

**What’s New for 2021**

**Fall 2020**

2020 has been an unusual year with the upheaval surrounding Covid-19 along with the August rate increase. Here is a summary of the changes taking place:

### Medical Plan

* Elimination of $500 deductible plan;
* Add a new $4,000 deductible plan;
* Add office visit copayments for the $900, $2,000, and $4,000 plans:

$35 – Primary care participating physician visits – does not apply to deductible

$55 – Specialist participating physician visits – does not apply to deductible

(note: copayment would not apply to non-participating providers, urgent/acute care, lab work, Rx, and treatment codes beyond office visit)

* Premium rates and employer contributions for Active employees have been adjusted for all medical plan options. 2021 rates and employer contributions are included in this newsletter. A rate calculator sheet can be found on our website at EGI.WYO.GOV to use in calculating how the changes impact you.
* Premium rates will either remain the same or a slight reduction for retirees for all medical plans. 2021 rates are included in this newsletter.

### Dental Plan

* No rate changes

### Life Insurance – Basic Core Benefit

* No rate changes

### Life Insurance – Additional Voluntary Life Insurance

##### Employee Benefit\*\*

* + $10,000 - $250,000 in increments of $10,000 - not to exceed 8 times com- bined Basic/Voluntary annual earnings.
* **Spouse Benefit** – $10,000 - $50,000 in $10,000 increments.
  + Spouse coverage cannot exceed employee’s amount of Voluntary Life coverage
* **Children Benefit** - $10,000; children eligibility to age 26

##### Guarantee issue maximum

 Employee: $250,000

 Spouse: $50,000

\*\* Employee must be enrolled in the Standard Basic Life Plan in order to elect Voluntary Life Insurance. Please see page 8 of this Benefit Press.

### Voluntary Emergency Ground and Air Ambulance insurance

* Provides supplementary coverage for both medically necessary air and ground ambulance transports.
  + No copay
  + No deductible

The benefit booklets provide full descriptions of the Wyoming Employees’ and Officials’ Group Insurance Program medical, dental, flexible benefits, life and accidental death and dismemberment plans (collectively, the “Plans”), along with information regarding your rights, obligations and benefits under the Plans. Not all recipients of this mailing are eligible for all of the benefits listed here.

This “What’s New” section of the Benefit’s Press constitutes a Summary of Material Modifications to the Benefit Booklets for the Plans in effect on Jan. 1, 2020. The changes described in this “What’s New” document are generally effective as of Jan. 1, 2021. Please keep this “What’s New” document with your other State benefit plan materials so that you have up-to-date materials on your benefit plans. Wyoming Employees’ and Officials’ Group Insurance Program retains the right to amend, modify or terminate its benefit plans in any respect and at any time, and neither its benefit plans nor your plan participation will be considered a contract for future employment with your participating entity.

## Employees’ Group Insurance—Zoom Employee Meetings

#### For the safety of all Employees, Retirees’ and COBRA participants, Employees’ Group Insurance will not be traveling around the state to conduct Employee Meetings this fall. Instead, Ralph Hayes, will be conducting Zoom meetings that anyone can participate in by using the following links to join. There are four Zoom meeting options to attend a meeting.

**EGI Online Open Enrollment Meetings**

Time: Oct 5, 2020 04:00 PM

Oct 6, 2020 12:00 PM

Oct 7, 2020 11:00 AM

Oct 8, 2020 10:00 AM

**Join Zoom Meeting**

https://us02web.zoom.us/j/85429086306? pwd=NEcyako1eDJiNHo0OWxHZGQrb3lCZz09

Meeting ID: 854 2908 6306

Passcode: 939003

**Anyone unable to attend one of these meetings will be able to access a recorded video of a meeting at egi.wyo.gov under the Publications page after October 8, 2020.**

