



# *Wyoming* strong

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Your Local Chamber  
and  
The Wyoming Chamber  
Welfare Benefits Association



## Plan Description

### A SUMMARY OF THE WYOMING CHAMBERS HEALTH BENEFIT PLAN

The Wyoming Chambers Health Benefit Plan is a non-grandfathered benefit Plan under the Patient Protection and Affordable Care Act of 2010. This means the Plan includes the mandated coverage(s) as required in the law for the benefit of Plan participants. For additional information regarding the benefits provided due to this legislation, as well as all other available coverage levels limitations, please refer to the Plan Declaration and the Summary Plan Document.

### Participating Chambers

Campbell County Chamber of Commerce  
Sheridan County Chamber of Commerce  
Douglas Chamber of Commerce  
Powell Chamber of Commerce  
Thermopolis Chamber of Commerce  
Lander Area Chamber of Commerce  
Casper Area Chamber of Commerce  
Newcastle Chamber of Commerce  
Star Valley Area Chamber of Commerce  
Goshen County Economic Development Corporation  
Laramie Chamber of Commerce Business Alliance  
Sublette County Chamber of Commerce  
Worland / Tensleep Chamber of Commerce  
Cody Country Chamber of Commerce



#### WYOMING CHAMBERS HEALTH BENEFITS ASSOCIATION

Julie Simon, President  
Gail Lofing, Plan Administrator  
Campbell County Chamber of Commerce  
314 South Gillette Ave.  
Gillette, WY 82716  
(307) 682-3673

### The Wyoming Chambers Health Benefit Plan is:

- ▶ A Welfare Benefit Plan established under Internal Revenue Service Code and applicable Department of Labor regulations.
- ▶ A Plan where contributions are held in a Trust that is directed by a Board of Trustees chosen from the member participants of the Plan.
- ▶ A Plan governed by the Wyoming Chambers Health Benefits Association Board, the Plan Sponsor, and its Board of Directors who assigns a Plan Administrator, retains Legal Counsel, Accounting & Auditing Services and other Administrative Services as needed for the management of the Plan; all working for the benefit of the participants.
- ▶ A Plan where claims are paid by the contracted Claims Administrator (TPA) as directed by applicable State and Federal laws, the Trust Document, the Plan Declaration and the Summary Plan Description(s) of the benefit programs offered and administered by the Association.
- ▶ A Trust which contracts with insurance and/or reinsurance companies in order to ensure the overall financial stability of the Trust and of the benefits offered. These contracts may change from time to time and are voted upon and approved by the Association Board and the Trust Board or its designee.
- ▶ A Plan where the benefits offered are reviewed annually to determine their viability for the members and participants. The Wyoming Chambers Health Benefit Association, with available contracted counsel and advice, may alter these benefits, remove a plan of benefits completely and/or add new plans for consideration, without the consent of participating employers or participating employees.
- ▶ A Trust that is participant-owned along with any surplus or deficits incurred.

#### Claims Administered by:

**HealthSmart®**  
call: (844) 545-9494



## Program Objectives

- ✓ More stability in insurance premiums, now and in the future
- ✓ Broader accessibility to health insurance and coverage options within the community
- ✓ Creation of a community-wide wellness mind-set and culture
- ✓ Education about access to a broader range of choices to promote better healthcare decision making

### DEFINED CONTRIBUTION HEALTHCARE

For years, employers have provided benefits for employees and planned for those benefits to meet the needs of those employees and their families. The challenge for employers is that healthcare has become much more specialized and variable while benefit programs have adhered to a more “one-size-fits-all” model. Due to the evolving benefit needs of employees and their families, benefit choices must be available for employees to choose from to fit their individual needs.

One benefit plan

**DOES NOT** fit all employees' healthcare needs!

### In a Defined Contribution Benefit Plan ...

**EMPLOYERS CHOOSE** the amount of money to allocate towards benefits. It may be a different amount for coverage level(s) (Single, Family, etc.) and the amount does not need to change annually.

**EMPLOYEES CHOOSE** the benefit program that best fits their needs and their ability to afford the premiums for that benefit plan choice. The amount of premium for coverage, which is more than the employer contribution, is withheld from employee compensation.

