LEGISLATIVE UPDATE
The 2014 Joint Appropriations Interim Committee sponsored H.B. No. 0065 which proposed allowing counties an option to participate in the State Employees’ and Officials’ Group Insurance Plan in the 2015 Legislative session. The bill was similar to the legislation put into place to allow K-12 districts and Board of Cooperative Education Services to join the State’s plan. H.B. No. 0065 passed the House but the Senate added two amendments to the legislation which were rejected by the House. H.B. No. 0065 was postponed indefinitely by the House.

RETIREMENT
Boy, sometimes it seems like time just flies by. Summer is right around the corner and folks are thinking that maybe it’s time to consider that next big step in life; RETIREMENT!!! Well, here are a few things to get you started. If you are really just wanting to know what it might cost you to keep your coverage in place once you retire, you can always go out to our web site and check out the retiree rates for the current year.

☒ Employees’ Group Insurance (EGI) requires that you have been working for a covered entity for at least 20 years and be any age or be at least 50 years old with at least 4 years of service. You must also be enrolled in any product for at least one year just prior to retirement in order to enroll as a retiree.

☒ EGI will provide you with a retiree package that will give you all the rates, plan books, and forms you will need to continue your health, dental, life or vision coverage once you retire. Call us at least one month before you plan to retire — 800-891-9241 or 307-777-6835.

☒ You are eligible to receive a contribution towards your health coverage based on the number of years you’ve worked for a covered entity; that information will also be included in the retiree package.

☒ If you are currently enrolled in pretax premium deductions, you may use your final payout to pay for the remainder of the current years premiums. This option will shelter some of that payout money.

☒ Remember, there is no “open enrollment” period for retirees. You will only be allowed to add newly acquired dependents to your retiree plan. You may change your health plan option during the plan transfer period every November for the next year.

☒ Lastly, enjoy your retirement—you deserve it.
NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.

The Plan’s Responsibilities

The term “Protected Health Information,” (PHI) includes all information related to your past, present or future physical or mental health condition or to payment for health care. PHI includes information maintained by the Plan in oral, written or electronic form.

The Plan is required by law to protect the privacy of your Protected Health Information and to provide you with notice of our legal duties and privacy practices with respect to you PHI. The Plan must follow the privacy practices described in this notice. This notice takes effect July 1, 2014. The Plan reserves the right to revise our privacy practices as described in this notice, and must inform you of those changes; as well as periodic reminders of our Privacy Practices.

We may use and disclose PHI for many reasons, some of which require your authorization but most do not require authorization. Unless required by law, the Plan will use the minimum information necessary to satisfy the purpose of the use or disclosure. This notice does not apply to information that has been de-identified.

Your Rights Regarding Your Protected Health Information

Access: You have the right to look at or get copies of your PHI records. You must make the request in writing.

Amendment: You have the right to ask us to amend your PHI records. You may request, in writing, that Employees’ Group Insurance (EGI) change or add missing information; including the reason for the request. EGI is not required to agree to the request.

Confidential Communication: If you feel you could be in danger as a result of your PHI being sent to your main address, you have the right to ask that we send your PHI to a different address or that we communicate with you in a certain way. You must make your request in writing and you must state that the PHI could endanger you if not communicated in confidence. We will accommodate reasonable requests when possible.

Disclosure List: You have the right to ask for a list of the disclosures of PHI made by the Plan within the past six (6) years. Request must be in writing. The Plan is not required to provide a list of disclosures related to treatment, payment, or health care operations or disclosures made to you or authorized by you in writing. If more than one request is made in a 12 month period, the Plan will charge a reasonable fee for additional lists.

Restrictions: You have the right to request restrictions on uses or disclosures of your PHI. You have the right to restrict the use of your PHI to family members, friends or other persons identified by you who are involved in your care.

Revoke permission. If you are asked to sign an authorization to use or disclose your PHI, you may cancel the authorization at any time. You must make the request in writing. This will not affect PHI already shared by EGI.

Complaint: You have the right to file a complaint if you do not agree with how EGI has used or disclosed your information. See the end of the notice for contact information.

Electronic Notice: If you received this notice electronically via our website or email, you may contact the Privacy Officer for a paper copy of this notice.

Personal Representative. You have the right to appoint a personal representative to act on your behalf and have access to your PHI. A signed and approved ‘Appointment of Personal Representative’ form will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. The Plan will automatically consider a spouse to be the personal representative of an individual covered by the plan.

