

040615-07

WINhealth Partners - Group Contract Addendum

Employer Information				
Name of Employer LARAMIE COUNTY GOVERNMENT	Federal Tax ID 83-6000111	For WINhealth Partners Use Effective Date _____ Renewal Date _____ Approved By _____		
Nature of Business COUNTY GOVERNMENT	Year Business Started _____	Is this a seasonal business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
Name and title of person responsible for benefit decisions EMILY SMITH, DIRECTOR OF HUMAN RESOURCES	Phone No. (307) 633-4355	Fax No. (307) 633-4329		
Mailing Address POST OFFICE BOX 608	City CHEYENNE	State WY	ZIP Code 82003-0608	County LARAMIE
Name and Contact Information of Benefit Administrator EMILY SMITH, DIRECTOR OF HUMAN RESOURCES	Email _____	Phone No. (307) 633-4355	Fax No. (307) 633-4329	

PLAN SELECTION			
Medical Plan	Point of Service Benefit	Prescription Plan	Vision Benefit
Gold	Included	Standard RX	Included

- ELIGIBILITY AND ENROLLMENT CRITERIA**
- Annual Open Enrollment will begin **June 1, 2004**, and end **June 30, 2004** prior to plan renewal date.
 - There is a waiting period for newly eligible employees? No Yes
 - Coverage is effective from: **1st of the month after premium deduction.**
 - Employer contribution is **88%** of Employee Coverage and **84%** of Dependent Coverage.
 - Retirees and dependents less than age 65 are eligible for coverage provided they are covered at the time of retirement. Retirees and dependents may not enroll subsequent to retirement.
 - Employees may drop coverage without a qualifying event? Yes No
 - Eligible employees who work **20** or more hours per week (48 weeks per year) are eligible.
 - WINhealth Partners will administer COBRA benefits. Employer will receive verification of COBRA election notification.
 - Dependent children are covered to the age of 19, or to the age of **23** if full-time students.

PREMIUM RATES			
Contract Type	Rate-Active Employees	Rate-Retirees Under 65	Rate-Retirees Over 65
EE Only	\$274.17	\$348.19	\$191.72
EE + Spouse	\$548.34	\$696.39	\$383.46
EE + Child(ren)	\$575.75	\$731.21	N/A
EE+Family	\$820.52	\$1044.58	N/A

AUTHORIZATION

The benefit plans described in this Group Contract are effective on July 1, 2004 and expire on June 30, 2004. Changes to this Group Contract can only be made at renewal. Signature indicates agreement with the terms of the Master Group Contract and Group Contract Addendum.

Employer Signature: *Jack Funder* Date: _____

Attest: *Debra J. Sutton* *6-16-04*

WINhealth Partners Signature: *Beetha Danson* Date: *6/2/04*

Use as a benefit attachment

COPY OF RECORD