### ENROLLMENT REQUIREMENTS/CONTINGENCIES:

- ◆ The employer must be a current member in good standing for at least 60 days, of at least one participating Chamber of Commerce, prior to Effective Date of coverage.
- ◆ Each employer must have a minimum of 75% of eligible employees participating for groups of 5 or more, and 100% participation for groups of 4 or less (after Qualified waivers). Minimum group size is 2 employees. Husband and Wife groups of two are eligible as long as both are full-time employees.
- ◆ Completed Employee Enrollment/Waiver Applications are required from each employee in order to qualify. Following underwriting, the entire employer group will either be accepted or denied coverage.
- ◆ The PLAN's renewal date is July 1st of each calendar year. Regardless of when enrollment is completed, any changes to the PLAN rates and/or benefits will take place on July 1st. Open enrollment (the ability to add employees who waived coverage or dependents which had previously waived) is the month of June of each year for each participating employer (subject to HIPAA Qualifying Event rules).
- ◆ Premium Contributions are made by the employer directly into the Trust Account and are used as described in the Trust Document, Summary Plan Description and Plan Declaration. The Trust is governed by a Board of Trustees, elected as described in the Trust Document.
- ◆ Employer must contribute a minimum of 50% of the employee's premium, or equivalent if multiple plans are offered. Paying too little of employee's premium may have tax implications under the ACA (for Applicable Large Employers).



# Benefit

## Plan - 1

## Plan - 2

## Plan - 3

### Notes:

Plans 4 and 5 are Qualified High Deductible Plans, meaning they are qualified insurance Benefits for Health Savings Account rules and participation

In Plans 4 and 5, the Rx Discount Card is where 100% of the discounted price applies to deductible and co-insurance and is processed as any "other" type of claim.

**IT IS IMPORTANT** to seek care with a PPO Member physician and/or facility in order to protect financial exposure. This includes services from standalone laboratory services and physical therapy service entities. Do not assume ... check and make sure.

	In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
<b>Deductible Amount</b>						
Single	\$1,000	\$2,000	\$1,500	\$3,000	Plan pays 70%	Plan pays 50%
Family	\$2,000	\$4,000	\$3,000	\$6,000		
<b>Co-Insurance</b>	80%	60%	60%	40%	70%	50%
<b>Out-of-Pocket Maximum</b>	Single \$6,500   \$9,500 Family \$13,000   \$19,000		Single \$5,500   \$9,500 Family \$11,000   \$19,000		Single \$7,150   \$12,000 Family \$14,300   \$24,000	
Out-of-Pocket Maximums shown include: Deductible(s), Co-insurance, Dr. Office Co-pays and Rx Card						
<b>Wellness</b>	100%	100%	100%	100%	100%	100%
<b>Dr. Office Co-Pay</b>					Plan pays 70% - Participant pays 30%	
Primary Care	\$35	Ded & Coins	\$35	Ded & Coins		
Specialist						
Non-PPO	\$75	Ded & Coins	\$75	Ded & Coins		
PPO						
Urgent Care Center	\$75	Ded & Coins	\$75	Ded & Coins	Plan pays 70% - Participant pays 30%	
PT / ST / OT	\$75	Ded & Coins	\$75	Ded & Coins		
<b>Rx Card Co-Pay</b>						
Generic					Plan pays 70% - Participant pays 30%	
Preferred		\$0		\$0		
Non-Preferred		\$15		\$15		
Brand Name						
Preferred		\$45		\$45		
Non-Preferred		\$85		\$85		
Specialty Rx		\$200		\$200		

### LOCATION

### PPO NETWORK NAME

### PPO Website

Wyoming, Utah, & Billings  
Colorado  
Remainder of Nation

WISE Provider Network  
Cofinity  
First Health

[www.wiseprovider.net](http://www.wiseprovider.net)  
[www.cofinity.net](http://www.cofinity.net)  
[www.firstthehealth.com](http://www.firstthehealth.com)

