

WAM - JPIC
CALCULATION OF GROUP RENEWAL PREMIUM
CONTRACT YEAR 7/2023 - 6/2024

GROUP NAME:	TOWN OF SARATOGA	
CURRENT COVERAGE:	\$500 Deductible Plan	With Dental With Vision
NEW COVERAGE:	\$500 Deductible Plan	With Dental With Vision
CURRENT RATE LEVEL:	18	
NEW RATE LEVEL:	19	

	CURRENT ENROLLMENT	CURRENT RATES	NEW RATES	PERCENT INCREASE
SINGLE	4	\$ 1,030.18	\$ 1,082.58	5.09%
ADULT + CHILD	1	\$ 1,775.59	\$ 1,865.19	5.05%
ADULT + CHILDREN	2	\$ 1,775.59	\$ 1,865.19	5.05%
TWO ADULTS	6	\$ 2,056.97	\$ 2,161.78	5.10%
FAMILY	7	\$ 2,801.93	\$ 2,943.95	5.07%
TOTAL	20	\$ 41,402.82	\$ 43,504.22	5.08%

Please Note:

This comparison is based on standard life coverage at the 2023 - 2024 life rates as provided through Dearborn National Life Insurance. These rates reflect \$10,000 life and accidental death and dismemberment. This amount reduces by 25% at age 70 and terminates at retirement. If elected, the amount of spouse coverage is \$1,000, dependent children birth to 6 months is \$500 and dependent children 6 months to 19 (25 if full time student) is \$1,000. Individual's rates may vary due to the election of different life insurance options. You will receive a separate bill from Dearborn National Life Insurance for the program you have.

This comparison does not include COBRA contracts

Current Enrollment as of 3/2023

**WAM-JPIC HEALTH INSURANCE RATES
INCLUDES STANDARD LIFE
JULY 2023 - JUNE 2024**

Tier 19

	Medical Only	Medical & Dental	Medical & Vision	Medical, Dental & Vision
\$500 Deductible Plan				
Single	1,051.85	1,077.91	1,056.52	1,082.58
Adult & Child	1,785.95	1,857.07	1,794.07	1,865.19
Adult & Children	1,785.95	1,857.07	1,794.07	1,865.19
Two Adults	2,100.24	2,152.42	2,109.60	2,161.78
Family	2,834.00	2,931.16	2,846.79	2,943.95
\$1,000 Deductible Plan				
Single	1,014.47	1,040.53	1,019.14	1,045.20
Adult & Child	1,722.39	1,793.51	1,730.51	1,801.63
Adult & Children	1,722.39	1,793.51	1,730.51	1,801.63
Two Adults	2,025.45	2,077.63	2,034.81	2,086.99
Family	2,733.01	2,830.17	2,745.80	2,842.96
\$1,500 Deductible Plan				
Single	984.35	1,010.41	989.02	1,015.08
Adult & Child	1,671.32	1,742.44	1,679.44	1,750.56
Adult & Children	1,671.32	1,742.44	1,679.44	1,750.56
Two Adults	1,965.40	2,017.58	1,974.76	2,026.94
Family	2,651.95	2,749.11	2,664.74	2,761.90
\$2,000 Deductible Plan				
Single	960.27	986.33	964.94	991.00
Adult & Child	1,630.24	1,701.36	1,638.36	1,709.48
Adult & Children	1,630.24	1,701.36	1,638.36	1,709.48
Two Adults	1,917.09	1,969.27	1,926.45	1,978.63
Family	2,586.73	2,683.89	2,599.52	2,696.68
HSA Eligible HDHP				
Single	967.05	993.11	971.72	997.78
Adult & Child	1,531.37	1,602.49	1,539.49	1,610.61
Adult & Children	1,531.37	1,602.49	1,539.49	1,610.61
Two Adults	1,800.74	1,852.92	1,810.10	1,862.28
Family	2,429.68	2,526.84	2,442.47	2,539.63

WAM-JPIC Health Benefit Selection Form

315 W. 27th St.

Cheyenne, WY 82001

(307) 632 - 0398

(307) 632 - 1942 FAX

TOWN OF SARATOGA

248306

Please refer to the attached "Calculation of Group Renewal Premium" to determine the benefit plan for which rates have been provided, including optional benefits such as dental and vision. A brief overview of the plan benefits are on the reverse side of this sheet. Refer to the Benefit Document for specific details, exclusions and limitations.

The annual renewal at July 1st is the only time that changes in benefits and probationary periods can be made.

Our records indicate the following information for your plan. Please make changes as may be needed. Please review the plan outlines and select one as your group's coverage for the upcoming contract year. *You must complete this form and return it to the WAM office by May 12, 2023.*

Please verify the status of the following for your plan:

Probationary Period: 30 days _____

The available probationary periods are 0 days, 30 days, or 60 days.

Please select one of the available options.

Portion of Employee Premium paid by Employer: 100% _____

Portion of Dependent Premium paid by Employer: 100% _____

Is the above information correct as stated? (circle one) Yes No If no, please correct.

Current Medical Coverage: \$500 Deductible Plan

Medical Coverage for the upcoming contract year (circle one):

Plan 1	Plan 2	Plan 3	Plan 4	Plan 5
\$500 Deductible	\$1,000 Deductible	\$1,500 Deductible	\$2,000 Deductible	HSA Eligible HDHP

Current Dental Coverage: Yes

Dental Coverage for the upcoming contract year (circle one): Yes No

Current Vision Coverage: No

Vision Coverage for the upcoming contract year (circle one): Yes No

We have selected the above noted plans for our WAM-JPIC group for the 7/2023 - 6/2024 Contract Year.