##### 2021 Premium Rates

**Effective January 1, 2021**

**For Active employees and COBRA participants**

***For help calculating your premium rates, please go to: EGI.WYO.GOV***

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage Options** | **Health** | **Preventive**  **Dental** | **Optional**  **Dental** |
| **Active $900 Deductible** | | | |
| Employee | 1,118.81 | 22.15 | 18.46 |
| Employee + Children | 1,698.80 | 48.92 | 43.26 |
| Employee + Spouse | 2,252.55 | 48.92 | 43.26 |
| Family | 2,591.90 | 48.92 | 43.26 |
| Split | 1,295.95 | 24.46 | 21.63 |
| **COBRA** Employee | 1,141.19 | 22.59 | 18.83 |
| **COBRA** Employee + Children | 1,732.78 | 49.90 | 44.13 |
| **COBRA** Employee + Spouse | 2,297.60 | 49.90 | 44.13 |
| **COBRA** Family | 2,643.74 | 49.90 | 44.13 |
| **Active $2000 Deductible** | | | |
| Employee | 1,031.89 | 22.15 | 18.46 |
| Employee + Children | 1,566.41 | 48.92 | 43.26 |
| Employee + Spouse | 2,077.00 | 48.92 | 43.26 |
| Family | 2,388.16 | 48.92 | 43.26 |
| Split | 1,194.08 | 24.46 | 21.63 |
| **COBRA** Employee | 1,052.53 | 22.59 | 18.83 |
| **COBRA** Employee + Children | 1,597.74 | 49.90 | 44.13 |
| **COBRA** Employee + Spouse | 2,118.54 | 49.90 | 44.13 |
| **COBRA** Family | 2,435.92 | 49.90 | 44.13 |
| **Active $4000 Deductible** | | | |
| Employee | 945.80 | 22.15 | 18.46 |
| Employee + Children | 1,436.09 | 48.92 | 43.26 |
| Employee + Spouse | 1,904.21 | 48.92 | 43.26 |
| Family | 2,191.38 | 48.92 | 43.26 |
| Split | 1,095.69 | 24.46 | 21.63 |
| **COBRA** Employee | 964.72 | 22.59 | 18.83 |
| **COBRA** Employee + Children | 1,464.81 | 49.90 | 44.13 |
| **COBRA** Employee + Spouse | 1,942.29 | 49.90 | 44.13 |
| **COBRA** Family | 2,235.21 | 49.90 | 44.13 |
| **Active $1500 Deductible (High Deductible Health Plan)** | | | |
| Employee | 1,032.10 | 22.15 | 18.46 |
| **COBRA** Employee | 1,052.74 | 22.59 | 18.83 |
| **Active $3000 Deductible (High Deductible Health Plan)** | | | |
| Employee + Children | 1,563.92 | 48.92 | 43.26 |
| Employee + Spouse | 2,073.70 | 48.92 | 43.26 |
| Family | 2,391.16 | 48.92 | 43.26 |
| Split | 1,195.58 | 24.46 | 21.63 |
| **COBRA** Employee + Children | 1,595.20 | 49.90 | 44.13 |
| **COBRA** Employee + Spouse | 2,115.17 | 49.90 | 44.13 |
| **COBRA** Family | 2,438.98 | 49.90 | 44.13 |

|  |  |
| --- | --- |
| **Employer**  **Contribution** | **Employer**  **Contribution** |
| **If FULL Match** | **Less Than 30 Hours/week\*\*** |
| 955.23 | 477.62 |
| 1,452.78 | 726.39 |
| 1,906.85 | 953.43 |
| 2,185.12 | 1,092.56 |
| 1,102.38 | 551.19 |
| - | - |
| - | - |
| - | - |
| - | - |
|  |  |
| 955.23 | 477.62 |
| 1,452.78 | 726.39 |
| 1,906.85 | 953.43 |
| 2,185.12 | 1,092.56 |
| 1,102.38 | 551.19 |
| - | - |
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|  |  |
| 955.23 | 477.62 |
| 1,452.78 | 726.39 |
| 1,906.85 | 953.43 |
| 2,185.12 | 1,092.56 |
| 1,102.38 | 551.19 |
| - | - |
| - | - |
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|  |  |
| 955.23 | 477.62 |
| - | - |
|  |  |
| 1,452.78 | 726.39 |
| 1,906.85 | 953.43 |
| 2,185.12 | 1,092.56 |
| 1,102.38 | 551.19 |
| - | - |
| - | - |
| - | - |

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\*If either employee is an AWEC/TP01/Contract employee, split matches are:

Contracted employee = 955.23 Spouse of contracted = 1,249.53

PT less than 30hours/week employee = 551.19

Full-time spouse of part-time split contract = 1,653.57

\*\*New part-time employees hired after August 1, 2020 receive 50% of full-time employer contributions