# Plans

## Plan - 4

## Plan - 5

## Plan - 6

In Network	Out of Network	In Network	Out of Network	In Network	Out of Network
\$2,750	\$5,000	\$5,000	\$10,000	\$2,500	\$5,000
\$5,500	\$10,000	\$10,000	\$20,000	\$5,000	\$10,000
80%	60%	80%	60%	60%	40%
Single \$3,500	\$7,000	Single \$6,000	\$12,000	Single \$6,600	\$12,700
Family \$7,000	\$14,000	Family \$12,000	\$24,000	Family \$13,200	\$25,400
Co-pays. DOES NOT include amounts in excess of Reasonable & Customary for Non-Network charges.					
100%	100%	100%	100%	100%	100%
Deductible & Co-insurance		Deductible & Co-insurance		\$35	Ded & Coins
				\$75	Ded & Coins
				\$75	Ded & Coins
				\$75	Ded & Coins
Deductible & Co-insurance		Deductible & Co-insurance		\$0	
				\$15	
				\$45	
				\$85	
				\$200	

## Wellness Initiative

ONE of the only ways to maintain a “reasonable” outlook for the future of a benefit program is to be able to accurately assess the risks, and to assess those risks annually. The Chambers’ Wellness Initiative includes, for participating adults:

- A Health Risk Assessment
- Biometric Full Blood Panel Screening


Through this Initiative, participants will receive an annual overview of their current health and a “score” that goes along with it. The reports and analysis may be used by the participant with their Medical Provider as well as the Care Managers with the Plan.

By participating in the Initiative, the premium rate charged to a participating employer group is reduced.

## ALL PLANS INCLUDE:

- ⇒ Mail Order Pharmacy
- ⇒ Medically Necessary Ambulance Coverage (Air and Ground)
- ⇒ Pre-Existing Conditions Covered
- ⇒ Unlimited Lifetime Maximum
- ⇒ \$150 Co-pay for Non-Emergent use of Emergency Room
- ⇒ Out-of-Pocket Maximum = Deductible amount + Co-insurance amount + Doctor and Rx Co-pays
- ⇒ Includes Chiropractic and Physical / Speech Therapy Benefits (when medically appropriate)
- ⇒ Credit for the amount of Prior Group Plan Deductible Amount(s)  
(Transfer Credit for New Employers at Inception of coverage)
- ⇒ Dr. Office Co-Pay Limits (per visit)
  - 100% for Office Visits - Co-pays included in Out-of-Pocket Maximums
  - 100% for approved Lab & X-ray to \$1,000 per year per person

- ⇒ Routine Wellness - **100% - Based on Physician Codes**  
Includes Annual Exams, Wellness Mammograms, Pap Tests, Birth Control (Specific List)  
Wellness Colonoscopy and PSA Tests (other items included as medically appropriate)
- ⇒ Preferred Provider Organization (PPO) Benefits provided  
Non-network paid at the 60th percentile of Reasonable & Customary
- ⇒ Automatic Group Life Insurance with Matching AD&D (\$15,000 per employee)

DENTAL BENEFITS	PATIENT'S LIABILITY		GENERAL PLAN LIMITS
	PLAN 1	PLAN 2	
Dental Deductible: (Per calendar year) ◆ Per Individual ◆ Per Family	\$50 \$150	\$50 \$150	Waived for Preventive Benefits
	PLAN 1 PAYS	PLAN 2 PAYS	
Preventative Benefits	100%	100%	Deductible waived. <b>Includes</b> fluoride treatment for dependent children under age 14, oral exams, cleaning and x-rays.
Basic Benefits	80%	80%	<b>Includes</b> fillings, root canals and periodontic treatment.
*Major Benefits	50%	50%	<b>Includes</b> Periodontal and Endodontics Care.
<b>*NOTE:</b> Participants will be subject to a 6 month waiting period before benefits are covered, unless 12 month prior coverage supplied.			
*Orthodontic Benefits (Under age 19) <b>Lifetime Orthodontic Benefits</b> Per Insured Individual	Not Covered	50% \$1,000	<b>Excludes</b> Missed Visit Charges.
<b>*NOTE:</b> Participants will be subject to a 12 month waiting period before benefits are covered, unless 12 month prior coverage supplied.			
<b>Calendar Year Maximum Benefit</b> Per Insured Individual	\$1,000	\$1,000	<b>Excludes</b> Orthodontic Benefits.