Print Name _____ Title _____

Signed _____ Date _____

Medical Benefit Options

WAM-JPIC Pays

Member Pays

PLAN 1

\$500 annual calendar year deductible (\$1,000 family)				
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services.		
100%		Certain preventative care benefits when provided by an in-network provider or by a licensed health fair.		
Medical Out-of-Pocket expenses including deductible	Single		Family	
	In Network	Out of Network	In Network	Out of Network
	\$1,500	\$1,650	\$3,000	\$3,300
100% of Allowable Charges for the remainder of the calendar year.				
Prescription Rx	\$5.00 copay + 20% for generic drugs \$10.00 copay + 20% for formulary brand name drugs \$20.00 copay + 50% for non-formulary brand name drugs \$1,800 maximum out-of-pocket per member per year (\$3,600 family)			

PLAN 2

\$1,000 annual calendar year deductible (\$2,000 family)				
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services.		
100%		Certain preventative care benefits when provided by an in-network provider or by a licensed health fair.		
Medical Out-of-Pocket expenses including deductible	Single		Family	
	In Network	Out of Network	In Network	Out of Network
	\$2,000	\$2,200	\$4,000	\$4,400
100% of Allowable Charges for the remainder of the calendar year.				
Prescription Rx	\$5.00 copay + 20% for generic drugs \$10.00 copay + 20% for formulary brand name drugs \$20.00 copay + 50% for non-formulary brand name drugs \$1,800 maximum out-of-pocket per member per year (\$3,600 family)			

PLAN 3

\$1,500 annual calendar year deductible (\$3,000 family)				
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services.		
100%		Certain preventative care benefits when provided by an in-network provider or by a licensed health fair.		
Medical Out-of-Pocket expenses including deductible	Single		Family	
	In Network	Out of Network	In Network	Out of Network
	\$2,500	\$2,750	\$5,000	\$5,500
100% of Allowable Charges for the remainder of the calendar year.				
Prescription Rx	\$5.00 copay + 20% for generic drugs \$10.00 copay + 20% for formulary brand name drugs \$20.00 copay + 50% for non-formulary brand name drugs \$1,800 maximum out-of-pocket per member per year (\$3,600 family)			

PLAN 4

\$2,000 annual calendar year deductible (\$4,000 family)				
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services.		
100%		Certain preventative care benefits when provided by an in-network provider or by a licensed health fair.		
Medical Out-of-Pocket expenses including deductible	Single		Family	
	In Network	Out of Network	In Network	Out of Network
	\$3,000	\$3,300	\$6,000	\$6,600
100% of Allowable Charges for the remainder of the calendar year.				
Prescription Rx	\$5.00 copay + 20% for generic drugs \$10.00 copay + 20% for formulary brand name drugs \$20.00 copay + 50% for non-formulary brand name drugs \$1,800 maximum out-of-pocket per member per year (\$3,600 family)			

PLAN 5

HSA Eligible HDHP		\$1,500 single type contract ¹ annual calendar year deductible		
		\$3,000 family type contract ¹ annual calendar year deductible		
20%	80%	In-hospital services, surgical-medical, maternity, home and office calls, inpatient rehabilitation and other covered services.		
100%		Certain preventative care benefits when provided by an in-network provider or by a licensed health fair.		
Medical Out-of-Pocket expenses including deductible	Single Type Contract		Family Type Contract	
	In Network	Out of Network	In Network	Out of Network
	\$3,500	\$3,850	\$7,000	\$7,700
100% of Allowable Charges for the remainder of the calendar year.				
Accident Rider - None				
Prescription Rx - Subject to Deductible and Coinsurance (managed pharmacy discounts apply)				
¹ 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 Adult, 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.				

WAM-JPIC HEALTH INSURANCE RATES
JULY 2023 - JUNE 2024

	Dental	Vision
Single	26.06	4.67
Adult & Child	71.12	8.12
Adult & Children	71.12	8.12
Two Adults	52.18	9.36
Family	97.16	12.79

STANDARD LIFE SCHEDULE OF BENEFITS

(Note: Dependent eligibility is different than the health eligibility)

We appreciate the opportunity to serve the employees of Wyoming Association of Municipalities by providing Group Life, Accidental Death and Dismemberment, and Dependent Life insurance through the Dearborn Group. This is an illustration showing your group life rates effective July 1, 2023.

Basic Life / AD&D	\$.33 Per \$1000 of Coverage
Dependent Life	\$.37 Per Family Unit

Life & AD&D Premiums

Single	\$3.30
Family	\$3.67

Note: Rates will be guaranteed until July 1, 2024.

These rates reflect \$10,000 life and accidental death and dismemberment. This amount reduces by 25% at age 70 and terminates at retirement. If elected, the amount of spouse coverage is \$1,000, dependent children birth to 6 months is \$500 and dependent children 6 months to 19 (25 if full time student) is \$1,000. If an individual group has life coverage in excess of \$10,000 or dependent life in excess of \$1,000, your premium will be increased accordingly.

If you have any questions regarding your benefits under this program, please contact our Life Department at our home office in Cheyenne. The number is 1-888-557-2384.

March 21, 2023