



# Laramie County Government

## Human Resources

To: All County Employees  
From: Julie Fornwalt, HR Generalist  
Date: May 8, 2026  
Re: Open Enrollment

Open enrollment will be from **May 11<sup>th</sup>** through **May 22<sup>nd</sup>**. Open Enrollment is your annual opportunity to evaluate and make changes with your benefits. This is the only time of year where you can make changes to these benefit plans without a qualifying event. Open Enrollment is not just for health insurance. It includes health, dental, vision, life, voluntary life, flexible spending (medical and dependent care), MASA (extra ambulance insurance), critical illness, accident and short-term disability.

To enroll, drop, review, or make changes to your benefit coverages you will log into the BenefitSolver enrollment system (Link is listed below). We are encouraging all benefit eligible employees to go into the system to check your benefit elections, dependents covered and beneficiary designations.

Link: <https://www.benefitsolver.com/benefits/BenefitSolverView>  
Company Key: laramie

### **Required Reelection to Participate**

- **WELLNESS** - Employees who wish to continue participation in wellness are **required** to re-elect wellness coverage.
- **FLEX SPENDING** - Employees who want to participate in flexible spending (FSA) either medical, dependent care or both are **required** to re-elect participation and choose a dollar amount.

**Failure to re-enroll will result in you not being enrolled effective July 1<sup>st</sup>.**

This is the same system we have used for the last couple of years for Open Enrollment. If you do not remember your User ID or password, please use the "Trouble Logging In?" option on the login screen to assist you. HR does not have access to your log-in information for the system. If you have never logged in, please select "Register" and create a user name and password.

**NEW PHONE #** - If you have not logged into the system since last open enrollment or as a new hire **and have** changed your phone number, please contact HR so we can reset your MFA (Multi Factor Authentication).

### **Deductions**

Employee elected changes for the medical, dental, vision, voluntary life and MASA plans will be effective 7/01/2026 but premium deductions will be reflected on June paychecks. Flexible spending account deductions will start in July.

**Please find all the premium rates at the end of this memo.**

310 W. 19<sup>th</sup> Street #140  
Cheyenne, WY 82001  
307-633-4573  
Fax 307-633-4354



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### Adding Dependents

If you are **adding a member to your health insurance plan** you will also need to provide proper documentation to prove that they are an eligible dependent.

- **Legal Spouse**- Marriage License and the first page of the most recently filed federal tax return (Form 1040) that includes the spouse. If married filing separately, submit the first page of both federal tax returns. For privacy, please black out all financial information. If you haven't been married long enough to file a joint tax return, then just submit your marriage license.
- **Biological Child**: A copy of the child's birth certificate showing the employee as a parent.
- **Adopted Child**: A copy of the child's birth certificate showing the employee as a parent or court documents showing the completed adoption or a letter of placement from an adoption agency, an attorney or state social services department that verifies that the adoption is in progress.
- **Foster Child**: A court order or other legal documentation placing the child with the employee.
- **Step Child**: A copy of the child's birth certificate showing the name of the natural parent and proof that the natural parent and employee are married, as described under "Legal Spouse" above.
- **Other Children**: To verify that an employee has legal custody, a court order or other legal document demonstrating the granting of custody to the employee.
- **Incapacitated Child**: Proof of physical or mental disability, such as a physician signed statement, and the proof of relationship described above and the first page of your federal tax return (Form 1040) to demonstrate that your child is dependent on you. For privacy, please black out all financial information.

**You will need to provide documentation for your dependent before your enrollment will be processed.** The documents will need to be uploaded into the Enrollment System by **May 22<sup>nd</sup>**.

**ALREADY ENROLLED IN HEALTH COVERAGE** - If you and your dependents are already on the health insurance and have provided this documentation, you **are not required to provide it again.**

### Coverage Changes for the New Plan Year

VSP, Delta Dental, and MASA will have no changes in coverages or premiums for this plan year.

### County Provided Life Insurance

The County provided Life Insurance will remain with The Hartford this year. **If your dependents are not listed in the benefit enrollment system, they do not have coverage.** Please verify your dependent information and your beneficiary information.

