

# **BIG HORN COUNTY EMPLOYEES**

## **Employee Handout**



**Prepared By:**



**BlueCross BlueShield  
of Wyoming**

An independent licensee of the  
Blue Cross and Blue Shield Association

**March 2014**

## *Big Horn County Employees*

### *Current Benefits*

	Option 1	Option 2
<b><i>Calendar year</i></b>		
Individual Deductible	\$1,500	\$3,500
Family Deductible	\$3,000	\$7,000
<b><i>Coinsurance</i></b> (for most services)		
Individual	50% of \$1,000	10% of \$500
Family	50% of \$2,000	10% of \$1,000
<b><i>Out-of-Pocket Maximum</i></b>		
Individual	\$2,500	\$4,000
Family	\$5,000	\$8,000
(Note: prescription drug copays or coinsurance, or amounts over Allowable Charges does not apply to out-of-pocket maximum)		
<b><i>Annual Maximum</i></b>	\$2,000,000	\$2,000,000
<b><i>Physician Office Visits</i></b>	50% waive Deductible	90% after Deductible
<b><i>Preventive Care</i></b>	100% of allowable charges per calendar year when services are rendered by a participating or HealthFair provider at appropriate intervals. <b>Services rendered by a non-participating provider are not a benefit.</b>	100% of allowable charges per calendar year when services are rendered by a participating or HealthFair provider at appropriate intervals. <b>Services rendered by a non-participating provider are not a benefit.</b>
<b><i>Accident Benefit</i></b> (not subject to deductible and coinsurance)	\$1,500 per calendar year	None

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<i>Medical Care</i>	50% after Deductible	90% after Deductible
<i>Medical Emergencies</i>	50% after Deductible <b>\$250 Additional Deductible for non-emergencies</b>	90% after Deductible <b>\$250 Additional Deductible for non-emergencies</b>
<i>Prescription Drugs</i>	RxCare Wyoming™	RxCare Wyoming™
Retail Purchase (30 day supply)	Generic: \$5 copayment, then 100% payment Brand: \$10 copayment, then 100% payment Non Formulary: \$50 copayment, then 100% payment	Subject to Deductible & Coinsurance
Mail Order (up to 90 day supply)	Two (2) times retail  Copayments & coinsurance are subject to an out of pocket maximum of \$2,500 per calendar year per member.	Subject to Deductible & Coinsurance

**All services are subject to allowable charges. Allowable charges are the maximum amount allowed for Covered Services under this Plan. Allowable charges are determined by the Blue Cross Blue Shield of Wyoming payment system in effect at the time the services are provided.**

**VISION BENEFITS**  
**Included with Options 1 & 2**

<b><i>Calendar year</i></b>	
Individual Deductible	\$25.00
Family Deductible	\$50.00
<b><i>Annual Paid Maximum</i></b>	<b>\$750.00</b>
<b><i>Vision Examination</i></b>	One exam per calendar year – 80% after Deductible
<b><i>Frames</i></b>	One pair per calendar year – 80% after Deductible
<b><i>Contact Lenses</i></b>	One prescription per calendar year – 80% after Deductible
<b><i>Lenses</i></b>	One pair per calendar year – 80% after Deductible
<b><i>Lasik Surgery</i></b>	80% after Deductible

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## DENTAL BENEFITS

### Included with Medical Options 1 & 2

**All services are subject to allowable charges**

<i>Calendar year</i>	
Individual Deductible	\$50.00
Family Deductible	\$100.00
<i>Annual Maximum</i>	\$3,000.00
<i>Oral Exams</i>	Two per calendar year – 100% waive deductible & coinsurance
<i>Prophylaxis (Cleaning)</i>	Two per calendar year – 100% waive deductible & coinsurance
<i>Bitewing X-rays</i>	Two sets per calendar year – 100% waive deductible & coinsurance
<i>Panorex</i>	One series per 36 month period – 100% waive deductible & coinsurance
<i>Full Mouth X-rays</i>	One series per 36 month period – 100% waive deductible & coinsurance
<i>Fluoride</i>	One application per calendar year for dependents up to age 14
<i>Sealants</i>	One application to molar teeth for dependents up to age 19
<i>Space Maintainers</i>	Covered for participants under the age of 19 (limited to non-orthodontic treatment) – 100% waive deductible & coinsurance
<i>Restorative Care</i> <i>(Extractions, Oral Surgery, Fillings, General Anesthetics, Periodontics, Endodontics, Individual X-rays, Injections of antibiotic drugs)</i>	80% after Deductible
<i>Prosthodontics</i> <i>(Dentures, Bridges, Crowns)</i>	80% after Deductible
<i>Orthodontics</i>	50% after Deductible - \$3,000 Lifetime maximum. This is in addition to the \$3,000 calendar year maximum. <b>Available to all participants under the age of 19 on the date of service.</b>