**20 21 R E T IR E E P R E M IU M R A T E S - Effective January 1, 20 21**

|  |  |  |  |
| --- | --- | --- | --- |
| **Coverage Options** | **Health** | **Preventive**  **Dental** | **Optional Dental** |
| **$900 Deductible ( Medicare eligible )** | | | |
| Retiree | 559.90 | 22.15 | 18.46 |
| Family | 1,117.68 | 48.92 | 43.26 |
| Retiree 65 + Children | 1,139.89 | 48.92 | 43.26 |
| Retiree 65 + Spouse < 65 | 1,676.71 | 48.92 | 43.26 |
| Retiree 65 + Spouse < 65 w/Dep | 2,016.06 | 48.92 | 43.26 |
| **$900 Deductible ( not Medicare eligible )** | | | |
| Retiree | 1,118.81 | 22.15 | 18.46 |
| Retiree + Children | 1 ,698.80 | 48.92 | 43.26 |
| Retiree + Spouse | 2,252.55 | 48.92 | 43.26 |
| Family | 2,591.90 | 48.92 | 43.26 |
| Retiree < 65 Spouse 65+ | 1 ,678.71 | 48.92 | 43.26 |
| Retiree < 65 Spouse 65 + w/Dep | 2 ,018.06 | 48.92 | 43.26 |
| **$2000 Deductible (Medicare eligible )** | | | |
| Retiree | 501.21 | 22.15 | 18.46 |
| Family | 1,000.32 | 48.92 | 43.26 |
| Retiree 65 + Children | 1 ,035.73 | 48.92 | 43.26 |
| Retiree 65 + Spouse < 65 | 1,531.10 | 48.92 | 43.26 |
| Retiree 65 + Spouse < 65 w/Dep | 1 ,842.26 | 48.92 | 43.26 |
| **$2000 Deductible (not Medicare eligible )** | | | |
| Retiree | 1 ,031.89 | 22.15 | 18.46 |
| Retiree + Children | 1 ,566.41 | 48.92 | 43.26 |
| Retiree + Spouse | 2,077.00 | 48.92 | 43.26 |
| Family | 2,388.16 | 48.92 | 43.26 |
| Retiree < 65 Spouse 65+ | 1 ,533.10 | 48.92 | 43.26 |
| Retiree < 65 Spouse 65 + w/Dep | 1 ,844.26 | 48.92 | 43.26 |
| **$4000 Deductible ( Medicare eligible )** | | | |
| Retiree | 459.38 | 22.15 | 18.46 |
| Family | 917.88 | 48.92 | 43.26 |
| Retiree 65 + Children | 949.67 | 48.92 | 43.26 |
| Retiree 65 + Spouse < 65 | 1,403.18 | 48.92 | 43.26 |
| Retiree 65 + Spouse < 65 w /Dep | 1 ,690.35 | 48.92 | 43.26 |
| **$4000 Deductible ( not Medicare eligible )** | | | |
| Retiree | 945.80 | 22.15 | 18.46 |
| Retiree + Children | 1 ,436.09 | 48.92 | 43.26 |
| Retiree + Spouse | 1,904.21 | 48.92 | 43.26 |
| Family | 2,191.38 | 48.92 | 43.26 |
| Retiree < 65 Spouse 65+ | 1,405.18 | 48.92 | 43.26 |
| Retiree < 6 5 Spouse 65 + w/Dep | 1,692.35 | 48.92 | 43.26 |
| **Wrap Around Medicare ( with prescription drug coverage )** | | | |
| Retiree | 435.38 | 22.15 | 18.46 |
| Family | 870.78 | 48.92 | 43.26 |
| **Wrap Around Medicare ( no prescription drug coverage )** | | | |
| Retiree | 235.14 | 22.15 | 18.46 |
| Family | 470.27 | 48.92 | 43.26 |
| **$1500 Deductible - High Deductible H e a lth P la n ( HDHP) - ( not Medicare eligible )** | | | |
| R e tire e | 1,032.10 | 22.15 | 18.46 |
| **$3000 Deductible - High Deductible H e a lth Plan ( HDHP) - ( not Medicare eligible )** | | | |
| Retiree + Children | 1 ,563.92 | 48.92 | 43.26 |
| Retiree + Spouse | 2,073.70 | 48.92 | 43.26 |
| Family | 2,391.16 | 48.92 | 43.26 |
| Retiree < 65 Spouse 65+ | 1 ,625.99 | 48.92 | 43.26 |
| Retiree < 65 Spouse 65 + w/Dep | 2 ,008.57 | 48.92 | 43.26 |

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**ACTIVE LIFE RATES**

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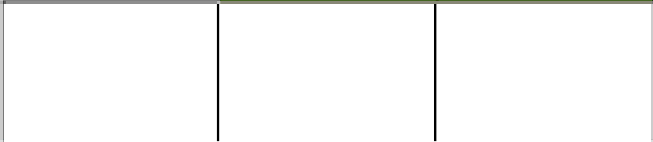
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ent Life Rate

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Vision 2021 Rat



Dental 2021 Rat

Single

Family

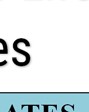
Preventive Optional

$22.15 $18.46

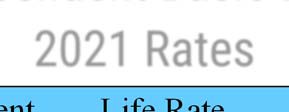
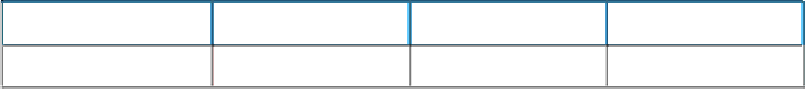
$48.92 $43.26



