Wyoming Chambers Health Benefit Program

Policy Dates: June 1, 2025 – May 31, 2026

https://wyomingchambersplan.com

Sponsored by:
Associated Employers and
Hub International

Welcome

Associated Employers (AE) is a voluntary, non-profit employers' resource association that has been dedicated to assisting members with their human resource, safety and employee benefit needs since 1916.

Inside

Health Benefit Program

- The Associated Employers Group Benefit Plan & Trust is a partially self-funded multiple employer welfare arrangement (MEWA) operating under Federal Department of Labor regulations governed by the Employee Retirement Income Security Act (ERISA).
- The Associated Employers Group Benefit Plan & Trust is administered by a Board made up of plan participants who voluntarily and without compensation contribute their time and talents to directing the operation of the Trust.
- The Trust currently covers over 7,300 employee lives. Employee Benefit Management Services (EBMS) has been the TPA for the AE Trust since 1980.

Melissa Bilby, Consultant

HUB International
400 E 1st St, Ste 105

Casper, Wyoming 82601
(307) 233-8591
melissa.bilby@hubinternational.com

Enrollment Requirements/Contingencies

- Participation in the Trust requires the employer to maintain an annual membership in Associated Employers.
- Employer must have a business location in Wyoming or Montana.
- Employer must cover at least one employee, who is not related to the owner(s) by bloodline or marriage.
- Employer will designate a minimum hour requirement for eligibility between 20-30 hours per week and all employees working the minimum hours required must be offered coverage once they have completed the waiting period.
- Employer contributing less than 100% of the cost of coverage for its employees are prohibited per Federal Law from using a formula which discriminates in favor of its highly compensated employees and owners. The contribution towards all eligible individuals must be the same..
- The Trust requires a minimum of 70% of eligible employees must enroll on the Plan.
- A minimum of $5,000 in life coverage is required for each employer offering medical benefits
- Completed and signed employee enrollment/waiver forms are required from each eligible employee
- The Trust holds open enrollment in December for January 1st and in March for April 1st. Changes in enrollment can only be made outside of these dates if the individual has a qualifying event.

Associated Employers

RECURO HEALTH

DELTA DENTAL®

TheStandard®

ebms

NAVITUS

agility℠ Easy Online Benefits From TheStandard®

Health Plan

Program Objectives

- More stability in insurance premiums, now and in the future
- Broader accessibility to health insurance and coverage options within the community
- Creation of a community-wide wellness mind-set and culture
- Education about access to a broader range of choices to promote better healthcare decision making.

Defined Contribution Healthcare

In a Defined Contribution Benefit Plan:

EMPLOYERS CHOOSE which of the Chamber plans they offer to their employees, and the amount of money to allocate towards benefits. It may be a different amount for coverage level(s) (Single, Family, etc.) and the amount does not need to change annually.

Medical

We are proud to offer a choice of medical plans that provide comprehensive medical and prescription drug coverage. The plans also offer many resources and tools to help members maintain a healthy lifestyle. Following is a brief description of each plan. Additional Plans are available.

AE Trust PPO Plans – Cigna Network

These plans give you the freedom to seek care from any provider of your choice. However, IT IS IMPORTANT to seek care with a PPO Member physician and/or facility to protect financial exposure. This includes services from standalone laboratory and physical therapy entities. Do not assume…check and make sure.

- The plan pays the full cost of qualified in-network preventive health care services.
- You pay the full cost of non-preventive health care services until you meet the **annual deductible**. You may also have to pay a fixed dollar amount (copay) for certain services.
- Once you meet the deductible, you pay a percentage of certain health care expenses **(coinsurance)** and the plan pays the rest.
- Once your deductible, copays and coinsurance add up to the **out-of-pocket maximum**, the plan pays the full cost of all qualified health care services for the rest of the year.

Plans 3 and 4 are Qualified High-Deductible Plans, meaning they are qualified insurance Benefits for Health Savings Account rules and participation. The deductible must be met before benefits are paid.

In Plans 1, 2 and 5, these plans include first dollar benefits such as office visit copay and RX copay without meeting your deductible.

Wellness Providers – Wyoming Health Fairs and It Starts With Me

One of the only ways to maintain a “reasonable” outlook for the future of your wellbeing, and to accurately assess those risks annually for participating adults, includes:

- Biometric Full Blood Panel Screening
  Participants will receive an annual overview of their current health. The reports and analysis may be used by the participant with their Medical Provider as well.
- https://wyominghealthfairs.com

Associated Employers also provides a wellness benefit:

- my.itstartswithme.com

EBMS miBenefits:

This portal provides access to a variety of information in one place, including:

- Electronic ID Card
- View Claim Status/EOBs
- Submit Claims
- Tracking Deductible/Out-of-Pocket Amounts
- RX Information
- View Plan Documents
- Find a Provider
- Submit Address Changes

Access the miBenefits account via the website at ebms.com or download the app at your Apple or Android Store

Medical (Continued)

Following is a high-level overview of the coverage available. For complete coverage details, please refer to the Summary Plan Description (SPD).

These are examples of plans offered; more may be available.

