



**Wyoming Association
of Municipalities**

**Joint Powers
Insurance Coverage**

Group Health and Life Plan

WAM-JPIC

Partners for Health

Claims Supervisor:



An independent licensee of the Blue Cross and Blue Shield Association

Life Insurance Underwritten by:



WAM-JPIC

Group Health and Life Coverage

Membership Information

Eligibility

1. Coverage is available to all members in good standing with the Wyoming Association of Municipalities, and also to certain qualifying joint powers boards.
2. For groups of 5 or more, at least 75% of the eligible employees shall be enrolled, not including those waived due to other group coverage. For groups of less than 5, 100% of the eligible employees shall be enrolled, not including those waived due to other group coverage.
3. The Member Entity must provide a minimum of the Employee rate or not less than 50% of all monthly contributions.
4. Employee eligibility is determined by WAM-JPIC and is specified in items (5) and (6) below. All groups are required to follow these requirements pursuant to the WAM-JPIC Joint Powers Agreement the group has signed.
5. The following classes of employees are eligible for coverage under the WAM-JPIC benefit plans:
 - a. Employees working 30 or more hours per week for the group.
 - b. Appointed officials working 20 or more hours per week for the group.Employees that meet these qualifications are considered “Full Time” under the program. All employees that meet these qualifications must be offered coverage under the program.
6. The following types of employees are not eligible for coverage under the WAM-JPIC benefit plans:
 - a. Employees and appointed officials who are not working the minimum hour requirements as indicated in (5). These employees are considered “Part Time” under the program.
 - b. Seasonal employees
 - c. Temporary employees
 - d. Contract (1099) employees.

For more information about eligibility contact:

Wyoming Association of Municipalities
Joint Powers Insurance Coverage
315 W. 27th Street
Cheyenne, WY 82001
(307) 632-0398

The following section pertains to those participants who are or become eligible to enroll in the WAM-JPIC Employee coverage portion of the Group Health Plan. Certain general provisions and eligibility requirements must be met to take part in this coverage. NOTE: This outline provides a very brief description of the important features of the WAM-JPIC Group Health Program. This brochure is not a contract and only the actual benefit document provisions will apply. Limitations and exclusions in addition to those presented in this brochure do exist. The benefit document sets forth in detail the rights and obligations of you, WAM-JPIC and Blue Cross Blue Shield of Wyoming. It is therefore, important that you PLEASE READ YOUR BENEFIT DOCUMENT CAREFULLY!

Quality Health Care Protection For You And Your Employees

When you select a program of health care protection for your employees and their families, you want excellent coverage at an affordable rate. As a member of the Wyoming Association of Municipalities you are eligible to participate in a health benefit program designed just for you.

A Self-Insured Program

A self-insured program gives you the opportunity to help control the cost of your health care coverage by helping you keep your claims cost low. This program is designed to provide you with benefits that are normally available only to large groups. In essence, WAM-JPIC is your insuring group, with Blue Cross Blue Shield of Wyoming acting as the claims supervisor. The WAM-JPIC self-insurance plan provides its members the opportunity to control their current and future health care costs by reducing unnecessary utilization of health care benefits AND to share in the rewards that result from the participant's good claim experience. The rate you pay is designed to cover projected claims and administrative expenses, build surpluses for covering adverse claims years, and provide for rate credits or dividends during good years. This program offers greater flexibility than ever before with a choice in health care plans and anticipated stabilization of rates.

Managed Care

Everyone knows that health care costs are demanding a greater share of our budget. But when it comes to reducing your health benefit costs, your options have been limited. The Managed Care Program is designed to help control the cost of your health care without reducing your benefits or the availability of quality care.

The WAM-JPIC Program with its Managed Care features helps assure that the health care services you receive are provided in the most effective setting.

Your Managed Care Program includes pre-admission review, pre-admission testing, generic drug incentives and second surgical opinion.

We hope that you and your family enjoy good health. However, should treatment be required, the WAM-JPIC Program will provide comprehensive protection for your health care needs. By using the Managed Care Program you'll be actively participating in the management of your own health care needs.

Would you like to save money while paying for your health plan? The WAM-JPIC Self-Insured Program offers two optional employee benefits that do just that.

A special tax-favored program allows employees to pay their portion of the monthly contribution with pre-tax dollars. This lowers the employee's taxable income, which will provide for an actual increase in take-home pay, because the employee will pay less federal income and Social Security tax on those salaries as well.

