

**CAMPBELL COUNTY HEALTH  
ENROLLING UNDER THE FLEXIBLE BENEFITS PROGRAM**

**PLAN YEAR JULY 1, 2021-JUNE 30, 2022**

**THE EFFECTIVE DATE OF COVERAGE IS THE FIRST OF THE MONTH  
FOLLOWING EMPLOYMENT.**

**PRE-TAX ELECTIONS**

**MEDICAL PLAN OPTIONS**

The Hospital's benefit's program provides you with a choice of two types of medical plans. Each of the medical plans provides quality health care coverage. You and your family are eligible for medical coverage but the plan you select must be the same for you and each of your dependents. You can elect coverage based on your situation. You will not be able to change your medical plan elections during the plan year unless you incur a qualified change in family status. You may only change option coverage during the open enrollment period each year, subject to other plan limitations.

	<b>\$1500 DEDUCTIBLE</b>	<b>HDHP (High Deductible Health Plan)</b>
Co-pay office visits	\$25	No co-pay. 80%/20% after deductible is met.
Deductibles	\$1500 person/\$3000 Two Adult or Adult & one Dep/\$3,000 family	\$1500 single coverage/\$3000 Two or more. (No <u>per person</u> deductible if Two or more covered.)
Co-insurance Maximum	\$2,500 person/\$5,000 family	\$3500 single/\$7000 family
Total Out of Pocket Maximum	\$4,000 person/\$8,000 family	\$5,000 single/\$10,000 two or more
Coinsurance: Campbell County Hospital & facilities it owns:	90%/10% UCR	90%/10% UCR
Hospital Services NOT obtained at CCMH	50%/50%UCR	50%/50% UCR
Non-Hospital Services or services related to an accident or emergency at a facility other than CCH	80%/20%UCR	80%/20% UCR
Preventive Care	100% coverage for Preventative	100% coverage for Preventative
Pre-Authorization for Hospitalization	Reduction in coverage if pre-authorization is not completed	Reduction in coverage if pre-authorization is not completed
Colonoscopy	For persons 50 years and older. Once every 10 years, covered at 100% if rendered at CCH. If not at CCH covered at 50% after deductible is met.	Covered at 100% for persons 50 years old and older. Once every 10 years.

### Prescription Card: Prime Therapeutics

	30 Day Supply – Retail	90 Day Supply – Mail Order
<b>HDHP only</b>	<b>Medical Deductible must be met</b> before coverage below is activated.	<b>Medical Deductible must be met</b> before coverage below is activated.
<b>\$1,500 Plan:</b>	No deductible to be met	
Generic	\$10.00	Generic \$15.00
Preferred	cost up to \$20.00= cost of prescription cost greater than \$20= \$20+20% of the balance capped at \$80	cost up to \$40.00= cost of prescription cost greater than \$40= \$40+20% of the balance capped at \$160
Brand	cost up to \$35 = cost of prescription cost greater than \$35= \$35.00+30% of the balance capped at \$150	cost up to \$75 = cost of prescription cost greater than \$75= \$75.00+30% of the balance capped at \$300

### DENTAL PLAN OPTIONS

The hospital's benefits program provides you with a comprehensive dental plan, through **Delta Dental**. Employees may select a different tier for dental coverage (Employee only, Employee and spouse, Employee and children or Employee and family) than for medical. You will not be able to change dental plan elections during the plan year unless you incur a "qualified change in family status". You also have the opportunity to waive dental coverage.

	OPTION	
Deductibles (Waived for Preventive/Diagnostic Services)	\$45 person/\$90 family	Based on a Fiscal Year
Coinsurance: Preventive and Diagnostic Services	100% at a Delta Dentist	Twice in a calendar year
Basic Services	85%	-Based on Fiscal Year
Major Services	50%	-Based on Fiscal Year
Orthodontics	50%	-Based on Fiscal Year
Dental Implants: a device specially designed to be placed surgically into the bone in the area of missing tooth/teeth which will have a single crown, bridge or denture placed over it.	50%	
Maximum Benefits: Orthodontics (to age 26) All Other Services	\$1,750 lifetime \$1,500 per year	-Lifetime -Based on Fiscal Year

**VISION PLAN**

The hospital's benefits program offers a standard vision plan. Employees may select a different tier for vision coverage (Employee only, Employee and spouse, Employee and children or Employee and family) than for medical and dental coverage. You will not be able to change your vision plan election during the plan year unless you incur a qualified change in family status. You also have the opportunity to waive vision coverage. Employees who waive vision coverage will not be allowed to enroll under the vision plan until the next open enrollment period.

Deductible:	
Exams/Lenses	\$10 per person
Frames	\$15 per person
Contacts	\$200 Allowance
Availability of Services	
Exams/Lenses	Once every 12 months
Frames	Once every 24 months

Benefits to Member Doctors are paid in full. There is a \$200 frame allowance (retail cost). Benefits to Non-Member Doctors are paid in accordance with a schedule and the frame allowance is limited to \$45 (retail cost).

**REIMBURSEMENT ACCOUNTS**

**Flexible Spending**

The hospital currently provides both Health Care Flexible Spending Accounts and Dependent Care Flexible Spending Accounts. The Reimbursement Accounts offer you the opportunity to pay for certain medical and dependent care expenses with pre-tax dollars. By spending pre-tax dollars, you reduce your current taxable income by the amount you contribute and pay less federal income tax and Social Security taxes for the year. In other words, you are paying for your eligible health care and dependent care expenses tax-free when you use these accounts.

The election you make will remain in effect during the remainder of this plan year (July 1 through June 30). You will not be able to change your elections until the following Open Enrollment unless you incur a 'qualified change in family status. The annual IRS limit is \$2,750 for Medical Flex and \$5,000 for dependent Flex. CCH does not contribute to your Flexible Spending Account.

**Health Savings Account**

If you enroll in the High Deductible Health Plan (HDHP), you are eligible to open a Health Savings Account (HSA). The HSA is a way for you put money aside tax-deferred to pay for future health care expenses. CCH contributes to your HSA account in the amount of \$1,000 for single coverage, \$1,500 for Employee + Spouse or Employee + Children and \$2,000 for Employee + Family and you can contribute up to \$3,600 for single or \$7,200 for family (includes Employer contribution). Although dependent children may be covered under your health plan through age 26, HSA dollars may only be used on dependent children under age 19 (or age 24 if a full-time student). The balance in this account will carry over from year to year. Money taken from your HSA account used to pay medical expenses are not subject to taxes. The money in an HSA can be withdrawn at any time to pay for non-medical expenses but would be subject to taxes and penalty. After age 65, money taken out to pay for non-medical expenses is only subject to taxes.

The Plan Administrator believes the \$1500 Deductible coverages are "grandfathered health plans" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that your plan may not include certain consumer protections of the Affordable Care Act that apply to other plans. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to the plan administrator at Campbell County Health, 501 S. Burma Ave., Gillette, WY 82717 (Ph. 307-687-1506) You may also contact the U.S. Department of Health and Human Services at [www.healthreform.gov](http://www.healthreform.gov).