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## Wellness Incentive Program

**DEFINITION:** "The Wellness Incentive Program: is a voluntary program. If an Employee chooses to participate in this program, the Employee can receive rewards in the form of reduction to their annual Deductible for both the Employee and any covered Dependents.

### **BENEFITS:**

1. All covered employees who participate in the annual screening process will receive a \$200 reduction in the Deductible portion of this Plan. The screening process will include a blood test, height/weight ratio (BMI), blood pressure screening, and a tobacco questionnaire.
2. An Employee can also receive up to four (4) Deductible Reductions for being within the acceptable ranges in the categories listed below. The maximum Deductible reduction based on screening results is \$800 plus an additional \$200 for participating in the screening process which is a total of \$1,000 reduction in the Deductible amounts. *For more information regarding these rules, contact the County Clerk's Payroll Department at 307-568-2357.*
  - a. If the Employee is outside the guidelines noted below and receiving professional medical guidance to get within the acceptable ranges, they will still qualify for the Deductible reduction. The Employee must provide adequate information from the treating professional to qualify for this option.
  - b. If it is medically unreasonable for you (the Employee) to achieve the criteria listed below, or if it is medically inadvisable for you to work on achieving this criteria, please call 307-567-2357 and the County's Payroll Department will work with you to develop an alternate way to receive the Deductible reduction. A medical waiver from a Physician may be requested in addition to the formal request.

### **Calendar Year Categories and Guidelines**

Tobacco Free -	One year or more	Deductible Reduction: \$200
Blood Pressure -	Less than 140/90	Deductible Reduction: \$200
Cholesterol/HDL Ratio -	Less than 5	Deductible Reduction: \$200
Body Mass Index -	Less than 30	Deductible Reduction: \$200
Glucose Level -	Less than 109	Deductible Reduction: \$200

The program guidelines are based on national health recommendations for low risk, moderate risk, and high risk health classifications. The thresholds noted above are the upper ranges of the Moderate Risk Category. Deductible reductions are given individually for each category.

An Employee can receive a maximum of \$1,000 in Deductible reductions – which would consist of the \$200 credit for participating in the wellness screening and \$800 for meeting the criteria

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noted above in four (4) of the five (5) categories. The Deductible reductions will be applied to each Employee who earns the credit. If the Employee has Dependent and/or spouse coverage, the Deductible reduction will also apply to their Deductibles.

Example: If any Employee participates in the program and meets three (3) of the five (5) categories noted above, the Employee's deductible would be reduced by \$800 ( $\$200 \times 3 + \$200$  for participating = \$800. If the Employee's spouse is covered on the Employee's Plan, the spouse's Deductible would also be reduced by the \$800. The same would apply to covered Dependents.)

The cost of the screening for the Wellness Incentive Program is payable by the County and/or participating Board at 100% of the Allowable Charges without reference to any Deductible and/or Coinsurance.

NOTE: COBRA beneficiaries participating in the Wellness Incentive Program are responsible for the costs of the annual screening tests. If there are questions about finding a service to provide the testing and the forms required, please call the County's Payroll Department at 307-568-2357. COBRA beneficiaries participating in the Wellness Incentive Program must send their test results to:

Covenant Insurance Group, Inc.  
Attn: Bob Decker  
752 W. Collins Drive  
Casper, WY 82601

New Employees will also be given the opportunity to participate in the screening process. New Employees must complete the screening process within 30 days of employment. If an Employee transfers to a full time position, the Employee will have 30 days from the date of transfer to complete the screening process.

