



**CITY OF
CHEYENNE 2022
BENEFITS GUIDE**



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This Benefits Guide is an overview of the benefits provided by City of Cheyenne. 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 City of Cheyenne.

BENEFIT CONTACTS

PRIMARY POINT OF CONTACT

Blue Cross Blue Shield WY	Medical Benefits	(800) 211-2966 www.yourwyoblue.com
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OTHER CONTACTS

Blue Cross Blue Shield WY	Precertification See your Certificate of Coverage for a full listing of services suggested for prior approval	(800) 211-2966 www.yourwyoblue.com
Prime Therapeutics	Prescription Benefit Manager	(877) 794-3574 www.MyPrime.com (833) 599-0448 – Home Delivery www.express-scripts.com
Delta Dental of Wyoming Group #448	Dental	(800) 735-3379 / (307) 632-3313 www.deltadentalwy.org
VSP	Vision	(800) 877-7195 www.vsp.com
Rocky Mountain Reserve	Flexible Spending Account	(888) 722-1223 www.RockyMountainReserve.com
The Hartford Policy Number GL-674117	Employer Paid & Supplemental Life and AD&D Insurance	(800) 523-2233
Lincoln National Life Ins. Co	Voluntary Long Term Disability	(800) 423-2765
Prudential National Conference on Public Employee Retirement Systems (NCPERS)	Group Decreasing Term Life Insurance	(800) 525-8056 NCPERS@memberbenefits.com
Wyoming Retirement System	Pension Plan	(307) 777-7691
Wyoming Retirement System	Deferred Compensation Plans	(307) 777-7691
City of Cheyenne	Human Resources	(307) 637-6340 humanresourcesstaff@cheyennecity.org

ENROLLMENT GUIDELINES

Welcome to the 2022 Benefits Guide for City of Cheyenne. 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 benefits program if you are a full-time employee working 30 or more hours per week. Benefits for newly hired employees will take effect the first of the month following 30 days of qualified employment.

Decreasing Term Life insurance eligibility: Full-Time Employees working 40 hours or more per week. Annual enrollment is in November.

Your legal spouse as defined by the State of Wyoming and your married or unmarried dependent children are eligible for medical and vision coverage if less than 26 years of age. A Dependent child is defined as biological, step-child, adopted child or if the employee has permanent legal custody or permanent legal guardianship of child. Disabled, unmarried children over age 26 may be eligible to continue benefits after approval of necessary applications prior to turning 26.

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

OPEN ENROLLMENT

Open enrollment for health, dental, vision AND flex is once a year May/June 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.

QUALIFYING LIFE EVENTS

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

Qualifying events include:

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

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

GLOSSARY OF TERMS

The following terms will help you better understand your benefits.

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

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

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

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

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

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

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



PREMIUMS

Employee Contributions
Effective July 1, 2022

MEDICAL PLAN	PREMIUM PAID BY EMPLOYEE	PREMIUM PAID BY CITY
Single	\$81.83	\$734.17
Employee + Spouse	\$181.50	\$1,639.51
Employee + Child(ren)	\$164.56	\$1,484.44
Family	\$229.83	\$2,088.17

DENTAL PLAN	PREMIUM PAID BY EMPLOYEE	PREMIUM PAID BY CITY
Single	\$0.00	\$36.00
Employee + Spouse	\$41.10	\$36.00
Employee + Child(ren)	\$50.85	\$36.00
Family	\$80.60	\$36.00

VISION PLAN	PREMIUM PAID BY EMPLOYEE	PREMIUM PAID BY CITY
Single	\$1.90	\$5.71
Employee + Spouse	\$3.05	\$9.13
Employee + Child(ren)	\$3.11	\$9.32
Family	\$5.01	\$15.04

MEDICAL BENEFITS

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

BENEFIT	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 Max (Includes deductible and copays)	\$3,500/single \$7,000/family	\$9,000/single \$18,000/family
Preventive Care	100% Deductible Waived	Not Covered
Office Visit (PCP)	\$20 copay	60% After Deductible
Specialist Office Visit	\$30 copay	60% After Deductible
Urgent Care	\$20 copay	60% After Deductible
Accident Benefit	100% Deductible and Coinsurance Waived up to \$1,500 per Year	100% Deductible and Coinsurance Waived up to \$1,500 per Year
Diagnostic Lab/X-ray	80% After Deductible	60% After Deductible
Imaging (CT/PET scans: MRI's)	80% After Deductible	60% After Deductible
Inpatient & Outpatient Hospital	80% After Deductible	60% After Deductible
Maternity <ul style="list-style-type: none"> • Prenatal • Delivery and All Inpatient Services 	\$20 Copay for office visit all other services subject to deductible and 80%. Some labs are paid at 100% per ACA with no cost sharing 80% After Deductible	60% After Deductible 60% After Deductible
Mental Health/Substance Abuse Inpatient	80% After Deductible	60% After Deductible
Mental Health/Substance Abuse Outpatient	\$20 copay for a PCP \$30 copay for a Specialist	60% After Deductible
Emergency Room – True Emergency	\$250 copay for ER Visit and Physician / 80% all other services	
Emergency Room – NON-Emergency	\$250 Copay for ER Visit and Physician, all other services 80%	60% After Deductible
Emergency Transport/Ambulance	80% After Deductible	60% After Deductible
Outpatient Surgery	80% After Deductible	60% After Deductible

MEDICAL BENEFITS (CONTINUED)

BENEFIT	MEDICAL PLAN (CON'T)	
	IN-NETWORK	OUT-OF-NETWORK
Prescriptions		
Retail – 30 day supply		
Generic	\$10 copay Ded Waived	Not covered
Preferred	\$35 copay Ded Waived	Not covered
Non-Preferred	\$60 copay Ded Waived	Not covered
Specialty	\$100 copay Ded Waived	Not Covered
Mail Order – 90 day supply		
Generic	2 times retail Ded Waived	N/A
Preferred	2 times retail Ded Waived	N/A
Non-Preferred	2 times retail Ded Waived	N/A
Specialty	N/A	N/A
<p>What you pay and what the plan pays The above Summary of Benefits shows how much you pay for care, and how much the plan pays. It's a brief listing of what is included in your benefits plan. For more detailed information, see your summary plan description.</p>		

EMPLOYEE ASSISTANCE PROGRAM		
<p>As a City of Cheyenne employee, you and your household members are entitled to up to 5 counseling sessions per issue*, per contract year, free of charge. When you call in for a referral, you can choose to be scheduled for a face-to-face appointment in an area of your choosing or you may choose to access your sessions telephonically. Counseling sessions can also be done through a texting service. You may also choose from the the Post & Associates network which includes: Ph.D., LMFT, LPC, and LCSW.</p> <p>The use of your Employee Assistance Program is strictly confidential and available 24/7. We are here to help with the everyday issues that come up in your life, including:</p>		
<ul style="list-style-type: none"> • Stress • Career • Family Issues • Death and Grief 	<ul style="list-style-type: none"> • Anxiety • Financial Problems • Drug/Alcohol Abuse • Eating Disorders 	<ul style="list-style-type: none"> Depression Legal Referrals Relationships Work-Related Issues
<p>*Per Issue: Separate and distinct situations. A Post & Associates case manager will review requests for additional sets of sessions. Visit: www.postwyo.com</p>		

City of Cheyenne - Group #1007 Summary of Benefits

Benefits	Premier Network	Out of Network*
Diagnostic & Preventive Services <ul style="list-style-type: none"> ✓ Routine periodic examinations, including bitewing x-rays once every six months. ✓ Dental prophylaxis (cleaning) once every six months (not more than two per calendar year). <li style="text-align: center;">OR ✓ Periodontal maintenance once every six months (not more than two per calendar year). <ul style="list-style-type: none"> ○ <u>Benefit is for either a prophylaxis/cleaning or periodontal maintenance, subscribers cannot utilize both.</u> ✓ Topical fluoride applications once every twelve months. (Dependents under the age of 19). ✓ Space maintainers, fixed. (Dependents under the age of 19). ✓ Sealants. (Dependents under the age of 19). ✓ Full mouth x-rays once every three years. 	100%	100%
Basic Services <ul style="list-style-type: none"> ✓ Extractions and other oral surgery. ✓ Amalgam, preformed crowns, synthetic porcelain, plastic and composite restorations (fillings). ✓ Endodontics. ✓ Periodontics. 	80%	80%
Major Services (Six-Month Waiting Period for New Enrollees) <ul style="list-style-type: none"> ✓ Crowns when teeth cannot be restored with a filling material. ✓ Prosthetics - provides bridges, partial dentures and complete dentures. 	50%	50%
Orthodontic Services (Twelve-Month Waiting Period for New Enrollees) <ul style="list-style-type: none"> ✓ For dependent children. (under the age of 19.) 	50%	50%
Annual Maximum (Contract Year)	\$1,500.00	\$1,500.00
Deductible <ul style="list-style-type: none"> ✓ 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
Orthodontic Lifetime Maximum	\$1,000.00	\$1,000.00

*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.