Active Basic Lif 2021 Rat



Retiree Basic Lif 2021 Rat



Dependent Basic Lif 2021 Rat

Depend

AGE GROUP

All

BENEFIT

4,000

AD & D

None

PREMIUM

1.46

|  |  |
| --- | --- |
| VSP—Vision Plan B | |
| Employee Only | $6.76 |
| Employee + 1 | $13.50 |
| Family | $21.74 |
| **VSP—Vision Plan C** | |
| Employee Only | $8.40 |
| Employee + 1 | $16.78 |
| Family | $27.02 |

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | |
| AGE GROUP | BENEFIT | AD& D | PREMIUM |
| Under 39 | 50,000 | 20,000 | 3.14 |
| 40 - 44 | 50,000 | 20,000 | 3.40 |
| 45 - 49 | 50,000 | 20,000 | 4.92 |
| 50 - 54 | 50,000 | 20,000 | 7.36 |
| 55 - 59 | 50,000 | 20,000 | 13.41 |
| 60 - 64 | 32,000 | 13,000 | 13.04 |
| 65 - 69 | 21,000 | 9,000 | 16.31 |
| 70 - 74 | 14,000 | 6,000 | 17.55 |
| 75 - 79 | 9,000 | 4,000 | 18.27 |
| 80 - 84 | 6,000 | 3,000 | 19.72 |
| 85 & Over | 4,500 | 2,000 | 23.96 |

|  |  |  |  |
| --- | --- | --- | --- |
| **RETIREE LIFE RATES** | | | |
| AGE  GROUP | BENEFIT | PREMIUM | W/DEP LIFE |
| Under 39 | 50,000.00 | 2.95 | 4.41 |
| 40 - 44 | 50,000.00 | 3.25 | 4.71 |
| 45 - 49 | 50,000.00 | 4.90 | 6.36 |
| 50 - 54 | 50,000.00 | 7.50 | 8.96 |
| 55 - 59 | 50,000.00 | 14.05 | 15.51 |
| 60 - 64 | 32,000.00 | 13.79 | 15.25 |
| 65 - 69 | 21,000.00 | 17.41 | 18.87 |
| 70 & over | 4,500.00 | 12.47 | 13.93 |

# Open Enrollment for Plan Year 2021

The annual State of Wyoming Employees’ and Officials’ Group Insurance Program open enrollment period is your opportunity to make changes to your health insurance coverage such as changing medical options and adding or dropping dependents from coverage. The open enrollment period will run from October 1, 2020 through November 30, 2020. Your benefit elections become effective January 1, 2021. Your decisions are binding for that calendar year (unless you experience a “qualifying event” that allows you to make a change).

Action must be taken during open enrollment to:

* Change your health plan or coverage level
* Add eligible dependents not currently covered under your health/dental plans
* Drop dependents
* Enroll/re-enroll in a flexible spending account (FSA Medical and/or Dependent Daycare reimbursement)
* Change payment of premiums from post-tax to pre-tax or pre-tax to post tax
* Add Voluntary Life (on you or your dependents)
* Add Voluntary MASA Ambulance Benefit

If you have questions about the upcoming open enrollment or about the State’s plans, please attend one of the upcoming employee Zoom meetings (See Page 2 of this issue of the Benefit Press).

**REMINDER**: If you are adding dependents, you will be required to submit supporting documentation (birth certificates, marriage certificates, etc.). Documentation must be received by December 30, 2020.

Remember, active employees can use the Employee Portal at egiportal.wyo.gov to complete these open enrollment tasks.

**Retirees**

**There are no “Open Enrollment” opportunities for Retirees. However, retirees may change their health plan options during the plan transfer period of October 1st through November 30th for a January 1st effective date. Retirees may cancel coverage at any time during the year, but please remember that once coverage is canceled, you cannot re-enroll in that coverage. The deadline for any “open enrollment” changes is November 30th.**

##### Open Enrollment elections must be turned into Employees’ Group Insurance by November 30, 2020.

**Privacy Notice - 2021**

Please see the complete Privacy Notice for The State of Wyoming Employees’ and Officials Group Plan on our website at egi.wyo.gov. Contact Employees’ Group Insurance with any questions you may have regarding this notice or if you’d like a hard copy of the Privacy Notice.

Our Privacy Notice applies to the operations of the State of Wyoming Employees’ and Officials’ Group Plans. We respect your right to privacy and value the trust you have placed in us. We are committed to the responsible management, use, and protection of our customers’ personal information.

# MASA Medical Transport Solutions

Employees’ Group Insurance is introducing a much desired and requested benefit to you and your family. This voluntary benefit program is a comprehensive air and ground ambulance transportation insurance solution covering you at home, work, or traveling. MASA's benefits help to bridge and mitigate gaps in traditional health insurance plans pertaining to medical air and ground transportations. The program is available to Active employees and non-Medicare retirees.