Flexible Spending Accounts allow employees to save for medical and dependent care expenses with pre-tax dollars. This savings can also be used for dental and vision expenses or deductibles and coinsurance amounts on the plan. The purpose is to save tax dollars for both the employee and employer.

WAM-JPIC Benefit Plans



Member Pays



WAM-JPIC pays

Plan 1		\$500 annual calendar year deductible (2 per family)
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services
100%		Physician's office surgery, Home Health Care, Hospice and certain Preventive Care Benefits
After \$1,500 Out-of-Pocket expense including deductible (\$3,000 per family)		
100% for the remainder of the calendar year		
Prescription Drugs		\$5.00 co-pay + 20% for generic drugs \$10.00 co-pay + 20% for preferred brand name drugs \$20.00 co-pay + 50% for non-preferred brand name drugs \$1,800 single/2X \$1,800 family maximum annual out-of-pocket drug costs

Plan 2		\$1,000 annual calendar year deductible (2 per family)
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services
100%		Physician's office surgery, Home Health Care, Hospice and certain Preventive Care Benefits
After \$2,000 Out-of-Pocket expense including deductible (\$4,000 per family)		
100% for the remainder of the calendar year		
Prescription Drugs		\$5.00 co-pay + 20% for generic drugs \$10.00 co-pay + 20% for preferred brand name drugs \$20.00 co-pay + 50% for non-preferred brand name drugs \$1,800 single/2X \$1,800 family maximum annual out-of-pocket drug costs

Plan 3		\$1,500 annual calendar year deductible (2 per family)
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services
100%		Physician's office surgery, Home Health Care, Hospice and certain Preventive Care Benefits
After \$2,500 Out-of-Pocket expense including deductible (\$5,000 per family)		
100% for the remainder of the calendar year		
Prescription Drugs		\$5.00 co-pay + 20% for generic drugs \$10.00 co-pay + 20% for preferred brand name drugs \$20.00 co-pay + 50% for non-preferred brand name drugs \$1,800 single/2X \$1,800 family maximum annual out-of-pocket drug costs

Plan 4		\$2,000 annual calendar year deductible (2 per family)
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services
100%		Physician's office surgery, Home Health Care, Hospice and certain Preventive Care Benefits
After \$3,000 Out-of-Pocket expense including deductible (\$6,000 per family)		
100% for the remainder of the calendar year		
Prescription Drugs		\$5.00 co-pay + 20% for generic drugs \$10.00 co-pay + 20% for preferred brand name drugs \$20.00 co-pay + 50% for non-preferred brand name drugs \$1,800 single/2X \$1,800 family maximum annual out-of-pocket drug costs

HSA		\$1,300 single type contract annual calendar year deductible \$2,600 family type contract annual calendar year deductible
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services
100%		Certain Preventive Care Benefits
After \$3,300 Out-of-Pocket expense including deductible (\$6,600 per family)		
100% for the remainder of the calendar year		
Accident Rider - None Prescription RX - Subject to Deductible and Coinsurance, managed pharmacy discounts apply		

Health Savings Account Repository - At member's discretion or may be sponsored/endorsed by WAM-JPIC/BCBSWY

Important Information regarding HSA-Eligible Plans:

Federal Law requires HSA - Eligible plans to be either "Single Type" or "Family Type" plans. If you enroll as Two Adults, Adult and Dependent(s), or Family, you will be covered under a "Family Type" plan. If you enroll as a Single, you will be covered as a "Single Type" plan.

Plan Choices

The participating Member Entity determines which plan they will offer at the time of the member entity's enrollment in the WAM-JPIC Group Health program. Individual choice of plan is not available.

Emergency Room Deductible

Plans 1 through 4 include an additional \$35.00 deductible for use of the emergency room. The \$35.00 deductible does not apply in a life threatening situation or to the initial visit for accidental injury.

Allowable Charges

All benefits as outlined herein are based upon allowable charges. Allowable charges are the maximum amount allowed under this plan as determined by BCBSWY.

Late Enrollees

Late Enrollees (those that do not apply within 30 days of their initial date of eligibility) may enroll during the Open Enrollment period (December 2nd - December 31st). Coverage would be effective on January 1st.