Use and Disclosure without Your Authorization

Abuse or Neglect: We may disclose your PHI to the appropriate authorities to report child abuse or neglect or when there is a concern that you have been a victim of abuse, neglect or domestic violence.
**Treatment:** Treatment is the provision, coordination of health care and related services.

**Payment:** Payment is paying claims for health care and related activities.

**Health Care Operations:** Health Care Operations keep the Plan operating soundly.

**Appointments and informative purposes:**

**Public health activities:** Requests required by law for purposes of exposures to communicable disease.

**Health Oversight Activities:** Your PHI may be disclosed to health oversight agencies responsible for civil, administrative, criminal investigations, licensure or disciplinary actions. (i.e. to investigate complaints against a provider)

**Required by law:** We may disclose your PHI when we are required to do so by law. For example, to U.S. Department of Health and Human Services officials upon their request, so they can determine whether we are complying with federal privacy laws.

**Law Enforcement:** We may disclose your PHI to law enforcement officials in certain situations.

**Legal Proceedings:** We may disclose your PHI when required for judicial or administrative proceedings, in response to a subpoena or discovery request that is accompanied by a court order.

**Research:** EGI may disclose PHI to conduct studies and develop reports. However, these reports do not identify specific people.

**Health or safety threats:** EGI may disclose PHI to government officials collecting information about public health; law enforcement to avert a serious threat to the health and safety of a person or the public.

**To family, friends, and others:** EGI may disclose PHI to your family or other persons involved in your medical care.

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**Use and Disclosure That Require Your Written Authorization**

**Personal Representative.** Your personal representative will be required to produce evidence of authority to act on your behalf before the personal representative will be given access to your PHI or be allowed to take any action for you. Proof of such authority will be a completed, signed and approved Appointment of Personal Representative form. The Plan will automatically consider a spouse to be the personal representative of an individual covered by the plan.

**Psychotherapy Notes:** Generally the Plan must obtain your authorization before use or disclosure of notes about you from your psychotherapist. These notes are separately filed notes about your conversations with your mental health professional during a counselling session. They do not include summary information about your mental health treatment.

**Restrictions:** You have the right to request restrictions on uses or disclosures of your PHI. You have the right to restrict the use of your PHI to family members, friends or other persons identified by you who are involved in your care. We will consider your request but are not required by law to agree to them.

**Electronic Notice:** If you received this notice electronically via our website or email, you may contact the Privacy Officer for a paper copy of this notice.

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**Questions and Complaints**

If you need further information or have questions about your privacy, please contact the Privacy Officer at EGI. If you believe that your privacy has been violated, you may file a complaint with the Privacy Officer or the Secretary of HHS. If you need further information or have questions please contact the Privacy Officer. The Plan will not retaliate against you for filing a complaint.

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**Employees’ and Officials’ Group Insurance Plan**

Privacy Officer

Emerson Building Room B3

Cheyenne, WY 82002

307-777-6714

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**Secretary of the US Department of Health & Human Services**

Hubert H. Humphrey Building

2000 Independence Ave. S.W.

Washington, D.C. 20201

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**Original Implementation Date:** April 14, 2003

**Revision Effective Date:** September 1, 2014
Checkup for a healthy house

Is your home a magnet for hidden germs? Use this checklist with “how-to tips” for making your home healthier this spring.

Spring cleaning checklist

☐ Disinfect the kitchen. Clean all kitchen surfaces thoroughly to help prevent foodborne illness caused by bacteria like salmonella and E.coli. The biggest germ hangouts are:
  ➤ The kitchen sink guzzles down millions of germs daily from raw meat, fish, fruits and veggies.
    How-to tip: Freshen up the sink drain by pouring baking soda down the drain followed by vinegar and hot water.
  ➤ The fridge and its friends – mystery leftovers, crumbs and spills – can cause mold and bacteria to grow. Clean the refrigerator and toss out old and expired foods.
    How-to tip: Wipe down the inside of the refrigerator with vinegar to get rid of bacteria, mold and mildew.
  ➤ Sponges harbor millions of germs because they provide a moist, dark and warm environment that germs crave. Stop germs by cleaning sponges daily and replacing them frequently.
    How-to tip: Wash in the dishwasher with a drying cycle or microwave a damp sponge for one minute to kill 99 percent of bacteria.
  ➤ Cutting boards (either plastic or wood) have cracks and crevices that germs love to hide in.
    How-to tip: Sanitize cutting boards in the dishwasher to prevent illnesses from bacteria.