Without MASA, these transport companies are typically out-of-network with insurers which often lead to significant out-of-pocket expenses due to balanced billing, or large co-pays and deductibles which could burden your family financially in the short- and long-term.

Click on MASA’s less than 3 minute Video: https://vimeo.com/438675008/4ef6e61ee5

MASA will hold “Questions and Answers” presentations Monday through Thursday starting Oct 1st and run through November 24th at 9:00AM, 1:00PM, and 6:00PM.

To join the Zoom meeting use the following link: https://us02web.zoom.us/j/7667259821?pwd=MWJXR1g0YTFXMDB5T084a0tlTHF4dz09

Meeting ID: 766 725 9821

Passcode: 743635

**TeleHealth**

THE CARE YOU NEED—WHEN, WHERE AND HOW YOU NEED IT.

Choice is good. More choice is even better.

Now Cigna provides access to **MDLIVE** telehealth services as part of your medical plan.

Cigna Telehealth Connection lets you get the care you need—including most prescriptions for a wide range of minor conditions. Now you can connect with a board-certified doctor via video chat or phone, without leaving your home or office. When, where and how it works best for you!

**Choose when:** Day or night, weekdays, weekends and holidays.

**Choose where:** Home, work or on the go.

**Choose how:** Phone or video chat.

**Choose who:** Amwell or MDLIVE doctors**.**

And the cost of a phone or online visit is the same or less than with your primary care provider. **The cost for a MDLIVE visit is $45.** Remember, you should only use telehealth service for non-life threatening conditions.

**CHOOSE WITH CONFIDENCE**

MDLIVE is a quality national tele- health provider so you can choose your care confidently. When you can’t get to your doctor, Cigna Tele- health Connection is here for you.

**Register with MDLIVE so you’ll be ready to use a telehealth service when and where you need it.**

##### MDLIVEforCigna.com 888-726-3171

 **VOLUNTARY LIFE INSURANCE BENEFIT**

Employees’ Group Insurance is adding an additional benefit option for employees to enroll in. Currently there is a BASIC life insurance option available to employees through The Standard Company.

The Voluntary Life benefit is in addition to the basic, and the voluntary is paid by the employee.

Because of the new benefit, The Standard is allowing a *SPECIA L OPEN ENROLLMENT* for both the Basic & Voluntary Life benefit. If you have applied for basic in the past and been denied by The Standard, you cannot enroll during the Open Enrollment. If you have not been denied but did not elect life in the past, now is your chance.

Be sure to enroll on the benefit portal [egiportal.wyo.gov] by the open enrollment deadline of November 30, 2020. Coverage be- gins January 1, 2021.

**Special Open Enrollment (10/1/20-11/30/20)**

* Basic Life can be elected for Employee, Spouse, Children (ONE TIME ONLY).
* Voluntary Life can be elected for Employee, Spouse, Children (if electing Basic as well).
* EMPLOYEE: Minimum of $10,000 - Maximum of $250,000 - must be elected in increments of $10,000
* SPOUSE: Minimum of $10,000 Maximum of $50,000 - must be elected in increments of $10,000 (spouse election cannot be greater than the employee election).
* CHILD: Election is a set election of $10,000 and covers all eligible children under the age of 26.

**Annual Enrollment - Fall 2021**

* Voluntary Life can be elected for Employee, Spouse, Children (if already enrolled in Basic life)
* EMPLOYEE: Can increase either $10,000 or $20,000 OR can elect either $10,000 or $20,000
* SPOUSE: Can increase by $10,000 OR can elect $10,000 (Maximum election remains $50,000
* CHILD: Election of $10,000 can be added for all eligible children under the age of 26

**Additional Information**

* See the Brochure on our website for additional details on both Basic and Voluntary Life benefits.
* Basic Life includes AD&D for Active Employees; Voluntary has no AD&D coverage.
* Beneficiaries will be maintained under the Basic benefit but will apply to both basic and voluntary.
* Voluntary has an age reduction. SO, if you are already 65 and enrolling, we will reduce your election as shown below, so elect a higher amount to adjust for the reduction. Contact EGI with questions.
  + 65 yrs old = reduction to 65% of election
  + 70 yrs old = reduction to 50% of election
  + 75+ yrs old = reduction to 35% of election
* Basic life can be kept as an EGI retiree; however Voluntary life cannot be kept as retiree.

How Much Your Coverage Costs

If you choose to purchase Voluntary Life coverage, you'll have access to competitive group rates, which may be more affordable than those available through individual insurance. You'll also have the convenience of having your premium deducted directly from your paycheck. How much your premium costs depends on a number of factors. such as your age and the benefit amount.