### Retirement

Wyoming Retirement is requiring an increase in the contributions for both employees and the County. Employee contributions will increase .249% for the Public Plan and .9% for the Law Enforcement Plan.

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### **Supplemental Insurance**

We are continuing with The Hartford for our voluntary supplemental insurance coverages. For Accident and Critical Illness, you can enroll, change tiers or change the amount of coverage. If you enroll in Critical Illness and elect to cover your spouse, their coverage will be equal to your coverage and the rate for both is based on your age.

If you did not enroll in Short-Term Disability (STD) coverage when you were first eligible (either as a new hire or during the previous open enrollment), you may still apply during this open enrollment period. However, you will be required to provide Evidence of Insurability (EOI) by completing the appropriate form. This form is available in the benefit enrollment system, along with instructions on submitting it to The Hartford for review. Forms are due to The Hartford by **June 1<sup>st</sup>**. The Hartford will notify Human Resources of the approval or denial of your application, as well as the effective date for any applicable payroll deductions.

### **Flexible Spending (FSA)**

Our flexible spending accounts will remain with Rocky Mountain Reserve for this plan year. The maximum contributions have increased to \$3,400 for medical and \$7,500 for dependent care.

### **Health Insurance**

We will continue to use Blue Cross Blue Shield of WY for our health plan network and administration; however, employee premiums will be reduced for the upcoming plan year. This change reflects the efficient utilization of the health plan and reserve levels exceeding our target. As a result, the County is able to return savings to employees through lower premium contributions. This adjustment is intended to provide direct financial relief while maintaining the strength and sustainability of the plan. The new rates can be found in the premium listing at the end of this memo.

### **A Few Reminders**

- Our virtual medical provider, MD Live, will continue to have a zero copay for medical and mental health appointments.
- Physical therapy visits have increased from 40 to 60 visits per plan year.
- Under the preventive care portion of the medical plan, colonoscopies have increased from one to two screenings every 10 years.
- Allowed lipid disorder screenings have increased from one every five years to one every two years.

### **A Few Changes**

The Commissioners review the County's benefit plan each year to ensure it continues to provide meaningful value to the greatest number of employees. Based on feedback from the recent employee survey, several enhancements have been made for the upcoming plan year.

The \$20 co-pay for primary care visits will now include associated laboratory services, reducing the out-of-pocket costs for routine care. In addition, the prescription (RX) benefit has been expanded to include a broad list of medications that will be available at no cost to employees and their covered dependents.

Please reach out to Human Resources if you have any questions.

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**Laramie County Premium Summary**  
*Bi-weekly Premium as of June 12<sup>th</sup>, 2026*  
**Full-Time Employees**

| BCBSWY Medical Plan | Wellness Program Participants | NON-Wellness Program Participant |
|---------------------|-------------------------------|----------------------------------|
| 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-Delta Dental | Premium Paid by Employee |
|--------------------------|--------------------------|
| Single                   | \$2.84                   |
| Employee & spouse        | \$6.09                   |
| Employee & children      | \$6.94                   |
| Family                   | \$9.35                   |

| Vision Plan through VSP | Premium Paid by Employee |
|-------------------------|--------------------------|
| Single                  | \$6.56                   |
| Employee & spouse       | \$10.49                  |
| Employee & children     | \$10.71                  |
| Family                  | \$17.27                  |



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**Laramie County Premium Summary**  
***Bi-Weekly Premium as of June 12th, 2026***  
**Part-time Employees**

| BCBSWY Medical Plan | Wellness Program Participants | NON-Wellness Program Participant |
|---------------------|-------------------------------|----------------------------------|
| 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-Delta Dental | Premium Paid by Employee |
|--------------------------|--------------------------|
| Single                   | \$12.08                  |
| Employee & Spouse        | \$25.93                  |
| Employee & Children      | \$29.54                  |
| Family                   | \$39.84                  |

| Vision Plan through VSP | Premium Paid by Employee |
|-------------------------|--------------------------|
| Single                  | \$6.56                   |
| Employee & spouse       | \$10.49                  |
| Employee & children     | \$10.71                  |
| Family                  | \$17.27                  |