Here's [HOW] you can maximize your oral health at no additional cost beginning July 2022.

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.

VISION BENEFITS

City of Cheyenne offers voluntary vision benefits through VSP. The vision plan through VSP Choice provides access through a national network including both private practice and retail chain providers. To find a participating provider, visit www.vsp.com.



Vision Insurance with VSP Choice

WellVision Exam	\$20 Copay Routine retinal screening covered after a maximum of \$39 Copay
Contact Lens Fitting	15% discount with maximum Copay of \$60
Single Vision Lenses - glass or plastic	\$20 Copay
Lined Bifocal Lenses - glass or plastic	\$20 Copay
Lined Trifocal Lenses - glass or plastic	\$20 Copay
Lenticular Lenses - glass or plastic	\$20 Copay
Standard Progressive	No additional Copay
Premium Progressive	\$95 - \$105 Copay
Custom Progressive	\$150 - \$175 Copay
UV Protection	\$16 Copay
Standard Tints and Dyes (Pink I & II)	Included at no additional cost
Solid Plastic Tints & Dyes	\$15 Copay
Plastic Gradient Dye	\$17 Copay
Photo Chromatic Lenses	\$70 Copay Single-focus \$82 Copay Multi-focus
Factory Applied Scratch-Resistant Coating	\$17 Copay
Polycarbonate	\$31 Copay single-focus / \$35 Copay multi-focus Children - No additional cost
Anti-Reflective Coating	\$41 Copay
Frames	Up to \$150 Allowance, then 20% discount on any amount exceeding Allowance. Additional \$20 allowance toward featured frames (Michael Kors, Nine West, Calvin Klein, Nike, etc.)
Additional Glasses	20% Discount on prescription glasses or non-prescription sunglasses
Elective Contact Lenses Instead of Lenses & Frames	Up to \$130 allowance with mail-in rebate savings of \$60 or more on eligible Bausch & Lomb and \$120 on eligible ACUVUE brand contacts at VSP doctors.
Necessary Contact Lenses Instead of Lenses & Frames	Covered in Full at VSP doctors / \$20 Copay up to \$210 at participating retail chains
Laser Vision	15% - 20% average discount or 5% off promotional price for PRK, LASIK, and Custom LASIK
Low Vision	Plan covers 75% of approved low vision aids to a maximum of \$1,000 every two years.

VISION BENEFITS (CONTINUED)

Frequency Eye Exam Lenses Frames	Once every 12 months Once every 12 months Once every 12 months
Additional Benefits	Up to 60% discount through TruHearing (includes extended family members) Diabetes Outreach Program GetFit Program
Network	VSP Physicians; plus, Eye Masters, Costco, Vision Works, Pearle Vision. (Costco does not provide all the benefits shown at the same cost) Out-of-Network direct filing with Sam's Club and Walmart.

OUT-OF-NETWORK IS SUBJECT TO APPLICABLE COPAYS AND THEN REIMBURSED AS FOLLOWS:

Exam: up to \$45	Frames: up to \$70
Necessary Contacts: Up to \$210	Elective Contacts: up to \$105
Single Vision: up to \$30	Lined Bifocal: up to \$50
Lined Trifocal: up to \$65	Lenticular: up to \$100

Note: When using a non-network provider, the participant pays the full fee to the provider, and VSP reimburses the customer for services rendered up to the maximum allowance after the application of the applicable copay. All receipts must be submitted at the same time.



VSP DISCOUNTS: HEARING AIDS

TruHearing® is making hearing aids affordable by providing exclusive savings to all VSP® Vision Care members. You can save up to \$2,400 on a pair of hearing aids with TruHearing pricing. What's more, your dependents and even extended family members are eligible, too.

In addition to great pricing, TruHearing provides:

- Three provider visits for fitting, adjustments, and cleanings
- 45-day money back guarantee
- Three-year manufacturer's warranty for repairs and one-time loss and damage
- 48 free batteries per hearing aid

Plus, with TruHearing you'll get:

- Access to a national network of more than 4,500 licensed hearing aid professionals
- Straightforward, nationally fixed pricing on a selection of more than 90 digital hearing aids in 400 styles
- Deep discounts on replacement batteries shipped directly to your door

Best of all, if you already have a hearing aid benefit from your health plan or employer, you can combine it with this program to maximize the benefit and reduce your out-of-pocket expense.

How it works

1. Call TruHearing. Call 877.396.7194. You and your family members must mention VSP.
2. Schedule exam. TruHearing will answer your questions and schedule a hearing exam with a local provider.
3. Attend appointment. The provider will make a recommendation, order the hearing aids through TruHearing and fit them for you.

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

Flexible Spending Account Enrollment Guide



What is an FSA?

A health Flexible Spending Account (FSA) allows individuals to use pre-tax dollars to pay for medical expenses not covered by insurance. A dependent care FSA, also known as a Dependent Care Assistance Plan (DCAP) allows individuals to use pre-tax dollars for daycare or dependent care expenses. The dependent care FSA (DCAP) cannot be used to pay for medical expenses. Individuals elect to contribute a portion of their paychecks to either a health FSA or dependent care FSA and save 25% to 40% in taxes.

Know the Rules:

Health (medical) FSA

- Participants may claim and be paid out their entire annual election at any time.
- Every expense must be substantiated. Participants must be able to provide receipts, statements or bills for all expenses if substantiation is requested. Documents must include the date, amount and description of the expense or service.
- Only eligible expenses can be reimbursed. Medical expenses are defined by IRS rules. Expenses generally include items and services for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body. See IRS Publication 502.
- All over-the-counter drugs are eligible along with all menstrual care products.
- Only "out-of-pocket" medical expenses are eligible for reimbursement. Medical expenses covered by insurance or any other plan or program are not eligible for reimbursement.
- Expenses for personal use or cosmetic surgery are not eligible for reimbursement. See IRS Publication 502.
- Medical expenses reimbursed under the health (medical) FSA may not be used to claim a federal income tax deduction.



Health FSA and Dependent Care FSA

- Contributions are subject to the IRS "use-it-or-lose-it" rule. However, for the health FSA, the employer may adopt a provision allowing up to a \$570 carry over of unclaimed monies. Unclaimed monies not carried over are forfeited at the end of the plan year.
- Elections cannot be changed during the plan year, unless the participant has a change of status. IRS Regulations define a change of status.
- Expenses must be incurred by a participant, spouse or eligible dependents during the current plan year and while participating. Expenses are incurred when the medical care is provided and not when the expense is billed, the bill is due or when the bill is paid.
- Every employer sets the deadline when claims and documentation must be submitted after the end of the plan year. It is usually 60 or 90 days after the end of the plan year.

Limited Health (dental & vision) FSA

- Employees contributing to a HSA may only participate in a "limited" health FSA not a "general" health FSA. A limited health FSA can only be used to pay for "out of pocket" dental and vision expenses.

Dependent Care FSA

- Participants may only be paid what they have contributed at any point in time.
- Participants must be ready to provide receipts for dependent care expenses.
- Dependent care expenses reimbursed by the dependent care FSA may not be used to claim the day care credit.

Tax Savings Examples:

Dave, a single taxpayer, earns \$27,000/year and has eligible medical expenses of \$1,200/year.

Dave's annual savings realized by participating in the FSA is **\$327**.

Michael and Sharon, working parents, earn a total of \$48,000/year. They have \$5,000 in child care expenses and \$1,000 per year in eligible medical expenses.

Their annual savings realized by participating in the FSA is **\$1,637**.

