caused by a Covered Person's Substance Use Disorder. In addition, no benefits are payable under the Policy for any Critical Illness for which Diagnosis is made outside the United States or Canada, unless the Diagnosis is confirmed in the United States. The date of Diagnosis in such circumstances is the date the Diagnosis was originally made outside the United States or Canada.

FEATURES

Continuation of Coverage	You may be able to continue insurance for You and Your Dependent(s) in certain circumstances when You are no longer Actively at Work, with payment of premium and subject to certain conditions. The available continuation option(s) are described in the Certificate.

Extended Continuation	You or an insured Spouse, in certain circumstances, may continue coverage under the Policy when insurance would otherwise end under the Termination of Coverage provision, with payment of premium and subject to certain conditions. This provision is fully described in the Certificate.
Ability Assist® EAP[1]	24/7/365 access to help for financial, legal or emotional issues
HealthChampion[SM1]	Administrative and clinical support following serious illness or injury

COVERAGE EFFECTIVE DATE (WHEN COVERAGE BEGINS)

In no event will Dependent insurance become effective before an Employee becomes insured. The Coverage Effective Date for any Employee or Dependent is subject to the Deferred Coverage Effective Date provision of the Certificate. Additional eligibility conditions may apply as described in the Certificate.

New Hires	Coverage will start on the later to occur of: • the first day of the month following the date an Employee or Dependent becomes eligible , if enrolled for coverage on or before that date, or • the first day of the month following the date an Employee or Dependent is enrolled for coverage
Annual Enrollment or Additional Enrollment Event	Coverage will start on the later to occur of: • the Policy Anniversary on or next following the last day of an Annual Enrollment Period, if an Employee or Dependent is enrolled during an Annual Enrollment Period, or • the first day of the month following the last day of an Additional Enrollment Event, if an Employee or Dependent is enrolled during an Additional Enrollment Event

TERMINATION OF COVERAGE (WHEN COVERAGE ENDS)

Coverage for an Employee and any Dependent(s) will end on the last day of the month during which an Employee is no longer eligible for insurance under any provision of the Policy. Coverage for a Dependent will also end on the last day of the month during which a Dependent no longer satisfies the definition of Spouse or Dependent Child(ren). Additional circumstances under which coverage will end are described in the Certificate. Termination of coverage has no effect on benefits payable for a Critical Illness that is Diagnosed or Treatment that is received while a Covered Person was insured under the Policy.

NOTICES

NOTICE TO BUYER: This is a Critical Illness insurance policy. The policy provides limited benefits payable ONLY when certain losses occur as a result of diagnosis of covered specified diseases. Benefits are supplemental and are not intended to cover all medical expenses. The policy does not constitute comprehensive health insurance coverage and does not satisfy the minimum coverage requirements of the Affordable Care Act. You should not enroll for this insurance unless you are already covered by comprehensive health insurance coverage. Persons covered under Medicaid, or an equivalent state or Title XIX program should not enroll for this insurance.

This benefit summary provides a very brief summary of the terms and conditions of the Policy. For a complete description refer to the appropriate section of the Certificate or Policy (available as noted above). In the event of a discrepancy between this document and the Policy, the terms of the Policy apply. The capitalization of a term not normally capitalized according to the rules of standard punctuation, indicates a word or phrase that is a defined term in the Certificate or refers to a specific provision contained within the Certificate or Policy. A person is not entitled to insurance because they received this benefit summary. A person is only entitled to insurance if they are eligible and insured in accordance with the terms of the Policy.

Contributions for Accident, Short-Term Disability, and Critical Illness Programs

Employee Contributions Per Pay Check (24 pay period deductions) Effective June 1, 2026

ACCIDENT PROGRAM	ACCIDENT PROGRAM PREMIUM PAID BY EMPLOYEE
Employee Only	$3.88
Employee & Spouse	$6.12
Employee & Children	$6.58
Family	$10.31

SHORT-TERM DISABILITY PROGRAM	PREMIUM PAID BY EMPLOYEE PER $10 OF WEEKLY BENEFIT
Under 25	$0.165
25 - 29	$0.195
30 - 34	$0.220
35 - 39	$0.190
40 - 44	$0.155
45 - 49	$0.180
50 - 54	$0.205
55 - 59	$0.275
60 - 64	$0.345
65 and up	$0.385

To calculate your semi-monthly premium amount, use the following formula.