**Employee Life Monthly Premiums**

**Coverage Employee's Age (as** of **first of the month** foll**owing your change in** age)

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Amount** | < **40** | **40-44** | **45-49** | **50-54** | **55-59** | **60-64** | **65-69\*** | **70-74\*** | **75-79•** | **80-84"'** | **85+•** |
| $10,000 | 0.73 | 1.16 | 1.86 | 2.93 | 4.65 | 4.98 | 4.63 | 6.14 | 7.29 | 13.99 | 41.38 |
| $20.000 | 1.46 | 2.32 | 3.72 | 5.86 | 9.30 | 9.96 | 9.27 | 12.28 | 14.57 | 27.99 | 82.75 |
| $30,000 | 2.19 | 3.48 | 5.58 | 8.79 | 13.95 | 14.94 | 13.90 | 18.42 | 21.86 | 41.98 | 124.13 |
| $40,000 | 2.92 | 4.64 | 7.44 | 11.72 | 18.60 | 19.92 | 18.54 | 24.56 | 29.15 | 55.97 | 165.51 |
| $50,000 | 3.65 | 5.80 | 9.30 | 14.65 | 23.25 | 24.90 | 23.17 | 30.70 | 36.44 | 69.97 | 206.89 |
| $60,000 | 4.38 | 6.96 | 11.16 | 17.58 | 27.90 | 29.88 | 27.81 | 36.84 | 43.72 | 83.96 | 248.26 |
| $70,000 | 5.11 | 8.12 | 13.02 | 20.51 | 32.55 | 34.86 | 32.44 | 42.98 | 51.01 | 97.95 | 289.64 |
| $80,000 | 5.84 | 9.28 | 14.88 | 23.44 | 37.20 | 39.84 | 37.08 | 49.12 | 58.30 | 111.94 | 331.02 |
| $90,000 | 6.57 | 10.44 | 16.74 | 26.37 | 41.85 | 44.82 | 41.71 | 55.26 | 65.58 | 125.94 | 372.39 |
| $100,000 | 7.30 | 11.60 | 18.60 | 29.30 | 46.50 | 49.80 | 46.35 | 61.40 | 72.87 | 139.93 | 413.77 |
| $110,000 | 8.03 | 12.76 | 20.46 | 32.23 | 51.15 | 54.78 | 50.98 | 67.54 | 80.16 | 153.92 | 455.15 |
| $120,000 | 8.76 | 13.92 | 22.32 | 35.16 | 55.80 | 59.76 | 55.61 | 73.68 | 87.44 | 167.92 | 496.52 |
| $130,000 | 9.49 | 15.08 | 24.18 | 38.09 | 60.45 | 64.74 | 60.25 | 79.82 | 94.73 | 181.91 | 537.90 |
| $140,000 | 10.22 | 16.24 | 26.04 | 41.02 | 65.10 | 69.72 | 64.88 | 85.96 | 102.02 | 195.90 | 579.28 |
| $150,000 | 10.95 | 17.40 | 27.90 | 43.95 | 69.75 | 74.70 | 69.52 | 92.10 | 109.31 | 209.90 | 620.66 |
| $160,000 | 11.68 | 18.56 | 29.76 | 46.88 | 74.40 | 79.68 | 74.15 | 98.24 | 116.59 | 223.89 | 662.03 |
| $170.000 | 12.41 | 19.72 | 31.62 | 49.81 | 79.05 | 84.66 | 78.79 | 104.38 | 123.88 | 237.88 | 703.41 |
| $180,000 | 13.14 | 20.88 | 33.48 | 52.74 | 83.70 | 89.64 | 83.42 | 110.52 | 131.17 | 251.87 | 744.79 |
| $190.000 | 13.87 | 22.04 | 35.34 | 55.67 | 88.35 | 94.62 | 88.06 | 116.66 | 138.45 | 265.87 | 786.16 |
| $200,000 | 14.60 | 23.20 | 37.20 | 58.60 | 93.00 | 99.60 | 92.69 | 122.80 | 145.74 | 279.86 | 827.54 |
| $210,000 | 15.33 | 24.36 | 39.06 | 61.53 | 97.65 | 104.58 | 97.32 | 128.94 | 153.03 | 293.85 | 868.92 |
| $220.000 | 16.06 | 25.52 | 40.92 | 64.46 | 102.30 | 109.56 | 101.96 | 135.08 | 160.31 | 307.85 | 910.29 |
| $230,000 | 16.79 | 26.68 | 42.78 | 67.39 | 106.95 | 114.54 | 106.59 | 141.22 | 167.60 | 321.84 | 951.67 |
| $240,000 | 17.52 | 27.84 | 44.64 | 70.32 | 111.60 | 119.52 | 111.23 | 147.36 | 174.89 | 335.83 | 993.05 |
| $250,000 | 18.25 | 29.00 | 46.50 | 73.25 | 116.25 | 124.50 | 115.86 | 153.50 | 182.18 | 349.83 | 1,034.43 |

'Coverage amounts for ages 65 and over reduce due to age reduction (see Life Age Reductions section).

