

**MEDICAL INSURANCE
(BLUE CROSS BLUE SHIELD OF WYOMING)**

The monthly premiums have an 85/15 split for the Preferred Provider Organization (PPO); and are 100% employer paid on the High Deductible Health Plan (HDHP).

OPTION 1: Low Deductible Plan (PPO)

PPO – Employee +2 or More:

Employee Contribution: \$367.61
Employee Wellness: \$339.05
Employee & Spouse Wellness: \$310.49

Employer’s Contribution: \$2,083.11
Total Premium: \$2,450.72
Deductible: \$800

PPO – Employee +1:

Employee Contribution: \$287.37
Employee Wellness: \$258.81
Employee & Spouse Wellness: \$230.25

Employer’s Contribution: \$1,628.42
Total Premium: \$1,915.79
Deductible: \$800

PPO – Single Coverage:

Employee Contribution: \$142.80
Employee Wellness: \$114.24

Employer’s Contribution: \$809.23
Total Premium: \$952.03
Deductible: \$400

PPO Out-of-Pocket Maximums:

After meeting the deductible, participant’s coinsurance is 20% until the out-of-pocket maximum has been met for the calendar year. Total deductible, coinsurance and out-of-pocket maximums are as follows:

Plan Level	In-Network	Out-of-Network
Individual Plan	\$3,100	\$3,410
Employee + 1	\$6,200	\$6,820
Family Plan	\$7,600	\$8,360

OPTION 2: High Deductible Plan (HDHP)

HDHP – Employee +2 or More:

Employee Contribution: \$ 0.00
Employer’s Contribution: \$2,302.25
Total Premium: \$2,302.25
Deductible: \$3,400

HDHP – Employee +1:

Employee Contribution: \$ 0.00
Employer’s Contribution: \$1,854.11
Total Premium: \$1,854.11
Deductible: \$3,400

HDHP – Single Coverage:

Employee Contribution: \$ 0.00
Employer’s Contribution: \$903.87
Total Premium: \$903.87
Deductible: \$1,700

HDHP Out-of-Pocket Maximums:

After meeting the deductible, participant’s coinsurance is 10% until the out-of-pocket maximum has been met for the calendar year. Total deductible, coinsurance and out-of-pocket maximums are as follows:

Plan Level	In-Network	Out-of-Network
Individual Plan	\$7,000	\$7,700
Employee + 1	\$14,000	\$15,400
Family Plan	\$14,000	\$15,400

HDHP HSA – Wellness Participation:

HDHP plan participants who are compliant in the City’s Wellness Program are eligible to receive a City contribution of \$300 for Employee Participation or \$600 for Employee & Spouse Participation into a health savings account (HSA). HSA contributions are prorated for new hires.

This brochure is intended to be a summary of the benefits that are offered to full and part-time employees. Part-time employee premiums will be prorated based on hours worked. For further information regarding any of these benefits, please contact the Human Resources Department.

DENTAL INSURANCE (DELTA DENTAL)

The monthly premiums have an 85/15 split for the Preferred Provider Organization (PPO); and are 100% employer paid on the High Deductible Health Plan (HDHP).

PPO – Employee +2 or More:

Employee Contribution: \$ 21.53
Employer’s Contribution: \$121.98
Total Premium: \$143.51
Deductible: \$90

PPO – Employee +1:

Employee Contribution: \$14.69
Employer’s Contribution: \$83.25
Total Premium: \$97.94
Deductible: \$90

PPO – Single Coverage:

Employee Contribution: \$ 7.32
Employer’s Contribution: \$41.48
Total Premium: \$48.80
Deductible: \$45

HDHP – Employee +2 or More:

Employee Contribution: \$ 0.00
Employer’s Contribution: \$143.51
Total Premium: \$143.51
Deductible: \$90

HPHP – Employee +1:

Employee Contribution: \$ 0.00
Employer’s Contribution: \$97.94
Total Premium: \$97.94
Deductible: \$90

HDHP – Single Coverage:

Employee Contribution: \$ 0.00
Employer’s Contribution: \$48.80
Total Premium: \$48.80
Deductible: \$45

Coverage: Preventive services are covered at 100%, basic services are covered at 85% and major services are covered at 50%.

PRESCRIPTION DRUG COVERAGE (PRIME THERAPEUTICS)

Prescription drug coverage is included with the medical premium. **PRIME Therapeutics** has a mail order service from which participants can order maintenance drugs and have a 90-day supply for a cost less than a 30-day supply. Participants on the HDHP must meet their deductible before Rx copays begin.

COPAYS	Retail 30-Day Supply	Retail 90-Day Supply	Mail 90-Day Supply
Generic	\$10	\$25	\$20
Preferred	\$30	\$75	\$60
Non-Preferred	\$35	\$87.50	\$70

VISION COVERAGE (VISION SERVICE PLAN)

(OPTIONAL – 100% EMPLOYEE PAID)

Single	\$11.56
Employee & Child(ren)	\$18.06
Employee & Spouse	\$19.01
Family	\$29.94

BASIC GROUP TERM LIFE INSURANCE

The City provides a life insurance benefit equal to the employee's annual salary up to \$75,000, and \$2,000 coverage in the event of a spouse or child's death (under the age of 26), to all regular employees who work at least 20 hours per week.

SUPPLEMENTAL LIFE INSURANCE

The City offers two optional supplemental life insurance policies. **Reliance Standard** offers premiums based on the employee's age and elected benefit amount. **Wyoming Retirement System** offers a premium of \$16 per month regardless of age.

FLEXIBLE SAVINGS ACCOUNT (FSA) (HEALTH EQUITY)

Set aside funds to pay for health or dependent care expenses on a "before-tax" basis.

RETIREMENT

All regular full-time employees are required to participate in the **Wyoming Retirement Pension Plan**.

For Public Employees, the City pays the employer's contribution (9.37% of the employee's gross salary) as well as the employee's contribution (9.5% of the employee's gross salary). The total Public Employee retirement contributions is currently 18.87%.

For Police Officers and Dispatchers, the City pays the employer's contribution (10.4% of the employee's gross salary) as well as the employee's contribution (10.4% of the employee's gross salary). The total Police Officer and Dispatcher retirement contributions is currently 20.8%.

DEFERRED COMPENSATION

(OPTIONAL – 100% EMPLOYEE PAID)

The City offers two 457 deferred compensation plans, through **Wyoming Retirement System** and **MissionSquare Retirement**.

LONG TERM DISABILITY

The City provides long-term disability to all regular employees who work 20 hours per week or more.

SHORT TERM DISABILITY

(OPTIONAL – 100% EMPLOYEE PAID)

Three levels of coverage are offered. The coverage level is based on 60% of weekly wage.

ANCILLARY INSURANCE (BCS)

(OPTIONAL – 100% EMPLOYEE PAID)

Accident, Critical Illness and Hospital Indemnity.

EMPLOYEE ASSISTANCE PROGRAM (EAP) (CURALINC)

The City pays for up to six (6) consultations per year, per episode, for each regular (part-time or full-time) employee and/or member(s) of the household.

Summary of Employee BENEFITS



Human Resources



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