_____	÷ 52 =	_____	x 60% =	_____	÷ 10 =	_____	x	_____	=	_____	
Your Annual Earnings		Your Weekly Earnings		Weekly Benefit Max = $2,500				Rate		Premium Amount	

For the Critical Illness premiums below, if you elect Spouse coverage, their benefits will be equal to the benefit the employee elects, and premium is based on the employee's age. Hence, the total premium with spouse would be 2x your rate.

COVERAGE AMOUNT	AGE <25	AGE 25-29	AGE 30-34	AGE 35-39	AGE 40-44	AGE 45-49	AGE 50-54	AGE 55-59	AGE 60-64	AGE 65-69	AGE 70-74	AGE 75-79	AGE 80+
$5,000	$0.98	$1.18	$1.43	$1.78	$2.30	$3.35	$4.43	$5.75	$7.80	$10.48	$13.55	$16.98	$20.40
$10,000	$1.95	$2.35	$2.85	$3.55	$4.60	$6.70	$8.85	$11.50	$15.60	$20.95	$27.10	$33.95	$40.80
$15,000	$2.93	$3.53	$4.28	$5.33	$6.90	$10.05	$13.28	$17.25	$23.40	$31.43	$40.65	$50.93	$61.20
$20,000	$3.90	$4.70	$5.70	$7.10	$9.20	$13.40	$17.70	$23.00	$31.20	$41.90	$54.20	$67.90	$81.60
$25,000	$4.88	$5.88	$7.13	$8.88	$11.50	$16.75	$22.13	$28.75	$39.00	$52.38	$67.75	$84.88	$102.00
$30,000	$5.85	$7.05	$8.55	$10.65	$13.80	$20.10	$26.55	$34.50	$46.80	$62.85	$81.30	$101.85	$122.40

Pension Plan

Administered by Wyoming Retirement System

Once you qualify, this benefit provides a monthly income for life. Wyoming Retirement System (WRS) administers nine pension systems for different groups of public employees. Laramie County Employees participate in either the Public Employee or the Law Enforcement Pension Plan. The state laws authorizing the plan are W.S. 9-3-401 through W.S. 9-3-452 and the Retirement Board's Rules and Regulations. For additional information about the plans: http://retirement.state.wy.us/index.asp

Public Employee Pension Plan
Eligibility for Benefit (for those hired before 09/01/2012)
You are eligible for full retirement after you either:

- Reach age 60 and are vested or
- Meet the requirements of the "Rule of 85", which means your age plus your years of service in WRS equal 85 or more.

Eligibility for Benefits (for those hired on or after 09/01/2012)
You are eligible for full retirement after you either:

- Reach age 65 and are vested or
- Meet the requirements of the "Rule of 85", which means your age plus your years of service in WRS equal 85 or more.

Contributions (effective 07/01/2026)
Wyoming statute requires a contribution of 19.12% of your monthly salary. All eligible employees are required to join the plan at the time of employment. Laramie County contributes 15.121%% of your monthly salary toward the total contribution required. Employees are responsible for the other 3.999%.

Law Enforcement Pension Plan
Eligibility for Benefit
You are eligible for full retirement after you either:

- Reach age 60 and are vested or
- At any age with 20 years of service.

You are eligible for early retirement with a reduced benefit after you:

- Reach age 50 and are vested

Contribution (Effective 7/1/2026)
Wyoming statute requires a contribution of 22.6% of your monthly salary. The County contributes 16.82% of the total contribution required and employees under the Law Enforcement plan are required to contribute 5.78%.