Assumptions are based off of 15% Federal, 4.63% State, and 7.65% FICA tax

Eligible Expenses



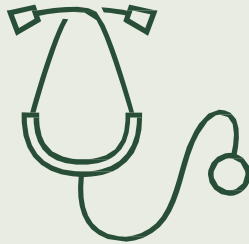
Common Eligible Medical Expenses:

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

Dual Purpose Expenses That Potentially Qualify:

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

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



Ineligible Expenses:

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

Health Care Reform & Over-the-Counter Items:

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

- Allergy medications
- Antacids
- Anti-diarrhea medicine
- Bug-bite medication
- Cold medicine
- Cough drops and throat lozenges
- Diaper rash ointments
- Hemorrhoid medication
- Incontinence supplies
- Laxatives
- Muscle/joint pain products/rubs
- Nicotine medications, gum, patch-es
- Painrelievers
- Sinus medications, nasal sprays, nasal strips
- Sleepaids
- Wart removal medication



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

Additional information is available in IRS Publication 502 and on our website: <https://www.rockymountainreserve.com>

Over-The-Counter Items:

- Band-aids/bandages
- Cold/hot packs for injuries
- Condoms
- Contact lens solutions
- Diabetic supplies
- First aid kits
- Medical alert bracelets/necklaces
- Pregnancy test kits
- Thermometers

Dependent Care Eligible Expenses:

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

Access with a Debit Card



Pay for Expenses with a Debit Card



- Easy to use- the Benefits Card is a stored-value card that simplifies the process of paying for qualified expenses.
- Restricted by merchant code (MCC) to healthcare-related merchants where MasterCard is accepted.
- It pays directly at the point of sale - No waiting for reimbursement!
- You can use it to pay for online mail-order prescriptions.
- **You must save all receipts and be prepared to provide receipts if they are requested.**

Save All Receipts For Purchases Made With The Benefit Card

Please remember to keep receipts for all purchases made with the Benefit Card. Per IRS regulations, Rocky Mountain Reserve may request itemized receipts to verify the eligibility of purchases made with the card.



- All receipts or other proofs of purchase must include the date of service, name of provider, dollar amount, and a description of the purchased service or product.
- Any receipt that does not contain the detailed information described above is not acceptable. Credit card receipts and canceled checks are not acceptable.
- If the requested receipt is lost or otherwise unavailable, most providers can provide a detailed statement documenting FSA eligible purchases. An Explanation of Benefits (EOB) is sufficient documentation to substantiate a transaction. Additional documentation will be requested UNLESS the transaction matches a co-payment, a previously approved repetitive expense, or was at a merchant that has installed the inventory information approval system referenced above.
- If a receipt is requested, Rocky Mountain Reserve will email a request within hours. Participants can mail, fax, email, upload the receipt online, or take a picture and submit it through the mobile app.

No Receipt Retailers

Some retailers have installed an inventory information approval system for most medical expenses and receipts will not be requested. Below is a sample of some of the retailers who have installed the inventory information approval system:

1-800 Contacts
Albertsons
CityMarket

Costco
CVS
Drugstore.com

KingSoopers
Kroger
Rite Aid

Safeway
Sam's Club
Target



Submit Claims for Reimbursement

Submit Claims Through a Mobile Application

Take a picture of your receipt and submit it with your reimbursement request through the mobile application. You can also look up your account balance and recent transactions. Claims submitted through the mobile application receive **high priority**. To



download the mobile application: **Search for "RMR Benefits"**

Submit Claims Through a Web Portal

Participants may file requests for reimbursement directly to Rocky Mountain Reserve through <https://www.rockymountainreserve.com>. Claims submitted through the web portal receive **high priority**.



Submit Claims Manually

Participants may also file requests for reimbursement directly to RMR through fax, mail, or email.

Fax: 866.557.0109

E-mail: claims@rmrbenefits.com

Mail: PO Box 631458 Littleton, CO 80163



Claims are paid by direct deposit or check.

To Create Your Online Account:

1

Go to

www.rockymountainreserve.com

2

Click on "Login/Register" in the top right-hand corner

3

Click on "Employee Registration"

4

Username will be the name you use to log in for the web portal and mobile application.

5

The password must contain at least 3 of these: special character, number, upper or lower case letter

6

For Employee ID Use SS# or other assigned Employee ID.

7

For Registration ID select "Card Number" which is your Benefits MasterCard. If you do not have a card, your Employer will give you an Employer ID.

With Online Access You Can:

- ◆ Viewbalance
- ◆ View transaction history
- ◆ Download statements
- ◆ Submit claims and upload receipts
- ◆ View debit card receipt requests and upload receipts



RMR Benefits Mobile

Rocky Mountain Reserve Mobile

Download the mobile application and gain real-time access to your:
Flexible Spending Account (FSA)
Health Reimbursement Arrangement (HRA)
Health Savings Account (HSA)

Search "RMR Benefits" on the app store

LIFE INSURANCE

Basic Term Life Insurance and AD&D Coverage with Hartford

The City of Cheyenne pays to cover employees and dependents under this basic term life and accidental death & dismemberment insurance policy.

ELIGIBILITY

Employee in a benefited position scheduled to work 40 hours or more per week, and is a Full-time employee.

COVERAGE AMOUNTS	
Employee	\$20,000
Spouse	\$2,000
Child(ren) 14 days to 6 months:	\$100
Over 6 months to 26 years	\$1,000

*Employees may apply for and purchase supplemental life insurance in increments of \$10,000.

EMPLOYEE PAID VOLUNTARY GROUP DECREASING TERM LIFE INSURANCE UNDERWRITTEN BY PRUDENTIAL

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		DEPENDENT			
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

VOLUNTARY LONG-TERM DISABILITY INSURANCE

Eligibility	Full-time employees working 40 hours or more per week. Benefits terminate at retirement.
Monthly Benefit	60% of monthly earnings to a maximum benefit of \$6,000, may be reduced by other income. See Benefit Integration in your plan summary.
Elimination Period	Benefits will begin after 90 days of disability due to sickness or injury
Benefit Duration	To age 65 or Social Security Normal Retirement Age
Disability Definition	<p>You are considered totally disabled if, due to an injury or illness, you are unable to perform each of the main duties of your own occupation. Your “own” occupation is covered for a specific period of time. Following this, the definition of total disability becomes the inability to perform any occupation for which you are reasonably suited based on your experience, education, or training.</p> <p>You are considered partially disabled if you are unable, due to an injury or illness, to perform the main duties of your regular occupation on a full-time basis. Partial disability benefits may be payable if you are earning at least 20% of the income you earned prior to becoming disabled, but not more than 99%. Partial disability benefits allow you to work and earn income from your employer as well as continue to receive benefits, which may enable you to receive 100% of your income during your time of disability.</p> <p>Pregnancy is treated as an illness. The definition of disability must be satisfied and the elimination period completed before benefits would begin.</p>
Pre-Existing Conditions	Any sickness or injury for which you have received medical treatment, consultation, care, or services (including diagnostic measures or the taking of prescribed medications) during the specified months prior to the coverage effective date. A disability arising from any such sickness or injury will be covered only if it begins after you have performed your regular occupation on a full-time basis for the specified months following the coverage effective date, unless no treatment was received for the specified consecutive months after the coverage effective date.
Portability	You can keep your current coverage at the same rates for up to 12 months after leaving your current employer. Coverage must have been In-force for at least 12 months prior to termination and you must not be disabled, on leave of absence or retired.
Exclusions	<p>Lincoln National Life Ins Company does not pay long Term Disability benefits for any period of disability:</p> <ul style="list-style-type: none"> - Which is the result of self-inflicted injury or attempted suicide; - During which you are not under the regular care of a doctor; - Due to active participation in a riot or in the commission of a felony; - Due to war, declared or undeclared, or any act of armed aggression; or <p>When a disability is due to mental illness, Jefferson Pilot Financials' standard contract considers benefits payable for up to a maximum period of 24 months. However, if the insured employee is confined to a hospital at the end of the 24-month period, benefits will continue up to the specified maximum benefit duration.</p>

Late Entrants are required to complete satisfactory Evidence of Insurability Information. See your plan summary for additional details.

This is just a summary of your benefit. Please refer to your certificate booklet for your complete plan description. If the terms of this summary differ from your Certificate, the Certificate will govern.

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. City of Cheyenne Employees participate in either the Public Employee or the Law Enforcement or the paid Firefighter 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 7/1/2021)

The employer's contributions are each increasing .5% for a total of 14.62% and the employee's portion will remain at 4.0%, as the city is absorbing the increase to the employee as well as the increase to the employer.