☐ Banish dust mites. Fight indoor allergens before allergy season is in full swing.
  ➤ Wash walls and doors with a damp cloth to remove invisible pet dander and dust mites.
  ➤ Vacuum carpets often using a vacuum cleaner with a high-efficiency particulate air (HEPA) filter.
  ➤ Wash bed linens in hot water weekly. Dry bed coverings on high heat to kill dust mites.

☐ Kill germs on surfaces. Some germs can survive one or two days on nonporous surfaces!
  ➤ Door knobs and handles attract viruses and bacteria from every hand in the house. Wipe away germs with nontoxic disinfecting wipes or use a multi-surface cleaner.
  ➤ Hand towels breed millions of germs daily because of their frequent, shared use. Change towels frequently and wash in hot water.
  ➤ Computer keyboards are rampant with germs. Use alcohol pads to quickly clean computer keys.

Sources:

This is intended to be general health information and not medical advice or services. You should consult your doctor for medical advice or services, including seeking advice prior to undertaking a new diet or exercise program.

Together, all the way.”
Long Term Care Insurance (Genworth) Changes

Previously the long term care insurance that the State offers to eligible employees through Genworth was a guarantee issue if you applied as a new hire within your eligibility period. Newly benefited employees will now be required to go through a minimal underwriting process and be approved to be covered.

Another change is the discontinuance of having your long term care insurance as a payroll deduction from your paycheck. If you are currently having this premium deducted from your paycheck; you will be notified in the next few months that you must change to a new method of payment, e.g., EFT; direct bills.

If you have any questions regarding your long term care insurance coverage or your payment options, please call Genworth at 800-416-3624.

Did you know?

Eligible Dependents are:

- your legal spouse, as recognized by the State of Wyoming.
- a child. Child “Child” means:
  - your natural child.
  - your stepchild.
  - your adopted child

You will be required to provide documentation for any dependent you add to your coverage, i.e., birth certificate; marriage certificate. This applies regardless if you are adding them during open enrollment, new hire, or due to a qualifying event or if they have been covered previously.

Your Dependents must live in the United States or Puerto Rico to be eligible for coverage.

Split Coverage

Split coverage is when both spouses, with eligible dependent children, are employed by Covered Entities and covered under this Plan. This means that you have family coverage and the split means that the Contribution that your agency pays for your family coverage is split between the spouses’ agencies. The spouse that has worked the longest for a covered entity is considered the primary insured.
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).

**Remember:** Keep this Creditable Coverage notice. If you decide to join one of the Medicare drug plans, you may be required to provide a copy of this notice when you join to show whether or not you have maintained creditable coverage and, therefore, whether or not you are required to pay a higher premium (a penalty).

Date: October 1, 2014

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)

**Women’s Cancer Rights**

Under federal law, group health plans, insurers, and HMO’s that provide medical and surgical benefits in connection with a mastectomy must provide benefits for certain reconstructive surgery, effective for the first plan year beginning on or after October 21, 1998. In the case of a participant or beneficiary who is receiving benefits under the plan in connection with a mastectomy and who elects breast reconstruction, federal law requires coverage in a manner determined in consultation with the attending physician and the patient for

- reconstruction of the breast on which the mastectomy was performed.
- surgery and reconstruction of the other breast to produce a symmetrical appearance; and
- prostheses and treatment of physical complication at all stages of the mastectomy, including lymphedemas.

This coverage is subject to a plan’s annual deductibles and coinsurance provisions. These provisions are generally described in the plan’s Benefit Booklet.

If you have any questions, about how your plan covers mastectomies or reconstructive surgery, please contact our office at 307-777-6835 or 1-800-891-9241 or Cigna at 1-800-685-1060.
**Easy Grilled Zucchini**

1 tablespoon olive oil

2 zucchini, sliced 1/4 inch thick, lengthwise

1 tablespoon grill seasoning

**DIRECTIONS**

1. Preheat grill for medium heat and lightly oil the grates.

2. Drizzle zucchini slices on both sides with olive oil and season with grill seasoning.

3. Grill zucchini until tender, 3 to 4 minutes per side.

**Lemon Ice**

1 lemon, zested and juiced

1 lemon, juiced

2 cups cold milk

1 (14 ounces) can nonfat sweetened condensed milk, chilled.

**DIRECTIONS**

1. In the freezer canister of an ice cream maker, combine lemon zest, lemon juice, milk and sweetened condensed milk. Freeze according to manufacturers’ directions.