Key Medical Benefits	AE Trust									
	Plan 1 PPO		Plan 2 PPO		Plan 3 HDHP HSA		Plan 4 HDHP HSA		Plan 5 PPO	
	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]	In-Network	Out-of-Network[1]
Deductible (per calendar year)										
Individual / Family	$1,500/$3,000	$3,000/$6,000	$3,000/$6,000	$6,000/$12,000	$2,000/$4,000	$4,000/$8,000	$6,000/$12,000	$12,000/$24,000	$7,000/$14,000	$14,000/$28,000
Coinsurance										
	70/30	55/45	50/50	40/60	70/30	55/45	100%	85/15	60/40	50/50
Out-of-Pocket Maximum (per calendar year)										
Individual / Family	$5,000/ $10,000	$10,000/ $20,000	$8,000/ $16,000	$16,000/ $32,000	$5,000/ $10,000	$10,000/ $20,000	$6,000/ $12,000	No Max	$8,500/ $17,000	$17,000/ $34,000
Out-of Pocket Maximums shown include: Deductible(s), Coinsurance, Dr. Office Copays, and RX card copays. DOES NOT include amounts in excess of Plan Allowable for Non-Network charges.										
Covered Services										
Office Visits (physician/specialist)	$35 Copay/ Ded & Coins	55% Ded & Coins	$35 Copay/ Ded & Coins	40% / Ded & Coins	Ded & Coins		Ded & Coins		$35 Copay/ Ded & Coins	50%/ Ded & Coins
Urgent Care Facility	$75 copay	55% Ded & Coins	$75 Copay	40% Ded & Coins					$75 copay	50%/ Ded & Coins
Prescription Drugs										
Generic Drugs	Retail $15 Copay		Retail $15 Copay		Retail $15 Copay after Ded		Retail $15 Copay after Ded		Retail $15 copay	
Formulary Drugs (Preferred Brand)	30 days - $45 Copay 90 Days - $90 Copay		30 days - $45 Copay 90 Days - $90 Copay		30 days - $45 Copay after Ded 90 days - $15 Copay after Ded		30 days - $45 Copay after Ded 90 days - $15 Copay after Ded		30 days - $45 Copay 90 Days- $90 copay	
Non-Formulary Drugs (Non-Preferred)	35% Coins, No Ded		35% Coins, No Ded		35% Coins after Ded		35% Coins after Ded		35% Coins, No Ded	
Specialty Drugs	Generic:$15 Copay No Ded Brand: $200 Copay No Ded		Generic:$15 Copay No Ded Brand: $200 Copay No Ded		Ded & Coins		Ded & Coins		Generic:$15 Copay No Ded Brand: $200 Copay No Ded	

Recuro Virtual Care

Voluntary Benefit improving affordability and access to care for you and your family.

$35 fee.

Virtual Urgent Care

Recuro's Virtual Urgent Care solution offers 24/7 access to board-certified doctors, enabling patients and their families to quickly address common medical concerns with personalized, ongoing communication for follow-up care.

Example Conditions Treated:

- Acne/Rashes
- Allergies
- Cold/Flu/Cough
- GI Issues
- Ear Problems
- Fever / Headache
- Insect Bites
- Nausea/ Vomiting
- Pink Eye
- Respiratory Issues
- UTI's / Vaginitis

Service Highlights

- **24/7 Access**: Recuro Physicians are available whenever patients need them day or night.
- **Multi-Channel Options:** Live video and phone options let each patient receive care the way they like, making accessing care more convenient than ever.
- **HITRUST Certified:** HITRUST plays a crucial role in ensuring the highest level of IT protection for patient data through an in-depth systems analysis of Recuro's infrastructure, platform and services.
- **Consult Transcription:** Consults can be recorded and transcribed, allowing patients continuous access to information.

Dental

We are proud to offer you a choice of dental plans.

Delta Dental of Wyoming DPPO

These plans offer you the freedom and flexibility to use the dentist of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a dentist who participates in the Delta Dental of Wyoming network.

Click the icon below to view a high-level overview of the coverage available.

Associated Employers

These Dental benefits are provided through a partially self-funded multiple employer welfare arrangement (MEWA). Click the icons below to see examples of possible benefits:

No Ortho

With Ortho

Vision

We are proud to offer you a vision plan.

The Standard/VSP

Groups with 20 + members

This plan gives you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and lower your out-of-pocket costs if you choose a provider who participates in The Standard/VSP network. Click the glasses below to see an example:

Agility

Groups with under 20 members

The VSP Vision Care Choice network of doctors is the basis for this plan. It provides employees with network discounts and a large doctor directory. Click the glasses below to see an example:

AE/VSP

These benefits are also provided through VSP, for information on VSP provider coverage, visit vsp.com. Click the glasses below to see an example:

Life and AD&D

Life insurance provides your named beneficiary(ies) with a benefit after your death.

Accidental death and dismemberment (AD&D) insurance provides specified benefits to you in the event of a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). In the event that your death occurs due to a covered accident, both the life and the AD&D benefit would be payable.

Basic Life/AD&D provided by **Hartford Life** (Associated Employers)

This benefit is included with your medical coverage for an additional fee.

- Employer elects' amount of coverage for all employees
- Cost is in addition to the medical rates
- $5,000 minimum required with medical coverage
- Available in $5,000 increments, up to a maximum of $50,000

Supplemental Life/AD&D (Employee Paid, for groups with 20 members or more)

Term life and AD&D are age-based rates with guaranteed issued amounts available.

Reach out to Melissa Bilby for a personalized quote at:

307) 233-8591
melissa.bilby@hubinternational.com

Carrier Information

Coverage	Carrier
Medical	Associated Employers
	EBMS
Dental	Delta Dental
Vision/Life/AD&D	Associated Employers
	The Standard (20+ members)
	Agility (under 20 members)

HUB Contact Information

Coverage	Phone	Email
Melissa Bilby, Consultant	307-233-8591	melissa.bilby@hubinternational.com
Falon Justice, Website	307-265-6359	falon.justice@hubinternational.com