PAID FIREFIGHTER PLAN

Eligibility for Benefit

- You are eligible for full retirement when you reach age 50.

Contribution

Wyoming statutes requires a contribution of 27.245% of your monthly salary. The City contributes 17.50% and Employees are responsible for 9.745%.

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 7/1/2015)

Wyoming statute requires a contribution of 17.2% of your monthly salary. The City contributes 8.60% of the total contribution required and employees under the Law Enforcement plan are required to contribute 8.60%.

DEFERRED COMPENSATION PLANS

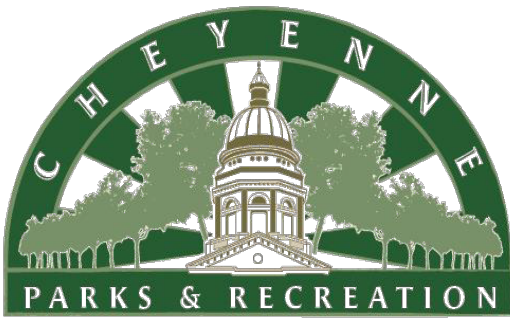
Administered by Wyoming Retirement System

This plan helps you build your own retirement nest egg while saving money on taxes. Your contributions to the Deferred Compensation Plan are voluntary and do not affect your pension benefit or your contributions to the Pension System. City of Cheyenne does not contribute to the Deferred Compensation Plan.

Your contributions are deducted from your pay on a pre-tax basis. The net effect of the pre-tax arrangement is your take-home pay is reduced by a smaller amount than your contributions.

There is a \$20 minimum contribution required, 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 refer go to <http://retirement.state.wy.us/>



Resolution 5428 provides City of Cheyenne employees, retirees, and their immediate family members discounts to certain activities offered by the City of Cheyenne Parks & Recreation Department in an effort to promote yours and your families overall health and well-being. Activities included are listed below:

Golf Division Discounts

Airport Golf Course Green Fees
 Prime (4/1 to 11/30)
 Adult, 18 Hole - \$15.00
 Adult, 9 Hole - \$10.50
 Youth, 18 or 9 Hole - \$8.50
 After 5pm - \$10.50

Off Season (12/1 to 3/31)
 Adult, 18 or 9 Hole - \$10.50
 Youth, 18 or 9 Hole - \$8.50

Kingham Prairie View Green Fees
 Adult - \$7.00
 Youth- \$5.00

Golf Annual Pass Fees
 Adult - \$280.00
 Senior (60 & Over)-\$225.00
 Junior (Under 18) - \$185.00



Open Swimming Rates

Under 8 - \$1.25
 8-17 Years Old - \$2.00
 18-59 Years Old - \$2.50
 60 Years + - \$1.75

Lap Swim Rates

8-17 Years Old - \$2.00
 18-59 Years Old - \$2.50
 60 Years + - \$1.75
 Master - \$1.50

Cheyenne Aquatic Center

Pass Rates:
 Employee – 1 Month- \$27
 6 Month - \$130
 1 Year - \$190
 Family Rate - \$550

Johnson Pool Open Swimming Rates

Under 8 - \$0.75
 8-17 Years Old - \$1.25
 18-59 Years Old - \$1.75
 60 Years + - \$1.25

Lap Swim Rates

8-17 Years Old - \$1.00
 18-59 Years Old - \$1.25
 60 Years + - \$1.00
 Master - \$1.00

Ice & Events Center

Public Skate:
 Over 12- \$4.00
 Under 12 - \$3.00

Stick & Puck/Drop-In Hockey
 All Ages - \$4.00

Freestyle Skating
 All Ages - \$4.00

Lazer Tag
 10 Minute Game - \$3.00
 15 Minute Game - \$4.00
 20 Minute Game - \$5.00

Wyoming Adv. Miniature Golf
 Over 12 - \$3.00
 5-12 Years Old - \$3.00
 Under 5 - FREE



***Regulations – Resolution 5428**

- Discount is available for “drop-in” activities only with appropriate proof of employment or relation.
- Discount is valid for current employees, retirees and their immediate family members.
- Retiree includes anyone who is officially retired from the City of Cheyenne and has at least twenty (20) years of continuous service for the City. (Proof of service can be obtained from the City of Cheyenne Human Resource Office, 637-6340 or Board of Public Utilities Human Resource Office, 638-4309, appointment required)
- Immediate family members includes spouse, minor child or step-child residing in the household. (Proof of relation can be obtained from the City of Cheyenne Human Resource Office, 637-6340 or Board of Public Utilities Human Resource Office, 638-4309, appointment required)

VACATION & SICK LEAVE

Vacation Leave shall be accumulated and earned by regular status employees, based on years of continuous service. Sick leave is accumulated and earned based on years of continuous service.

Full-Time Employees Accrual Base Rates

Months of Service	Vacation/ Accrual per month	Sick/ Accrual per month
0-60 months	8.67	10
61-120 months	10.67	10
121-180 months	12.67	10
181-240 months	14.67	10
241 months or more	16.67	10

2022 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 Year's Day (January 1st)
Martin Luther King, Jr. Day (January 17th)
President's Day (February 21st)
Memorial Day (May 30th)
Juneteenth (June 20th)
Independence Day (July 4th)
Cheyenne Day (July 27th)

Labor Day (September 5th)
Veteran's Day (November 11th)
Thanksgiving Day (November 24th)
Day after Thanksgiving (November 25th)
Christmas Eve Observed (December 23rd)
Christmas Day Observed (December 26th)
New Year's Eve closed at noon (December 30th)

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.

OTHER LEAVE BENEFITS

- Bereavement Leave
- Voting Leave
- Jury Duty
- Military Leave

IMPORTANT NOTICES

Special Enrollment Rights

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself or your dependents in this plan if you or your dependents lose eligibility for that other coverage, or if the employer stops contributing towards your or your dependents' other coverage. However, you must request enrollment within 31 days after you or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage). To be eligible for these Special Enrollment rights you must have completed a waiver when you were first eligible stating that you were declining because of other group health insurance coverage.

In addition, if you have a new dependent as a result of marriage, birth, adoption, or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 31 days after the marriage, birth, adoption, or placement for adoption. In the case of marriage, eligible individuals must submit their enrollment forms prior to the Effective Dates of coverage in order for salary reductions to have preferred tax treatment from the date coverage begins.

Women's Health & Cancer Rights Act of 1998

As required by the Women's Health and Cancer Rights Act of 1998, benefits under this Plan are provided for mastectomy, including reconstruction and surgery to achieve symmetry between the breasts, prostheses, and complications resulting from a mastectomy (including lymphedema). If you are receiving benefits in connection with a mastectomy, benefits are also provided for the following Covered Charges, as you determine appropriate with your attending Physician: All stages of reconstruction of the breast on which the mastectomy was performed; Surgery and reconstruction of the other breast to produce a symmetrical appearance; and Prostheses and treatment of physical complications of the mastectomy, including lymphedema. The amount you must pay for such Covered Charge (including Copayments and any Deductible) are the same as are required for any other Covered Charge. Limitations on benefits are the same as for any other Covered Charge.

NOTICE OF PRIVACY PRACTICES

THIS NOTICE OF PRIVACY PRACTICES DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

This Notice of Privacy Practices (the "Notice") describes the legal obligations of City of Cheyenne and your legal rights regarding your protected health information held by the Plan under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH Act). Among other things, this Notice describes how your protected health information may be used or disclosed to carry out treatment, payment, or health care operations, or for any other purposes that are permitted or required by law.

We are required to provide this Notice of Privacy Practices to you pursuant to HIPAA.

The HIPAA Privacy Rule protects only certain medical information known as "protected health information." Generally, protected health information is health information, including demographic information, collected from you or created or received by a health care provider, a health care clearinghouse, a health plan, or your employer on behalf of a group health plan, from which it is possible to individually identify you and that relates to:

- (1) your past, present, or future physical or mental health or condition;
- (2) the provision of health care to you; or
- (3) the past, present, or future payment for the provision of health care to you.

If you have any questions about this Notice or about our privacy practices, please contact Human Resources at (801) 278-0700.

Effective Date

This Notice is effective September 23, 2013.

Our Responsibilities

We are required by law to:

- maintain the privacy of your protected health information;
- provide you with certain rights with respect to your protected health information;
- provide you with a copy of this Notice of our legal duties and privacy practices with respect to your protected health information; and
- follow the terms of the Notice that is currently in effect.