## Self-Audit Billing Credit

The Plan offers an incentive credit to all participants to encourage examination and self-auditing of eligible medical bills to accurately reflect the services and supplies received by the participant or covered dependent. The participant is voluntarily asked to review all hospital and doctor bills and verify that he/she has received each itemized service and the bill does not represent either an overcharge or a charge for services never received regardless of the reason. The Benefit Services Administrator agrees to assist the employee (at his/her request) in determination of errors, and recovery attempts.

In the event a participant's self-audit results in elimination or reduction of charges, twenty-five percent (25%) of the amount eliminated or reduced will be paid directly to the participant (subject to a twenty dollar (\$20) minimum savings), provided the

savings are accurately documented, and satisfactory evidence of a reduction in charges is submitted to the Benefit Services Administrator (e.g., A copy of the incorrect bill and a copy of the corrected billing.)

This self-audit credit is in addition to the payment of all other applicable plan benefits for legitimate medical expenses.

Participation in this self-auditing procedure is strictly voluntary; however, it is to the advantage of the plan as well as the plan participant, to avoid unnecessary payment of health care dollars and any subsequent remaining balance (the plan member's liability) on an incorrect billing.

This credit will not be payable for charges in excess of the Maximum Allowable Fee, regardless of whether the charge is or is not reduced. Maximum benefit of \$500 per episode of care.

## Benefits available...but NOT limited to:

Acupuncture for anesthesia purposes	Nursing Services
Allergy tests and allergy injections	Occupational Therapy
Ambulatory/Outpatient Surgery Facility Care	Orthopedic braces
Anesthesia charges	Oxygen & the equipment for its administration
Assistant surgeon charges	Pathological Services
(if required due to the surgical aspects)	Physical Therapy
Birthing Center	Prescription drugs requiring a prescription under federal law
Blood and blood related products	Professional ambulance service if medically necessary
Cardiac Rehabilitation	(Includes air ambulance)
Chemotherapy for treatment of a malignancy	Prosthetic Orthotics
Chiropractic. Manipulation or adjustment of the spinal column	Radiation Therapy
Colonoscopy (Diagnostic)	Respiratory/Inhalation Therapy
Diabetes Education. Equipment and	Services of Physicians
supplies for persons with diabetes	a. Hospital visits
Durable medical equipment,	b. Doctor's office calls
purchase or rental up to the purchase price	c. Doctor's office surgery
Elective Sterilization	Speech Therapy, but only to restore speech
Emergency Room	abilities lost due to illness or injury
Hospital inpatient or outpatient services	Surgery charges
Laboratory Services	Vision Care following covered medical procedure to the eye
Mastectomy due to diagnosed breast cancer	Wig up to \$300 lifetime (1 wig) due to Administration of cancer treatment
Mental & Nervous Treatment	X-Ray Services

## Benefits Exclusion:

Abortion; excepting "risk to mother", rape or incest	Hypnotism
Acupuncture or acupressure therapy	Liposuction
Adoption or surrogate expenses	Mailing expenses
Behavioral Counseling expenses	Marital counseling
Biofeedback Therapy	Massage therapy
Blood handling and storage charges	No obligation to pay
Cosmetic surgery	No physician recommendation
Chelation Therapy, except for heavy metal poisoning	Nonprescription items
Non-prescribed Corrective footwear	Not appropriate or not medically necessary
Cosmetic services	Obesity
Court ordered treatment	Occupational
Custodial care	Personal comfort of convenience items
(Under Medical) Dental & Dental Implants	Providing medical information
Developmental delays	Relative giving services
Preferred Provider discount amounts or "cash discounts"	Riot
Educational or vocational testing	Sales tax
Excess charges	Self-Inflicted
Exercise	Services before or after coverage
Experimental or investigational	Sex changes
Cosmetic Eyelid and Eyebrow Surgery	Smoking cessation (except under Preventative Care)
Failure to keep appointments	Surgical sterilization reversal
Felonious Acts. Charges resulting from or caused	Telephone consultations
during the commission of a felony	Third Party liability
Food	Travel or accommodations (unless Centers of Excellence)
Cosmetic Foot Care	Unwanted hair
Foreign medical care or Government provided services	Vision care. Visual training or orthoptics
Hair loss	War or Acts of War
Hearing aids & exams	Worker's Compensation