**Plan 1 Deductibles**

\$1,500 Single  
\$3,000 Two Adult  
\$3,000 Adult & Dependent(s)  
\$3,000 Family

**Plan 2 Deductibles**

\$3,500 Single  
\$7,000 Two Adult  
\$7,000 Adult & Dependent(s)  
\$7,000 Family



Your Online Guide to Blue Cross Blue Shield of Wyoming

# WyomingBlue.com



Register for *Online Member Services* at  
**WyomingBlue.com**

*Online Member Services* gives you secure access to:

- ✓ Review your claims
  - ✓ Go Green with Paperless EOBs (Explanation of Benefits)
  - ✓ Get your Summary of Benefits and Coverage
  - ✓ Grant Authorizations Online
  - ✓ Write an online review about your experiences with physicians and other healthcare professionals
  - ✓ Check whether you have met your benefit plan maximums
  - ✓ Request a new identification card and benefit document
  - ✓ Change your address and phone number
  - ✓ Ask Member Services a question, in a secure environment
- ... and that's not all

**How to Register for Online Member Services:**

1. Have your ID number ready – you can find this on your Blue Cross Blue Shield of Wyoming identification card.
2. Go to **WyomingBlue.com**.
3. Click the *Members* tab at the top of the page.
4. Select *Register, It's Easy!*
5. Create a username and complete the information requested. Remember to enter your ID number exactly as it appears on your identification card, including any alphabetical prefix.
6. Once you submit your registration, watch for an email with easy instructions to create your own password. This will give you instant and secure access to your personal information.

**WyomingBlue.com:**

- **Easy Log In to Online Member Services**
- **Provider Finder & Mobile App**
- **Member Forms & FAQ**
- **Guide to Reading Your EOBs**
- **Preferred & Specialty Drug Lists**
- **MyPrime Pharmacy Link**
- **Mail Order Pharmacy Guide**
- **FlexShare Benefits**
- **Wellness Resources & Health Assessment**
- **Healthcare Reform**
- **Healthcare News**
- **Medicare Coverage Options**
- **Contact Us**
- **And more...**

Register today to view claims information for you and your dependents under 18 years of age. Your spouse and dependents 18 years of age or older can register and view their own claims online.

The screenshot shows the BlueCross BlueShield of Wyoming website. At the top, there are navigation tabs for Home, Members, Employers, Producers, and Providers. The main header includes the company logo and name, a search bar, and text size options. Below the header is a secondary navigation bar with buttons for Log In, Forms, FlexShare Benefits, FEP Members, and Wellness.

The main content area is divided into several sections:

- Online Member Services:** A large banner featuring a smiling couple. It includes a "Member Log In" box with fields for Username and Password, a "LOG IN" button, and links for "Forgot username or password" and "Secure Online Services Notice".
- Questions? We're here to help:** A section with the phone number 800-442-2376, operating hours (Monday-Friday 8 a.m. - 5 p.m.), and a "VISIT OUR FAQ" button.
- Forms:** A section titled "Forms" with a sub-header "Download and print copies of BCBSWY forms." It lists "Most Popular:" items like "Medical Claim Form", "Insurance Questionnaire", and "HIPAA Authorization to Release Information", with a "VIEW ALL FORMS" button.
- MedicareBlue Solutions:** A section for Medicare members, stating "If you have a Medicare Prescription Drug plan, this is the place to find a pharmacy, order an ID card, search the drug formulary and more. Visit MedicareBlue Solutions."
- FlexShare Benefits:** A section for FlexShare members, stating "Get information, manage your Flexible Spending or Health Reimbursement Accounts, and access commonly used forms. Visit FlexShare Benefits."
- Find a Provider:** A section titled "Find a Provider" with a sub-header "Search our network of healthcare providers" and a "Pharmacy Guide" link.
- Review My Doctor:** A section titled "Review My Doctor" with a sub-header "Share your experience with others."

Numbered callouts (1-7) are placed throughout the page to highlight specific features mentioned in the text below.

## Visit the Members page for:

- ① Easy Member Log In to *Online Member Services*
- ② Our FAQ: answers to common questions
- ③ Your Summary of Benefits & Coverage document
- ④ Our Provider Finder: search for a doctor or other healthcare provider and get the mobile app
- ⑤ Pharmacy tools and a link to MyPrime
- ⑥ A chance to write an online review about your doctor
- ⑦ Access to member forms, including claim forms

Need help getting started? Call toll-free 1-800-442-2376 to speak to a Member Services Representative.