We reserve the right to change the terms of this Notice and to make new provisions regarding your protected health information that we maintain, as allowed or required by law. If we make any material change to this Notice, we will provide you with a copy of our revised Notice of Privacy Practices by internal company email.

How We May Use and Disclose Your Protected Health Information

Under the law, we may use or disclose your protected health information under certain circumstances without your permission. The following categories describe the different ways that we may use and disclose your protected health information. For each category of uses or disclosures we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

For Treatment. We may use or disclose your protected health information to facilitate medical treatment or services by providers. We may disclose medical information about you to providers, including doctors, nurses, technicians, medical students, or other hospital personnel who are involved in taking care of you. For example, we might disclose information about your prior prescriptions to a pharmacist to determine if prior prescriptions contraindicate a pending prescription.

For Payment. We may use or disclose your protected health information to determine your eligibility for Plan benefits, to facilitate payment for the treatment and services you receive from health care providers, to determine benefit responsibility under the Plan, or to coordinate Plan coverage. For example, we may tell your health care provider about your medical history to determine whether a particular treatment is experimental, investigational, or medically necessary, or to determine whether the Plan will cover the treatment. We may also share your protected health information with a utilization review or precertification service provider. Likewise, we may share your protected health information with another entity to assist with the adjudication or subrogation of health claims or to another health plan to coordinate benefit payments.

For Health Care Operations. We may use and disclose your protected health information for other Plan operations. These uses and disclosures are necessary to run the Plan. For example, we may use medical information in connection with conducting quality assessment and improvement activities; underwriting, premium rating, and other activities relating to Plan coverage; submitting claims for stop-loss coverage; conducting or arranging for medical review, legal services, audit services, and fraud and abuse detection programs; business planning and development such as cost management; and business management and general Plan administrative activities. However, we will not use your genetic information for underwriting purposes.

Treatment Alternatives or Health-Related Benefits and Services. We may use and disclose your protected health information to send you information about treatment alternatives or other health-related benefits and services that might be of interest to you.

To Business Associates. We may contract with individuals or entities known as Business Associates to perform various functions on our behalf or to provide certain types of services. In order to perform these functions or to provide these services, Business Associates will receive, create, maintain, transmit, use, and/or disclose your protected health information, but only after they agree in writing with us to implement appropriate safeguards regarding your protected health information. For example, we may disclose your protected health information to a Business Associate to process your claims for Plan benefits or to provide support services, such as utilization management, pharmacy benefit management, or subrogation, but only after the Business Associate enters into a Business Associate contract with us.

As Required by Law. We will disclose your protected health information when required to do so by federal, state, or local law. For example, we may disclose your protected health information when required by national security laws or public health disclosure laws.

To Avert a Serious Threat to Health or Safety. We may use and disclose your protected health information when necessary to prevent a serious threat to your health and safety, or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat. For example, we may disclose your protected health information in a proceeding regarding the licensure of a physician.

To Plan Sponsors. For the purpose of administering the plan, we may disclose to certain employees of the Employer protected health information. However, those employees will only use or disclose that information as necessary to perform plan administration functions or as otherwise required by HIPAA, unless you have authorized further disclosures. Your protected health information cannot be used for employment purposes without your specific authorization.

Special Situations

In addition to the above, the following categories describe other possible ways that we may use and disclose your protected health information without your specific authorization. For each category of uses or disclosures, we will explain what we mean and present some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

Organ and Tissue Donation. If you are an organ donor, we may release your protected health information after your death to organizations that handle organ procurement or organ, eye, or tissue transplantation or to an organ donation bank, as necessary to facilitate organ or tissue donation and transplantation.

Military. If you are a member of the armed forces, we may release your protected health information as required by military command authorities. We may also release protected health information about foreign military personnel to the appropriate foreign military authority.

Workers' Compensation. We may release your protected health information for workers' compensation or similar programs, but only as authorized by, and to the extent necessary to comply with, laws relating to workers' compensation and similar programs that provide benefits for work-related injuries or illness.

Public Health Risks. We may disclose your protected health information for public health activities. These activities generally include the following:

- to prevent or control disease, injury, or disability;
- to report births and deaths;
- to report child abuse or neglect;
- to report reactions to medications or problems with products;
- to notify people of recalls of products they may be using;
- to notify a person who may have been exposed to a disease or may be at risk for contracting or spreading a disease or condition;
- to notify the appropriate government authority if we believe that a patient has been the victim of abuse, neglect, or domestic violence. We will only make this disclosure if you agree, or when required or authorized by law.

Health Oversight Activities. We may disclose your protected health information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

Lawsuits and Disputes. If you are involved in a lawsuit or a dispute, we may disclose your protected health information in response to a court or administrative order. We may also disclose your protected health information in response to a subpoena, discovery request, or other lawful process by someone involved in a legal dispute, but only if efforts have been made to tell you about the request or to obtain a court or administrative order protecting the information requested.

Law Enforcement. We may disclose your protected health information if asked to do so by a law-enforcement official-

- in response to a court order, subpoena, warrant, summons, or similar process;
- to identify or locate a suspect, fugitive, material witness, or missing person;
- about the victim of a crime if, under certain limited circumstances, we are unable to obtain the victim's agreement;
- about a death that we believe may be the result of criminal conduct; and
- about criminal conduct.

Coroners, Medical Examiners, and Funeral Directors. We may release protected health information to a coroner or medical examiner. This may be necessary, for example, to identify a deceased person or determine the cause of death. We may also release medical information about patients to funeral directors, as necessary to carry out their duties.

National Security and Intelligence Activities. We may release your protected health information to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

Inmates. If you are an inmate of a correctional institution or are in the custody of a law-enforcement official, we may disclose your protected health information to the correctional institution or law-enforcement official if necessary (1) for the institution to provide you with health care; (2) to protect your health and safety or the health and safety of others; or (3) for the safety and security of the correctional institution.

Research. We may disclose your protected health information to researchers when:

- (1) the individual identifiers have been removed; or
- (2) when an institutional review board or privacy board has reviewed the research proposal and established protocols to ensure the privacy of the requested information, and approves the research.

Required Disclosures

The following is a description of disclosures of your protected health information we are required to make.

Government Audits. We are required to disclose your protected health information to the Secretary of the United States Department of Health and Human Services when the Secretary is investigating or determining our compliance with the HIPAA privacy rule.

Disclosures to You. When you request, we are required to disclose to you the portion of your protected health information that contains medical records, billing records, and any other records used to make decisions regarding your health care benefits. We are also required, when requested, to provide you with an accounting of most disclosures of your protected health information if the disclosure was for reasons other than for payment, treatment, or health care operations, and if the protected health information was not disclosed pursuant to your individual authorization.

Other Disclosures

Personal Representatives. We will disclose your protected health information to individuals authorized by you, or to an individual designated as your personal representative, attorney-in-fact, etc., so long as you provide us with a written notice/authorization and any supporting documents (i.e., power of attorney). Note: Under the HIPAA privacy rule, we do not have to disclose information to a personal representative if we have a reasonable belief that:

- (1) you have been, or may be, subjected to domestic violence, abuse, or neglect by such person; or
- (2) treating such person as your personal representative could endanger you; and
- (3) in the exercise of professional judgment, it is not in your best interest to treat the person as your personal representative.

Spouses and Other Family Members. With only limited exceptions, we will send all mail to the employee. This includes mail relating to the employee's spouse and other family members who are covered under the Plan, and includes mail with information on the use of Plan benefits by the employee's spouse and other family members and information on the denial of any Plan benefits to the employee's spouse and other family members. If a person covered under the Plan has requested Restrictions or Confidential Communications (see below under "Your Rights"), and if we have agreed to the request, we will send mail as provided by the request for Restrictions or Confidential Communications.

Authorizations. Other uses or disclosures of your protected health information not described above will only be made with your written authorization. For example, in general and subject to specific conditions, we will not use or disclose your psychiatric notes; we will not use or disclose your protected health information for marketing; and we will not sell your protected health information, unless you give us a written authorization. You may revoke written authorizations at any time, so long as the revocation is in writing. Once we receive your written revocation, it will only be effective for future uses and disclosures. It will not be effective for any information that may have been used or disclosed in reliance upon the written authorization and prior to receiving your written revocation.