**Section 125** - Section 125 of the Internal Revenue Code allows for the premiums paid by employees for employer provided group benefits to be withheld from employee pay on a pre-tax basis. **The Wyoming Chamber Health Benefit Plan qualifies as an employer sponsored group benefit plan that could be offered under an employer's Section 125 plan. However, before an employer can offer pre-tax premium payments for his or her employees, the employer must adopt a separate "Section 125 Plan" and allow employees the right to choose whether they wish to participate.** The claims administrator for the Wyoming Chamber Health Benefit Plan has sample documents and/or administration options an employer may need, in order to adopt a pre-tax Section in consultation with the employer's tax counsel. For clarification, please consult with your Agent or the Trust's consultant.



**NOT ALL  
HOSPITALS  
and  
PHYSICIANS  
perform at the  
same level.**

**If a participant is  
going to seek  
care with a  
Specialist, the  
Centers of  
Excellence  
Program is an  
option for that  
care.**

**High Quality  
providers at a  
VERY  
competitive cost.**

**When claims  
costs are lower,  
premiums are  
lower ... when  
outcomes of  
surgeries are  
high, costs are  
lower ... win-  
win.**

## Centers of Excellence

In Health Care, as with all other issues of life, there are Doctors and Hospitals that do what they do better than others in their same profession. Many times, because they do their service so very well, it saves the patient recovery time, complication risks and cost of care. These Providers and Facilities are chosen due to their exceptional quality, competitive price, their location and number of procedures performed. For many types of diagnoses and treatment of health conditions, there are facilities that excel in treatment quality, low complication/high success rates, low mortality and aggressive pricing. Sometimes, it is better for the patient to even pay a higher price to ensure the higher quality. These Centers of Excellence also excel at the "cutting edge" of technology, diagnostic techniques and effective treatment methods.

### FOR JOINT REPLACEMENT AND ORTHOPEDIC SURGERY.

#### University of Utah Medical Center

**"One of America's Best"**

"Over the years, our reputation of excellence has grown throughout the Intermountain West and beyond as we have been recognized as one of "America's Best Hospitals" for the 13th year and counting."



#### Orthopedic Center of the Rockies

One of the premier Orthopedic practices in the Rocky Mountain region is based in Fort Collins/Loveland with physicians trained and qualified in most types of Orthopedic Care and intervention.

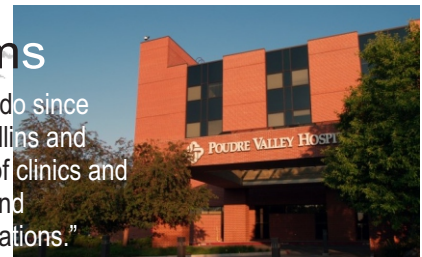


### FOR NEUROSURGICAL NECK AND BACK SURGERY.

#### Poudre Valley Health Systems

"Poudre Valley Health System, based in Fort Collins, Colorado since 1925. With two hospitals, Poudre Valley Hospital in Fort Collins and Medical Center of the Rockies in Loveland, plus a network of clinics and care facilities, our mission is to provide quality, innovative, and comprehensive world class health care that exceeds expectations."

In conjunction with Neurologists from the Front Range Center for Brain and Spine Surgery in Fort Collins, CO.



### FOR CARDIOVASCULAR / HEART PROCEDURES.

#### Mayo Clinic in Rochester, MN

"Thousands of patients come to Mayo Clinic in Rochester, Minnesota every day for diagnosis or treatment of a medical problem. Patients can make their own appointments or be referred by a physician. Most patients are treated on an outpatient basis, meaning their evaluation, tests and treatments are done in the Clinic and they return to their home or lodging at the end of the day. Patients who require hospitalization are admitted to one of the three Mayo hospitals in Rochester."



**T**here are hospitals and physicians who, through training and quality control measures, perform their services to the very best levels. Many of these providers also contract with benefit plans for very aggressive pricing. When care is sought at these facilities, for certain diagnosed conditions, the Plan will alter the structure of how benefits are paid and include a travel reimbursement (of up to \$2,500) for the participant

For additional details regarding the benefits and limitations of these programs, please consult the Summary Plan Description.