

Wyoming
TOGETHER



BlueSelect
Individual and Family

FIND A PLAN	GOLD					
	Classic	HealthPlus	Core		Balance	
			Single Plan	Family Plan	Professional Services	Institutional Services ²
HSA Eligible ¹	No	No	Yes	Yes	No	
In Network						
Participant deductible	\$750	\$1,000	\$1,500	NA	\$500	\$1,500
Family deductible	\$1,500	\$2,000	NA	\$3,000	\$1,000	\$3,000
Coinsurance: BCBS Pays Participant Pays	75% 25%	75% 25%	80% 20%	80% 20%	80% 20%	60% 40%
Out-of-pocket maximum for participant (deductibles, coinsurance & copays)	\$8,550	\$8,550	\$7,000	\$7,000	\$8,550	
Out-of-pocket maximum for family (deductibles, coinsurance & copays)	\$17,100	\$17,100	NA	\$14,000	\$17,100	
Out of Network						
Participant deductible	\$20,000	\$20,000	\$20,000	NA	\$20,000	
Family deductible	\$40,000	\$40,000	NA	\$40,000	\$40,000	
Coinsurance: BCBS Pays Participant Pays	50% 50%	50% 50%	50% 50%	50% 50%	50% 50%	
Out-of-pocket for participant & family (deductibles & coinsurance)	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	
Preventive Care						
	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
Primary Care						
Copay per visit/per participant	\$30*	\$30**	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$30***	NA
	*After 3 visits, each subsequent visit is subject to the deductible & coinsurance **After 6 visits, each subsequent visit is subject to the deductible & coinsurance ***After 4 visits, each subsequent visit is subject to the deductible & coinsurance HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100% All visits to out of network providers are subject to the deductible & coinsurance					
Prescription Drugs (retail and mail order) ³						
Tier 1: Generic drugs	\$5 copay	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$5 copay	
Tier 1: HealthPlus Generic drugs	NA	\$0 copay	NA	NA	NA	
Tier 2: Preferred Brand drugs	\$20 copay	\$20 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$50 copay	
Tier 2: HealthPlus Preferred Brand drugs	NA	\$10 copay	NA	NA	NA	
Tier 3: Non-Preferred Brand drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
	Twice the copay amount will apply to a 90-day mail order No coverage for prescription drugs from an out of network provider					

This outline does not cover all information contained in the Benefit Booklet. Limitations and exclusions do exist. This outline is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.

¹ HSA Eligible plans can be used with a personal Health Savings Account (HSA). A single participant will be covered under a Single Plan and subject to the participant deductible. A Family, Two Adults, or an Adult with Dependents will be covered under a Family Plan and subject to the family deductible.

² Emergency room visits to an in network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$500 (Gold).

³ Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx21 for specific drug details.

FIND A PLAN	SILVER				
	Classic	Value	HealthPlus	Balance	
				Professional Services	Institutional Services ²
HSA Eligible ¹	No	No	No	No	
In Network					
Participant deductible	\$2,500	\$3,500	\$4,000	\$1,500	\$4,500
Family deductible	\$5,000	\$7,000	\$8,000	\$3,000	\$9,000
Coinsurance: BCBS Pays Participant Pays	60% 40%	80% 20%	75% 25%	75% 25%	55% 45%
Out-of-pocket maximum for participant <i>(deductibles, coinsurance & copays)</i>	\$8,550	\$8,550	\$8,550	\$8,550	
Out-of-pocket maximum for family <i>(deductibles, coinsurance & copays)</i>	\$17,100	\$17,100	\$17,100	\$17,100	
Out of Network					
Participant deductible	\$20,000	\$20,000	\$20,000	\$20,000	
Family deductible	\$40,000	\$40,000	\$40,000	\$40,000	
Coinsurance: BCBS Pays Participant Pays	50% 50%	50% 50%	50% 50%	50% 50%	
Out-of-pocket for participant & family <i>(deductibles & coinsurance)</i>	No Maximum	No Maximum	No Maximum	No Maximum	
Preventive Care					
	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider				
Primary Care					
Copay per visit/per participant	\$45****	\$40**	\$45**	\$40***	NA
	After 6 visits, each subsequent visit is subject to the deductible & coinsurance *After 4 visits, each subsequent visit is subject to the deductible & coinsurance ****After 2 visits, each subsequent visit is subject to the deductible & coinsurance HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100% All visits to out of network providers are subject to the deductible & coinsurance				
Prescription Drugs <i>(retail and mail order)</i> ³					
Tier 1: Generic drugs	\$5 copay	\$5 copay	\$5 copay	\$5 copay	
Tier 1: HealthPlus Generic drugs	NA	NA	\$0 copay	NA	
Tier 2: Preferred Brand drugs	\$50 copay	\$50 copay†	\$50 copay	\$100 copay	
Tier 2: HealthPlus Preferred Brand drugs	NA	NA	\$25 copay	NA	
Tier 3: Non-Preferred Brand drugs	Subject to the deductible & coinsurance	Subject to the Rx deductible & 20% coinsurance†	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
	†Subject to a prescription drug (Rx) deductible of \$750 per participant/\$1,500 per family Twice the copay amount will apply to a 90-day mail order No coverage for prescription drugs from an out of network provider				

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² Emergency room visits to an in network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$1,000 (Silver).

³ Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx21 for specific drug details.

FIND A PLAN	BRONZE					
	Value	Core		Basic	Balance	
		Single Plan	Family Plan		Professional Services	Institutional Services ²
HSA Eligible ¹	No	Yes	Yes	No	No	
In Network						
Participant deductible	\$6,500	\$6,000	NA	\$8,550	\$4,000	\$8,000
Family deductible	\$13,000	NA	\$12,000	\$17,100	\$8,000	\$16,000
Coinsurance: BCBS Pays Participant Pays	50% 50%	50% 50%	50% 50%	100% 0%	70% 30%	50% 50%
Out-of-pocket maximum for participant (deductibles, coinsurance & copays)	\$8,550	\$7,000	\$7,000	\$8,550	\$8,550	
Out-of-pocket maximum for family (deductibles, coinsurance & copays)	\$17,100	NA	\$14,000	\$17,100	\$17,100	
Out of Network						
Participant deductible	\$20,000	\$20,000	NA	\$20,000	\$20,000	
Family deductible	\$40,000	NA	\$40,000	\$40,000	\$40,000	
Coinsurance: BCBS Pays Participant Pays	50% 50%	50% 50%	50% 50%	50% 50%	50% 50%	
Out-of-pocket for participant & family (deductibles & coinsurance)	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
Primary Care						
Copay per visit/per participant	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	NA
	All visits to out of network providers are subject to the deductible & coinsurance					
Prescription Drugs (retail and mail order) ³						
Tier 1: Generic drugs	\$20 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 1: HealthPlus Generic drugs	NA	NA	NA	NA	NA	
Tier 2: Preferred Brand drugs	\$150 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 2: HealthPlus Preferred Brand drugs	NA	NA	NA	NA	NA	
Tier 3: Non-Preferred Brand drugs	Subject to the Rx deductible & 50% coinsurance‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 4: Specialty drugs	50% coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
	‡Subject to a prescription drug (Rx) deductible of \$2,000 per participant/\$4,000 per family Twice the copay amount will apply to a 90-day mail order No coverage for prescription drugs from an out of network provider					

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² Emergency room visits to an in network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$1,500 (Bronze).

³ Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx21 for specific drug details.

What will my plan cover?

- Hospitalization: inpatient care
- Ambulatory services: outpatient care
- Emergency services
- Maternity and newborn care before and after your baby is born
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Laboratory services
- Mental health and substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices to help you recover from an injury, disability or chronic condition
- Primary care: general medical services
- Kid's vision services for children to the end of the year in which they turn 19 years old
- Kid's dental coverage for children to the end of the year in which they turn 19 years old
- Outpatient physical therapy
- Spinal manipulations
- Diabetes screening and education services

Ask us about additional covered services we provide for our members. A complete list, including any limitations, can be found in the Benefit Booklet.*

Who is eligible for coverage?

- United States citizens who are not incarcerated, who meet state residency requirements and who meet other guidelines applicable by federal and state law.

What about children?

- You can keep your adult children on your health insurance plan up to the end of the year in which they turn 26 years old.
- Kids can be on their own plan beginning at birth as long as they meet eligibility criteria.

What else should I know about eligibility?

- Eligibility rules or variations in premiums will not be imposed based on factors such as health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence) and disability.
- Our plans are guaranteed renewable, as long as eligibility criteria are met, premiums are paid in a timely fashion and no fraud or material misrepresentation is made in the application or claims filing process.
- If you are a Native Tribe Member, please ask us about plan options and cost assistance available to you under the Affordable Care Act.

* Some services are not covered by our plans like: acupuncture, alternative medicine, artificial conception, cosmetic surgery, cardiac rehabilitation, diagnostic admissions, educational programs, experimental or investigative procedures, hair loss, hypnosis, adult routine hearing exams, and temporomandibular joint dysfunction (TMJ). A complete list of services that have limits or are excluded from coverage can be found in the Benefit Booklet. Please ask us for a copy.

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Find Summaries of Benefits and Coverage (SBC) online

[BCBSWY.com/shopping](https://www.bcbswy.com/shopping)

Questions? We're here to help.

Call us, Monday-Friday 8 a.m. – 5 p.m.

800-851-2227 800-696-4710 (TDD)

PO Box 2266, Cheyenne, WY 82003



WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

Blue Cross Blue Shield of Wyoming is a Qualified Health Plan issuer in the Health Insurance Marketplace.

This program contains expanded wellness benefits that meet the requirements of the Patient Protection and Affordable Care Act. The expanded benefits require the use of an in-network provider. The comprehensive adult wellness benefits provided do not meet the minimum standards as defined by the Wyoming Insurance Code.