Your Rights You have the following rights with respect to your protected health information:

Right to Inspect and Copy. You have the right to inspect and copy certain protected health information that may be used to make decisions about your Plan benefits. If the information you request is maintained electronically, and you request an electronic copy, we will provide a copy in the electronic form and format you request, if the information can be readily produced in that form and format; if the information cannot be readily produced in that form and format, we will work with you to come to an agreement on form and format. If we cannot agree on an electronic form and format, we will provide you with a paper copy.

To inspect and copy your protected health information, you must submit your request in writing to Human Resources. If you request a copy of the information, we may charge a reasonable fee for the costs of copying, mailing, or other supplies associated with your request.

We may deny your request to inspect and copy in certain very limited circumstances. If you are denied access to your medical information, you may request that the denial be reviewed by submitting a written request to Human Resources.

Right to Amend. If you feel that the protected health information we have about you is incorrect or incomplete, you may ask us to amend the information. You have the right to request an amendment for as long as the information is kept by or for the Plan. To request an amendment, your request must be made in writing and submitted to *Human Resources, 2101 O'Neil Ave., Cheyenne, Wyoming 82001 (307) 637-6340*. In addition, you must provide a reason that supports your request.

We may deny your request for an amendment if it is not in writing or does not include a reason to support the request. In addition, we may deny your request if you ask us to amend information that:

- is not part of the medical information kept by or for the Plan;
 - was not created by us, unless the person or entity that created the information is no longer available to make the amendment;
 - is not part of the information that you would be permitted to inspect and copy; or
 - is already accurate and complete.
- If we deny your request, you have the right to file a statement of disagreement with us and any future disclosures of the disputed information will include your statement.

Right to an Accounting of Disclosures. You have the right to request an "accounting" of certain disclosures of your protected health information. The accounting will not include (1) disclosures for purposes of treatment, payment, or health care operations; (2) disclosures made to you; (3) disclosures made pursuant to your authorization; (4) disclosures made to friends or family in your presence or because of an emergency; (5) disclosures for national security purposes; and (6) disclosures incidental to otherwise permissible disclosures.

To request this list or accounting of disclosures, you must submit your request in writing to Human Resources. Your request must state the time period you want the accounting to cover, which may not be longer than six years before the date of the request. Your request should indicate in what form you want the list (for example, paper or electronic). The first list you request within a 12-month period will be provided free of charge. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

Right to Request Restrictions. You have the right to request a restriction or limitation on your protected health information that we use or disclose for treatment, payment, or health care operations. You also have the right to request a limit on your protected health information that we disclose to someone who is involved in your care or the payment for your care, such as a family member or friend. For example, you could ask that we not use or disclose information about a surgery that you had. Except as provided in the next paragraph, we are not required to agree to your request. However, if we do agree to the request, we will honor the restriction until you revoke it or we notify you.

We will comply with any restriction request if (1) except as otherwise required by law, the disclosure is to a health plan for purposes of carrying out payment or health care operations (and is not for purposes of carrying out treatment); and (2) the protected health information pertains solely to a health care item or service for which the health care provider involved has been paid in full by you or another person.

To request restrictions, you must make your request to Human Resources at (307) 637-6340. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure, or both; and (3) to whom you want the limits to apply—for example, disclosures to your spouse.

Right to Request Confidential Communications. You have the right to request that we communicate with you about medical matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail. To request confidential communications, you must make your request to Human Resources at (307) 637-6340. We will not ask you the reason for your request. Your request must specify how or where you wish to be contacted. We will accommodate all reasonable requests.

Right to Be Notified of a Breach. You have the right to be notified in the event that we (or a Business Associate) discover a breach of unsecured protected health information.

Right to a Paper Copy of This Notice. You have the right to a paper copy of this notice. You may ask us to give you a copy of this notice at any time. Even if you have agreed to receive this notice electronically, you are still entitled to a paper copy of this notice. To obtain a paper copy of this notice, contact Human Resources at (307) 637-6340.

Complaints. If you believe that your privacy rights have been violated, you may file a complaint with the Plan or with the Office for Civil Rights of the United States Department of Health and Human Services. To file a complaint with the Plan, contact *Human Resources, 2101 O'Neil Ave., Cheyenne, Wyoming 82001 (307) 637-6340*. All complaints must be submitted in writing. You will not be penalized, or in any other way retaliated against, for filing a complaint with the Office for Civil Rights or with us.



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact Human Resources

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name City of Cheyenne		4. Employer Identification Number (EIN) 83-6000050	
5. Employer address 2101 O'Neil Ave		6. Employer phone number (307) 637-6340	
7. City Cheyenne	8. State Wyoming	9. ZIP code 82001	
10. Who can we contact about employee health coverage at this job? Human Resources			
11. Phone number (if different from above)		12. Email address humanresourcesstaff@cheyennecity.org	

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

As your employer, we offer a health plan to:

- Full-time employees working 30 or more hours per week. Coverage is effective the 1st of the month following 30 days of employment. .

With respect to dependents:

- We do offer coverage. Eligible dependents are: Eligible dependents are:
 - Legal spouse
 - Children to the end of the month they attain age 26
 - Unmarried disabled children

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, **HealthCare.gov** will guide you through the process.

Premium Assistance Under Medicaid and the Children’s Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you’re eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren’t eligible for Medicaid or CHIP, you won’t be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **1-877-KIDS NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren’t already enrolled. This is called a “special enrollment” opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **1-866-444-EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of January 31, 2022. Contact your State for more information on eligibility –

ALABAMA-Medicaid	CALIFORNIA-Medicaid
Website: http://myalhipp.com/ Phone: 1-855-692-5447	Website: Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp Phone: 916-445-8322 Fax: 916-440-5676 Email: hipp@dhcs.ca.gov
ALASKA-Medicaid	COLORADO-Health First Colorado (Colorado’s Medicaid Program) & Child Health Plan Plus (CHP+)
The AK Health Insurance Premium Payment Program Website: http://myakhipp.com/ Phone: 1-866-251-4861 Email: CustomerService@MyAKHIPP.com Medicaid Eligibility: http://dhss.alaska.gov/dpa/Pages/medicaid/default.aspx	Health First Colorado Website: https://www.healthfirstcolorado.com/ Health First Colorado Member Contact Center: 1-800-221-3943/ State Relay 711 CHP+: https://www.colorado.gov/pacific/hcpf/child-health-plan-plus CHP+ Customer Service: 1-800-359-1991/ State Relay 711 Health Insurance Buy-In Program (HIBI): https://www.colorado.gov/pacific/hcpf/health-insurance-buy-program HIBI Customer Service: 1-855-692-6442
ARKANSAS-Medicaid	FLORIDA-Medicaid
Website: http://myarhipp.com/ Phone: 1-855-MyARHIPP (855-692-7447)	Website: https://www.flmedicaidtplrecovery.com/flmedicaidtplrecovery.com/hipp/index.html Phone: 1-877-357-3268

GEORGIA-Medicaid	MAINE-Medicaid
<p>A HIPP Website: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp Phone: 678-564-1162, Press 1 GA CHIPRA Website: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra Phone: (678) 564-1162, Press 2</p>	<p>Enrollment Website: https://www.maine.gov/dhhs/ofi/applications-forms Phone: 1-800-442-6003 TTY: Maine relay 711</p> <p>Private Health Insurance Premium Webpage: https://www.maine.gov/dhhs/ofi/applications-forms Phone: -800-977-6740. TTY: Maine relay 711</p>
INDIANA-Medicaid	MASSACHUSETTS-Medicaid and CHIP
<p>Healthy Indiana Plan for low-income adults 19-64 Website: http://www.in.gov/fssa/hip/ Phone: 1-877-438-4479 All other Medicaid Website: https://www.in.gov/medicaid/ Phone 1-800-457-4584</p>	<p>Website: https://www.mass.gov/masshealth/pa Phone: 1-800-862-4840</p>
IOWA-Medicaid and CHIP (Hawki)	MINNESOTA-Medicaid
<p>Medicaid Website: https://dhs.iowa.gov/ime/members Medicaid Phone: 1-800-338-8366 Hawki Website: http://dhs.iowa.gov/Hawki Hawki Phone: 1-800-257-8563 HIPP Website: https://dhs.iowa.gov/ime/members/medicaid-a-to-z/hipp HIPP Phone: 1-888-346-9562</p>	<p>Website: https://mn.gov/dhs/people-we-serve/children-and-families/health-care/health-care-programs/programs-and-services/other-insurance.jsp Phone: 1-800-657-3739</p>
KANSAS-Medicaid	MISSOURI-Medicaid
<p>Website: https://www.kancare.ks.gov/ Phone: 1-800-792-4884</p>	<p>Website: http://www.dss.mo.gov/mhd/participants/pages/hipp.htm Phone: 573-751-2005</p>
KENTUCKY-Medicaid	MONTANA-Medicaid
<p>Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP) Website: https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx Phone: 1-855-459-6328 Email: KIHIPP.PROGRAM@ky.gov</p> <p>KCHIP Website: https://kidshealth.ky.gov/Pages/index.aspx Phone: 1-877-524-4718</p> <p>Kentucky Medicaid Website: https://chfs.ky.gov</p>	<p>Website: http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP Phone: 1-800-694-3084</p>
LOUISIANA-Medicaid	NEBRASKA-Medicaid
<p>Website: www.medicaid.la.gov or www.ldh.la.gov/lahipp Phone: 1-888-342-6207 (Medicaid hotline) or 1-855-618-5488 (LaHIPP)</p>	<p>Website: http://www.ACCESSNebraska.ne.gov Phone: 1-855-632-7633 Lincoln: 402-473-7000 Omaha: 402-595-1178</p>