Limitations and Exclusions

Limitations and exclusions in addition to those represented do exist. For exact benefits, please refer to the detailed description of benefits in the office of your employer or the WAM-JPIC office.

Summary of Benefits

Hospital

- Semi-private room and board
- Intensive care and ancillary services
- Outpatient emergency room including x-ray and lab
- Inpatient treatment for nervous, mental illness or psychological services is provided.
- Inpatient treatment for alcohol or drug dependency

Surgical-Medical

- Surgeon Assistant surgeon
- Anesthesiologist Consultation
- Chemotherapy Laboratory and X-ray
- X-ray and radiation therapy
- Diagnostic examinations
- Home and office calls

Maternity

Benefits are provided for maternity the same as any other illness.

Outpatient Psychotherapeutic

Benefits are provided for outpatient psychotherapeutic services.

Rehabilitation

Limited to 45 days per participant per calendar year for inpatient and 20 visits per participant per calendar year for outpatient.

Other Covered Services

- Therapeutic equipment
- Medical supplies and dressings
- Diabetes education and services
- Ambulance services
- Specified human organ transplants
- Accident related dental care to natural teeth
- Physical therapy (limited to 40 visits per calendar year)
- Spinal manipulations (limited to 15 visits per participant per calendar year.)
- Home health care and Hospice

In case of an accident, immediate benefits up to \$1,500 per calendar year of allowable charges, before the deductible and co-insurance provisions go into effect, will be provided. Available on plans 1-4 only.

Preventive Care Benefits

Appropriate health screening is important in the detection of diseases in their early stages. The earlier a disease is detected, the better the chances of a cure. That's why the WAM-JPIC program includes Preventive Care benefits.

Preventive Care includes the preventive health services recommended by the U.S. Preventive Services Task Force (USPSTF) (A and B rated only), the Centers for Disease Control and Prevention's Advisory Committee on Immunization Practices (ACIP), and the Health Resources and Services Administration (HRSA).

When services are provided by Participating providers, benefits will be provided at 100% of the Allowable Charges for Covered Services without regard to any Deductible or Coinsurance that might otherwise apply. (Benefits as described above will also be provided when services are provided by a health fair including, but not limited to, the Wyoming Health Fair. In addition, benefits will be provided for testing procedures and for the examination of Subscribers and covered spouses for breast cancer, prostate cancer, cervical cancer and diabetes.)

Pre-Admission Review

If your provider recommends hospitalization or surgical treatment of a condition, Pre-Admission Review will help determine if the non-emergency admission is medically necessary and is being performed in the appropriate setting; it can clarify what benefits are covered, and helps avoid costly surprises afterwards. You should have your provider contact Blue Cross Blue Shield's Pre-Admission department at 800-251-1814 prior to treatment.

Prescription Drug Coverage

The WAM-JPIC program provides prescription drug coverage honored by pharmacies across the state and throughout the country. Each participating pharmacy is specially equipped to tell you the amount you are required to pay and all necessary claim paperwork will be taken care of for you.

The Mail Service Prescription Drug program provides long-term maintenance drugs at a discounted price through Prime-Mail™, a division of Prime Therapeutics, LLC (Prime). Prime is an independent company that manages pharmacy benefits for Blue Cross Blue Shield of Wyoming members.

Prescription drug coverage requires a co-payment for generic, preferred brand name and non-preferred brand name prescription drugs under Plans 1-4.

Co-payments will be charged for each 30 day supply in the retail setting, with only one co-pay for a 90 day supply if purchased through the Mail Service Program under Plans 1-4.

Under the HSA option, Plan 5, prescription Rx services are subject to the deductible and coinsurance.

Life and Accidental Death Protection

To insure you and your family members against financial difficulty in the event of an untimely death, life insurance is included in your WAM-JPIC program.

Employee Life Benefit	\$10,000
Employee AD& D Benefit	\$10,000
Spouse Life Benefit	\$1,000
Dependent Children (birth to 6 months)	\$500
Dependent Children (over 6 months to 19 or 25 if a full-time student)	\$1,000

The WAM-JPIC Life Insurance Program offers additional life coverage options.

Dearborn National Life Insurance Company is an independent life insurance company that does not provide Blue Cross Blue Shield of Wyoming products or services. Dearborn National Life Insurance Company is solely responsible for the life insurance coverage offered above.

For Information call: 1-800-442-2376 or
307-634-1393.