**Spouse Life Monthly Premiums**

**Coverage Spouse's Age (as of first of the month following your spouse's change** in **age)**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Amount** | < **40** | **40-44** | **45-49** | **50-54** | **55-59** | **60-64** | **65-69\*** | **70-74\*** | **75-79\*** | **80-84\*** | **85+•** |
| $10,000 | 0.73 | 1.16 | 1.86 | 2.93 | 4.65 | 4.98 | 4.63 | 6.14 | 7.29 | 13.99 | 41.38 |
| $20,000 | 1.46 | 2.32 | 3.72 | 5.86 | 9.30 | 9.96 | 9.27 | 12.28 | 14.57 | 27.99 | 82.75 |
| $30,000 | 2.19 | 3.48 | 5.58 | 8.79 | 13.95 | 14.94 | 13.90 | 18.42 | 21.86 | 41.98 | 124.13 |
| $40,000 | 2.92 | 4.64 | 7.44 | 11.72 | 18.60 | 19.92 | 18.54 | 24.56 | 29.15 | 55.97 | 165.51 |
| $50,000 | 3.65 | 5.80 | 9.30 | 14.65 | 23.25 | 24.90 | 23.17 | 30.70 | 36.44 | 69.97 | 206.89 |

'Coverage amounts for ages 65 and over reduce due to age reduction 011 (see Life Age Reductions section).

**Child** Life **Monthly** Premiums•

Coverage

Amount Premium

$10,000 2.00

\*Regardless of the number of eligible children covered.

The Standard Group Voluntary Life Insurance

# Flexible Spending

January 1, 2021 the medical reimbursement account annual limit is $2,700 that any employee may contribute to this plan. The maximum dependent daycare account is $5,000 per family.

Remember, you will need to decide how much you want to contribute to your flexible-spending account during the open enrollment period in October & November 2020 for 2021. There are no grace periods where individuals may use the previous year’s flexible spending dollars on eligible expenses in the next year. Medical flexible spending accounts are “use it or lose it” in nature so plan carefully. It is better to put too little in than put too much into your account and forfeit any balances.

You can claim 2020 monies from your Medical Reimbursement and/or Dependent Daycare Account for services rendered through December 31, 2020. You have until March 31, 2021, to turn in those expenses for reimbursement. The **completed** claim form must be in our office by 5:00 pm on March 31, 2020, or be post- marked by March 31, 2020, or uploaded into the EGI portal to be eligible for payment from your account. This program is Federally Regulated, and we do not have the ability to make exceptions to these deadlines. Claim forms must be submitted accurately and completely, including all documentation needed to process your claim. You will not have the ability to correct the claim after the March 31, 2021 deadline.

With the Employee Benefits Portal, you will be able to enter your election yourself along with checking your account balances, and even submitting your claims.

# Flexible Spending Payment Schedule

#### EGI has updated our flexible spending payment schedule thanks to the efficiency offered by the EGI portal. Rather than a calendar based schedule, we now pay claims the same way every week.

* Flex deadlines are now every Friday
* All claims received by Friday in a given week will pay the Thursday 9 business days after that Friday.
* For example, a claim submitted on Saturday, January 2, 2021 will meet the Friday, January 8, 2021 deadline. This claim would pay on Thursday, January 21, 2021.
* You can check to see if you’re signed up for direct deposit by logging in to the EGI portal at egiportal.wyo.gov and clicking on the Flex tab on the upper half of the screen. A line in bold at the top of this section will read “Direct Deposit : Yes” or “Direct Deposit: No”
* If you are signed up for Direct Deposit, the funds will deposit on the Thursday corresponding to your submission date. Please note EGI does not guarantee payments will deposit first thing Thursday morning. If you are not signed up for Direct Deposit, your check will physically leave EGI’s office on the Thursday corresponding to your submission date.
* As always, please make sure you read the third page of the claim form for submission requirements prior to sending your claim to EGI





**Important Notice from the State of Wyoming**

**Employees’ Group Insurance About Your Prescription Drug Coverage and Medicare (Part D)**

Please read this notice carefully and keep it where you can find it. This notice has information about your current prescription drug coverage with the State of Wyoming – Employees’ Group Insurance 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.

**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. The State of Wyoming – Employees’ Group Insurance has determined that the prescription drug coverage offered by the State of Wyoming – Employees’ Group Insurance 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.

**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 [Insert Name of Entity] 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 at 307-777-6835 or toll free in Wyoming 800-891-9241.

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 the State of Wyoming – Employees’ Group Insurance 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**](http://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,](http://www.socialsecurity.gov/) or call them at **1-800-772-1213 (TTY 1-800-325-0778)**.