NEVADA-Medicaid	SOUTH CAROLINA-Medicaid
Medicaid Website: http://dhcftp.nv.gov Medicaid Phone: 1-800-992-0900	Website: https://www.scdhhs.gov Phone: 1-888-549-0820
NEW HAMPSHIRE-Medicaid	SOUTH DAKOTA-Medicaid
Website: https://www.dhhs.nh.gov/oi/hipp.htm Phone: 603-271-5218 Toll free number for the HIPP program: 1-800-852-3345, ext 5218	Website: http://dss.sd.gov Phone: 1-888-828-0059
NEW JERSEY-Medicaid and CHIP	TEXAS-Medicaid
Medicaid Website: http://www.state.nj.us/humanservices/dmahs/clients/medicaid/ Medicaid Phone: 609-631-2392 CHIP Website: http://www.njfamilycare.org/index.html CHIP Phone: 1-800-701-0710	Website: http://gethipptexas.com/ Phone: 1-800-440-0493
NEW YORK-Medicaid	UTAH-Medicaid and CHIP
Website: https://www.health.ny.gov/health_care/medicaid/ Phone: 1-800-541-2831	Medicaid Website: https://medicaid.utah.gov/ CHIP Website: http://health.utah.gov/chip Phone: 1-877-543-7669
NORTH CAROLINA-Medicaid	VERMONT-Medicaid
Website: https://medicaid.ncdhhs.gov/ Phone: 919-855-4100	Website: http://www.greenmountaincare.org/ Phone: 1-800-250-8427
NORTH DAKOTA-Medicaid	VIRGINIA-Medicaid and CHIP
Website: http://www.nd.gov/dhs/services/medicalserv/medicaid/ Phone: 1-844-854-4825	Website: https://www.coverva.org/en/famis-select https://www.coverva.org/en/hipp Medicaid Phone: 1-800-432-5924 CHIP Phone: 1-800-432-5924
OKLAHOMA-Medicaid and CHIP	WASHINGTON-Medicaid
Website: http://www.insureoklahoma.org Phone: 1-888-365-3742	Website: https://www.hca.wa.gov/ Phone: 1-800-562-3022
OREGON-Medicaid	WEST VIRGINIA-Medicaid and CHIP
Website: http://healthcare.oregon.gov/Pages/index.aspx http://www.oregonhealthcare.gov/index-es.html Phone: 1-800-699-9075	Website: https://dhhr.wv.gov/bms/ http://mywvhipp.com/ Medicaid Phone: 304-558-1700 CHIP Toll-free phone: 1-855-MyWVHIPP (1-855-699-8447)
PENNSYLVANIA-Medicaid	WISCONSIN-Medicaid and CHIP
Website: https://www.dhs.pa.gov/Services/Assistance/Pages/HIPP-Program.aspx Phone: 1-800-692-7462	Website: https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm Phone: 1-800-362-3002
RHODE ISLAND-Medicaid and CHIP	WYOMING-Medicaid
Website: http://www.eohhs.ri.gov/ Phone: 1-855-697-4347, or 401-462-0311 (Direct RIte Share Line)	Website: https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ Phone: 1-800-251-1269

To see if any other states have added a premium assistance program since January 31, 2022, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
1-866-444-EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
1-877-267-2323, Menu Option 4, Ext. 61565

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995 (Pub. L. 104-13) (PRA), no persons are required to respond to a collection of information unless such collection displays a valid Office of Management and Budget (OMB) control number. The Department notes that a Federal agency cannot conduct or sponsor a collection of information unless it is approved by OMB under the PRA, and displays a currently valid OMB control number, and the public is not required to respond to a collection of information unless it displays a currently valid OMB control number. See 44 U.S.C. 3507. Also, notwithstanding any other provisions of law, no person shall be subject to penalty for failing to comply with a collection of information if the collection of information does not display a currently valid OMB control number. See 44 U.S.C. 3512.

The public reporting burden for this collection of information is estimated to average approximately seven minutes per respondent. Interested parties are encouraged to send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the U.S. Department of Labor, Employee Benefits Security Administration, Office of Policy and Research, Attention: PRA Clearance Officer, 200 Constitution Avenue, N.W., Room N-5718, Washington, DC 20210 or email ebsa.opr@dol.gov and reference the OMB Control Number 1210-0137.

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

MEDICARE PART D NOTICE

Important Notice from City of Cheyenne About Your Prescription Drug Coverage and Medicare

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with City of Cheyenne and about your options under Medicare's prescription drug coverage. This information can help you decide whether or not you want to join a Medicare drug plan. If you are considering joining, you should compare your current coverage, including which drugs are covered at what cost, with the coverage and costs of the plans offering Medicare prescription drug coverage in your area. Information about where you can get help to make decisions about your prescription drug coverage is at the end of this notice. If neither you nor any of your dependents are eligible for or have Medicare, this notice does not apply to you or the dependents, as the case may be. However, you should still keep a copy of this notice in the event you or a dependent should qualify for coverage under Medicare in the future. Please note, however, that later notices might supersede this notice.

There are two important things you need to know about your current coverage and Medicare's prescription drug coverage:

1. Medicare prescription drug coverage became available in 2006 to everyone with Medicare. You can get this coverage if you join a Medicare Prescription Drug Plan or join a Medicare Advantage Plan (like an HMO or PPO) that offers prescription drug coverage. All Medicare drug plans provide at least a standard level of coverage set by Medicare. Some plans may also offer more coverage for a higher monthly premium.
2. BCBS of Wyoming has determined that the prescription drug coverage offered by the City of Cheyenne Employee Benefit Plan is on average for all plan participants, expected to pay out as much as standard Medicare prescription drug coverage pays and is therefore considered Creditable Coverage. Because your existing coverage is Creditable Coverage, you can keep this coverage and not pay a higher premium (a penalty) if you later decide to join a Medicare drug plan.

When Can You Join A Medicare Drug Plan?

You can join a Medicare drug plan when you first become eligible for Medicare and each year from October 15th to December 7th.

However, if you lose your current creditable prescription drug coverage, through no fault of your own, you will also be eligible for a two (2) month Special Enrollment Period (SEP) to join a Medicare drug plan.

What Happens To Your Current Coverage If You Decide to Join A Medicare Drug Plan?

If you decide to join a Medicare drug plan, your current coverage will not be affected. If you do decide to join a Medicare drug plan and drop your current coverage, you and your dependents will be able to get this coverage back at the next annual open enrollment period.

When Will You Pay A Higher Premium (Penalty) To Join A Medicare Drug Plan?

You should also know that if you drop or lose your current coverage with City of Cheyenne and don't join a Medicare drug plan within 63 continuous days after your current coverage ends, you may pay a higher premium (a penalty) to join a Medicare drug plan later.

If you go 63 continuous days or longer without creditable prescription drug coverage, your monthly premium may go up by at least 1% of the Medicare base beneficiary premium per month for every month that you did not have that coverage. For example, if you go nineteen months without creditable coverage, your premium may consistently be at least 19% higher than the Medicare base beneficiary premium. You may have to pay this higher premium (a penalty) as long as you have Medicare prescription drug coverage. In addition, you may have to wait until the following October to join.