Deferred Compensation Plans

Administered by Wyoming Retirement System

This plan helps build your own retirement nest egg. Your contributions to the Deferred Compensation Plan are voluntary and do not affect your pension benefit or your contributions to the Pension System. Laramie County does not contribute to the Deferred Compensation Plan.

Your contributions are deducted from your pay on a pre-tax basis, post-tax basis or both. There is a $20 minimum contribution required per month, but you can contribute any dollar amount up to the IRS annual plan contribution limit. You may increase, decrease, stop or restart your contributions at any time.

For more information, please go to http://retirement.state.wy.us/

Shooting Sports Complex Discount Program

Laramie County Shooting Sports complex is a state-of-the-art public shooting facility located on 135 acres in Laramie County, Wyoming. The range includes a fifty-foot indoor pistol/small bore rifle range, 10-meter indoor air gun/archery range, 25-yard outdoor pistol range, 50-meter outdoor rifle range, a 100-yard outdoor rifle range, trap/skeet fields, an outdoor archery field and a 4D archery cinema. Future expansions will include longer outdoor rifle ranges and an indoor rifle range. The range is open to the public with walk-in rental fees. Yearly memberships are also available with no per diem charges. These options make the range an affordable choice for family recreation.

Laramie County Shooting Sports Complex also provides the Laramie County public with easily accessible facilities, modern equipment, and quality instruction to encourage family participation and fellowship in shooting sports. Laramie County Shooting Sports Complex emphasizes firearm safety, youth programs, corporate events, as well as, recreational and competitive shooting.

For County Employees:

- No initiation fee
- Discounted annual memberships:
  - Single $150.00
  - Family $200.00

Vacation & Sick Leave

Vacation Leave shall be accumulated and earned by regular status employees, according to the number of hours worked in increments of 50%, 75%, and 100%, and years of continuous service. Sick leave is accumulated and earned based upon the number of hours worked.

FULL-TIME EMPLOYEES ACCRUAL BASE RATES		
Months of Service	Vacation Accrual per month	Sick Accrual per month
0-48 months	8	10
49-108 months	10	10
109-168 months	12	10
169-228 months	14	10
229 months or more	16	10

FULL-TIME SHERIFF DEPUTIES ACCRUAL BASE RATES		
Months of Service	Vacation Accrual per month	Sick Accrual per month
0-48 months	8.6	10.75
49-108 months	10.75	10.75
109-168 months	12.9	10.75
169-228 months	15.02	10.75
229 months or more	17.2	10.75

PART-TIME EMPLOYEES		
Scheduled Work Hours	Vacation Accrual per month	Sick Accrual per month
160 or more hours	100% of base rate	10
120-159 hours	75% of base rate	7.5 hours
80-119 hours	50% of base rate	5 hours per month
79 or less hours	No accrual	No accrual

2026 Holidays

Eligible employees are granted paid holiday leave from regularly-scheduled work hours for these holidays designated by the Board of County Commissioners by the first regular meeting in December each year.

New Years Day (January 1st)
Martin Luther King, Jr. Day (January 19th)
President's Day (February 16th)
Memorial Day (May 25th)
Juneteenth (June 19th)
Independence Day (July 3rd)
Cheyenne Day (July 22nd)
Labor Day (September 7th
Veteran's Day (November 11th)
Thanksgiving Day (November 26th)
Day after Thanksgiving (November 27th)
Christmas Eve half day (December 24th)
Christmas Day (December 25th)

When a designated holiday falls on Saturday, the preceding Friday may be designated as the holiday; when a designated holiday falls on Sunday, the following Monday may be designated as the holiday. When employees, who staff 24/7 operations, are required to work on a designated holiday, they are paid for hours worked plus 8 hours of holiday pay. Public Works and EMA, due to different work hours, have a different holiday schedule for the Commissioner provided hours.

Other Leave Benefits

- Bereavement Leave
- Voting Leave
- Jury Leave
- Military Leave
- Elected Office Leave
- Education Leave
- Inclement Weather Leave
- Flex Time

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