Date: September 1, 2020

Name of Sender: The State of Wyoming – Employees’ Group Insurance Contact--Position/Office: Employees’ Group Insurance Office

Address: 2001 Capitol Avenue Room B3 Cheyenne, Wyoming 82002 Phone Number: 307-777-6835 or toll free inside Wyoming 800-891-9241.

Website: [**http://egi.wyo.gov**](http://egi.wyo.gov/)

Choose your partners, one and all, Aspirin, Advil, or Tylenol!

Now fling those covers with all you’ve got, One minute cold, the next minute hot, Circle right to the side of the bed,

Grab the tissues and Sudafed.

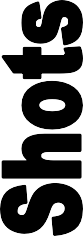
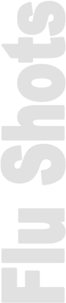
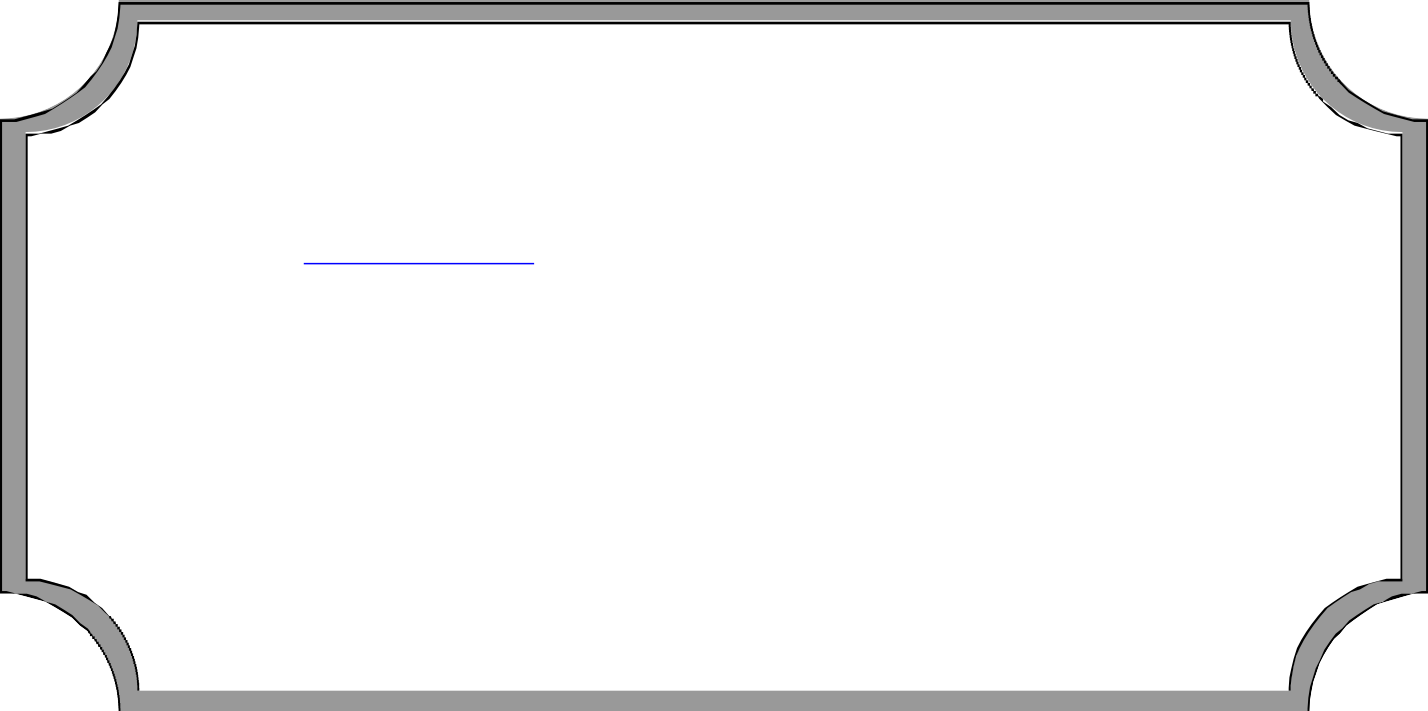
Back to the middle and don’t goof off; Hold your stomach and cough, cough, cough.

Forget about slippers, dash down the hall, Toss your cookies in the shower stall.

Remember others on the brink; Wash your hands; wash the sink.

Wipe the doorknob, light switch too,

By George, you’ve got it, you’re doing the Flu!



Some like it cold, some like it hot; If you like neither get the SHOT!

#### The best way to protect against the flu is to get a flu vaccination each year. Influenza (also known as the flu) is a contagious respiratory dis- ease caused by viruses and easily spread from person to person.

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Benefit Press Newsletter

Employees’ Group Insurance 2001 Capitol Avenue Room B3 Cheyenne, WY 82002

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307-777-6835

800-891-9241 (In Wyoming) egi.wyo.gov