For More Information About This Notice Or Your Current Prescription Drug Coverage...

Contact the person listed below for further information. **NOTE:** You'll get this notice each year. You will also get it before the next period you can join a Medicare drug plan, and if this coverage through City of Cheyenne changes. You also may request a copy of this notice at any time.

For More Information About Your Options Under Medicare Prescription Drug Coverage...

More detailed information about Medicare plans that offer prescription drug coverage is in the "Medicare & You" handbook. You'll get a copy of the handbook in the mail every year from Medicare. You may also be contacted directly by Medicare drug plans.

For more information about Medicare prescription drug coverage:

- Visit www.medicare.gov
- Call your State Health Insurance Assistance Program (see the inside back cover of your copy of the "Medicare & You" handbook for their telephone number) for personalized help
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

If you have limited income and resources, extra help paying for Medicare prescription drug coverage is available. For information about this extra help, visit Social Security on the web at www.socialsecurity.gov, or call them at 1-800-772-1213 (TTY 1-800-325-0778).

Remember: Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 2021
City of Cheyenne
Human Resources
2101 O'Neil Ave, Cheyenne, WY 82001
307-637-6340

The Family and Medical Leave Act (FMLA)

The Family and Medical Leave Act (FMLA) entitles eligible employees of covered employers to take unpaid, job-protected leave for specified family and medical reasons. This fact sheet provides general information about which employers are covered by the FMLA, when employees are eligible and entitled to take FMLA leave, and what rules apply when employees take FMLA leave.

COVERED EMPLOYERS

The FMLA only applies to employers that meet certain criteria. A **covered employer** is a:

- Private-sector employer, with 50 or more employees in 20 or more workweeks in the current or preceding calendar year, including a joint employer or successor in interest to a covered employer;
- Public agency, including a local, state, or Federal government agency, regardless of the number of employees it employs; or
- Public or private elementary or secondary school, regardless of the number of employees it employs.

ELIGIBLE EMPLOYEES

Only eligible employees are entitled to take FMLA leave. An **eligible employee** is one who:

- Works for a *covered employer*;
- Has worked for the employer for at least *12 months*;
- Has at least *1,250 hours* of service for the employer during the 12 month period immediately preceding the leave; and
- Works at a location where the employer has at least *50 employees within 75 miles*.

The 12 months of employment do not have to be consecutive. That means any time previously worked for the same employer (including seasonal work) could, in most cases, be used to meet the 12-month requirement. If the employee has a break in service that lasted seven years or more, the time worked prior to the break will not count *unless* the break is due to service covered by the Uniformed Services Employment and Reemployment Rights Act (USERRA), or there is a written agreement, including a collective bargaining agreement, outlining the employer's intention to rehire the employee after the break in service. See "[FMLA Special Rules for Returning Reservists](#)".

LEAVE ENTITLEMENT

Eligible employees may take up to **12 workweeks** of leave in a 12-month period for one or more of the following reasons:

- The birth of a son or daughter or placement of a son or daughter with the employee for adoption or foster care;
- To care for a spouse, son, daughter, or parent who has a serious health condition;
- For a serious health condition that makes the employee unable to perform the essential functions of his or her job; or
- For any qualifying exigency arising out of the fact that a spouse, son, daughter, or parent is a military member on covered active duty or call to covered active duty status.

An eligible employee may also take up to **26 workweeks** of leave during a "single 12-month period" to care for a covered servicemember with a serious injury or illness, when the employee is the spouse, son, daughter, parent, or next of kin of the servicemember. The "single 12-month period" for military caregiver leave is different from the 12-month period used for other FMLA leave reasons. See [Fact Sheets 28F: Qualifying Reasons under the FMLA](#) and [28M: The Military Family Leave Provisions under the FMLA](#).

Under some circumstances, employees may take FMLA leave on an intermittent or reduced schedule basis. That means an employee may take leave in separate blocks of time or by reducing the time he or she works each day or week for a single qualifying reason. When leave is needed for planned medical treatment, the employee must make a reasonable effort to schedule treatment so as not to unduly disrupt the employer's operations. If FMLA leave is for the birth, adoption, or foster placement of a child, use of intermittent or reduced schedule leave requires the employer's approval.

Under certain conditions, employees may choose, or employers may require employees, to "substitute" (run concurrently) accrued paid leave, such as sick or vacation leave, to cover some or all of the FMLA leave period. An employee's ability to substitute accrued paid leave is determined by the terms and conditions of the employer's normal leave policy.

NOTICE

Employees must comply with their employer's usual and customary requirements for requesting leave and provide enough information for their employer to reasonably determine whether the FMLA may apply to the leave request. Employees generally must request leave 30 days in advance when the need for leave is foreseeable. When the need for leave is foreseeable less than 30 days in advance or is unforeseeable, employees must provide notice as soon as possible and practicable under the circumstances.

When an employee seeks leave for a FMLA-qualifying reason for the first time, the employee need not expressly assert FMLA rights or even mention the FMLA. If an employee later requests additional leave for the same qualifying condition, the employee must specifically reference either the qualifying reason for leave or the need for FMLA leave. See Fact Sheet 28E: Employee Notice Requirements under the FMLA.

Covered employers must:

- (1) Post a notice explaining rights and responsibilities under the FMLA (and may be subject to a civil money penalty of up to \$110 for willful failure to post);
- (2) Include information about the FMLA in their employee handbooks or provide information to new employees upon hire;
- (3) When an employee requests FMLA leave or the employer acquires knowledge that leave may be for a FMLA-qualifying reason, provide the employee with notice concerning his or her eligibility for FMLA leave and his or her rights and responsibilities under the FMLA; and
- (4) Notify employees whether leave is designated as FMLA leave and the amount of leave that will be deducted from the employee's FMLA entitlement.

See Fact Sheet 28D: Employer Notice Requirements under the FMLA.

CERTIFICATION

When an employee requests FMLA leave due to his or her own serious health condition or a covered family member's serious health condition, the employer may require certification in support of the leave from a health care provider. An employer may also require second or third medical opinions (at the employer's expense) and periodic recertification of a serious health condition. See Fact Sheet 28G: Certification of a Serious Health Condition under the FMLA. For information on certification requirements for military family leave, See Fact Sheet 28M(c): Qualifying Exigency Leave under the FMLA; Fact Sheet 28M(a): Military Caregiver Leave for a Current Servicemember under the FMLA; and Fact Sheet 28M(b): Military Caregiver Leave for a Veteran under the FMLA.

JOB RESTORATION AND HEALTH BENEFITS

Upon return from FMLA leave, an employee must be restored to his or her original job or to an equivalent job with equivalent pay, benefits, and other terms and conditions of employment. An employee's use of FMLA leave cannot be counted against the employee under a "no-fault" attendance policy. Employers are also required to continue group health insurance coverage for an employee on FMLA leave under the same terms and conditions as if the employee had not taken leave. See Fact Sheet 28A: Employee Protections under the Family and Medical Leave Act.

OTHER PROVISIONS

Special rules apply to employees of local education agencies. Generally, these rules apply to intermittent or reduced schedule FMLA leave or the taking of FMLA leave near the end of a school term.

Salaried executive, administrative, and professional employees of covered employers who meet the Fair Labor Standards Act (FLSA) criteria for exemption from minimum wage and overtime under the FLSA regulations, 29 CFR Part 541, do not lose their FLSA-exempt status by using any unpaid FMLA leave. This special exception to the "salary basis" requirements for FLSA's exemption extends only to an eligible employee's use of FMLA leave.

ENFORCEMENT

It is unlawful for any employer to interfere with, restrain, or deny the exercise of or the attempt to exercise any right provided by the FMLA. It is also unlawful for an employer to discharge or discriminate against any individual for opposing any practice, or because of involvement in any proceeding, related to the FMLA. See Fact Sheet 77B: Protections for Individuals under the FMLA. The Wage and Hour Division is responsible for administering and enforcing the FMLA for most employees. Most federal and certain congressional employees are also covered by the law but are subject to the jurisdiction of the U.S. Office of Personnel Management or Congress. If you believe that your rights under the FMLA have been violated, you may file a complaint with the Wage and Hour Division or file a private lawsuit against your employer in court.

For additional information, visit our Wage and Hour Division Website: <http://www.wagehour.dol.gov> and/or call our toll-free information and helpline, available 8 a.m. to 5 p.m. in your time zone, 1-866-4-USWAGE (1-866-487-9243).



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