Dental Option

Dental benefits are offered as an option for groups with the WAM-JPIC Health Insurance Program.

Dental Option continued...

Preventative and Diagnostic- No dental deductible, payable at 100% of allowable charges.

- Oral examinations (twice/calendar year)
- Teeth cleaning and scaling
- Bite wing x-rays
- Emergency treatment
- *Fluoride treatment
- *Space maintainers

*Only for Participants under the age of 19.

Deductible Amount

- Individual\$50 per calendar year
(limit two deductibles per family)
- Annual Maximum Benefit.....\$1,000 per person*
- *Out of Pocket Maximum on pediatric services - \$1,500 for single; 2 x \$1,500 for family

Restorative- Subject to deductible/80% of allowable charges.

- General anesthesia
- Fillings (other than gold)
- Antibiotic drugs
- Extractions (other than for orthodontia)
- Oral surgery
- Pulp therapy

Prosthodontics- Subject to deductible/50% of allowable charges.

- Dentures
- Inlays, onlays, crowns
- Bridgework

Orthodontia- Charges are payable at up to 50% of the allowable charges for participants up to age 19. There is a lifetime maximum of \$1,000 per participant. Orthodontic treatment that is medically necessary is available for participants under the age of 19 and is not subject to any lifetime and calendar year maximums stated above. To be eligible for any medically necessary orthodontic treatment covered under this provision, the participant receiving the treatment must have been enrolled as a dependent under this agreement for an entire and continuous 24 month period prior to receiving the medically necessary orthodontic treatment.

Vision Option

WAM-JPIC health groups may also choose to include the no-deductible vision program.

Vision examination

- Benefits will be provided for one vision exam every twelve months.
- Benefit allowance per vision exam \$80.00*

Frames

- Benefits for new frames are provided every twenty-four months providing there were no benefits for contact lenses during the previous twenty-four months.
- Benefit allowance for frames \$80.00*

Vision Option continued...

Lenses

Benefits will be provided for new conventional lenses and adjustments every twelve months, providing there were no benefits paid for contact lenses during the previous twenty-four months.

Benefit allowances for each pair of lenses:

Single vision \$60.00 Tri-focal \$105.00

Bi-focal \$85.00 Lenticular \$200.00

Contact lenses

Contact lenses are covered as a substitute for conventional lenses and frames. Benefits will be paid in the amount of \$140.00 for contact lenses every twenty-four months, providing there were no benefits paid for frames or non-contact lenses during the same period.

Vision Exclusions

Services for the conditions of hypermetropia (far-sightedness); myopia (near-sightedness); astigmatism; anisometropia; aniseikonia and presbyopia will only be covered as described above. Benefits for refractions; eye glasses; contact lenses, visual analysis or testing of visual acuity; biomicroscopy; field charting; orthoptic training; servicing of visual corrective lenses; and consultations related to such services will be limited only to those benefits, if any, described above. Prescription sunglasses, oversized, photo-sensitive or anti-reflective lenses will not be covered if the charge exceeds the benefit allowance for lenses as defined.

Participating Provider Network

Blue Cross Blue Shield of Wyoming is committed to finding ways to keep health care costs at an affordable level. Blue Cross Blue Shield of Wyoming is a local health care company in Wyoming working statewide with a growing number of dedicated providers to provide affordable and quality health care.

All contracted providers have agreed to certain protections from balance billing and to send your WAM-JPIC health plan claims directly to Blue Cross Blue Shield of Wyoming for processing. Payment will be made directly to the provider, significantly reducing your involvement in the time-consuming claims process.

The Participating Provider Network is a benefit to WAM-JPIC members. We encourage you to choose participating providers and start saving time and money today.

For more information, or to obtain a listing of the Wyoming Participating Providers, log onto the Blue Cross Blue Shield of Wyoming web site at www.bcbswy.com or call 1-800-442-2376. You may also contact the staff of the WAM-JPIC Group Insurance plan for information.

Coordination of Benefits

If the employee or any covered dependent has other coverage that is determined to be primary over your WAM-JPIC coverage (in other words, the other coverage must make payments before your WAM-JPIC coverage), payments by your other coverage will be considered when determining how much WAM-JPIC will pay. The sum of the benefits payable under both policies shall not exceed the amount payable under this coverage had it been determined to be the primary payer.



WAM-JPIC

Partners for Health

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