

## Silver87 Cost Assistance Guidelines

Deductible as low as \$200 Prescriptions as low as \$2

Assistance to Reduce Your Out-of-pocket Costs for deductibles, coinsurance and copayments may be available when you enroll in any one of our Silver plans on the Health Insurance Marketplace website. This cost assistance is based upon your household size and yearly household income.

If your income meets the following guidelines, please refer to the back of this page to see what your out-of-pocket costs could be for our Silver plans. If your income does not meet these guidelines, it is possible you may still qualify for out-of-pocket cost assistance based on the Silver94 or Silver73 guidelines. Please call us for more information.

| Silver87 Guidelines  | Number of people in your household |                     |                     |                     |                     |                     |                     |                     |
|--|------------------------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|---------------------|
|  | 1                                  | 2                   | 3                   | 4                   | 5                   | 6                   | 7                   | 8                   |
| You may qualify for cost assistance to reduce your out-of-pocket costs if your yearly household income is between... | \$19,141 – \$25,520                | \$25,861 – \$34,480 | \$32,581 – \$43,440 | \$39,301 – \$52,400 | \$46,021 – \$61,360 | \$52,741 – \$70,320 | \$59,461 – \$79,280 | \$66,181 – \$88,240 |

The income ranges shown here are based on 2020 numbers and may be slightly different in 2021.

Estimate your 2021 income using your household’s adjusted gross income or add up the following items for all the people in your household:

- Wages, salaries, tips
- Net income from any self-employment or business
- Unemployment compensation
- Social Security payments
- Other income: rental income, interest, dividends, capital gains, annuities, alimony, and some retirement and pensions

This supplemental document is being provided to expand upon the information found in the BlueSelect Individual and Family brochure and does not include all information available in the brochure. Please refer to the brochure for additional information.

The information provided here does not guarantee cost assistance. Cost assistance will be determined by the Health Insurance Marketplace when enrolling on the Marketplace website. Cost assistance is not determined by Blue Cross Blue Shield of Wyoming.

| SILVER87  | Classic   | Value   | HealthPlus                              | Balance   |                                     |
|---|---|---|---|---|-------------------------------------|
|   |   |   |   | Professional Services   | Institutional Services <sup>2</sup> |
| HSA Eligible <sup>1</sup>   | No  | No  | No                                      | No  |                                     |
| In Network  |   |   |   |   |                                     |
| Participant deductible  | \$300   | \$600   | \$650                                   | \$200   | \$600                               |
| Family deductible   | \$600   | \$1,200   | \$1,300                                 | \$400   | \$1,200                             |
| Coinsurance: BCBS Pays   Participant Pays   | 60%   40%   | 80%   20%                                       | 75%   25%                               | 85%   15%   | 65%   35%                           |
| Out-of-pocket maximum for participant<br><i>(deductibles, coinsurance &amp; copays)</i> | \$2,850   | \$2,850   | \$2,850                                 | \$2,850   |                                     |
| Out-of-pocket maximum for family<br><i>(deductibles, coinsurance &amp; copays)</i>      | \$5,700   | \$5,700   | \$5,700                                 | \$5,700   |                                     |
| 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<br><i>(deductibles &amp; 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   | \$15*   | \$25**  | \$15**                                  | \$20***   | NA                                  |
|   | *After 2 visits, each subsequent visit is subject to the deductible & coinsurance<br>**After 6 visits, each subsequent visit is subject to the deductible & coinsurance<br>***After 4 visits, each subsequent visit is subject to the deductible & coinsurance<br>HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%<br>All visits to out of network providers are subject to the deductible & coinsurance |   |   |   |                                     |
| Prescription Drugs <i>(retail and mail order)</i> <sup>3</sup>                          |   |   |   |   |                                     |
| Tier 1: Generic drugs   | \$2 copay   | \$5 copay                                       | \$3 copay                               | \$4 copay   |                                     |
| Tier 1: HealthPlus Generic drugs  | NA  | NA  | \$0 copay                               | NA  |                                     |
| Tier 2: Preferred Brand drugs   | \$15 copay  | \$25 copay†                                     | \$35 copay                              | \$75 copay  |                                     |
| Tier 2: HealthPlus Preferred Brand drugs  | NA  | NA  | \$15 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 \$150 per participant/\$300 per family<br>Twice the copay amount will apply to a 90-day mail order<br>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.

<sup>1</sup> 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.

<sup>2</sup> Emergency room visits to an in network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$500.

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



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## This Notice is Being Provided as Required by the Affordable Care Act Translation Services

If you, or someone you're helping, has questions about Blue Cross Blue Shield of Wyoming, you have the right to get help and information in your language at no cost. To talk to an interpreter, call 800-442-2376.

Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Wyoming, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 800-442-2376.

如果您，或是您正在協助的對象，有關於[插入SBM項目的名稱 Blue Cross Blue Shield of Wyoming] 方面的問題，您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員，請撥電話 [在此插入數字800-442-2376]。

Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Wyoming haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 800-442-2376.

Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Wyoming, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 800-442-2376.

Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Wyoming, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 800-442-2376.

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Wyoming 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 800-442-2376 로 전화하십시오.

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Wyoming, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 800-442-2376.

Se tu o qualcuno che stai aiutando avete domande su Blue Cross Blue Shield of Wyoming, hai il diritto di ottenere aiuto e informazioni nella tua lingua gratuitamente. Per parlare con un interprete, puoi chiamare 800-442-2376.

Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Wyoming, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 800-442-2376.

Jika Anda, atau seseorang yang Anda tolong, memiliki pertanyaan tentang Blue Cross Blue Shield of Wyoming, Anda berhak untuk mendapatkan pertolongan dan informasi dalam Bahasa Anda tanpa dikenakan biaya. Untuk berbicara dengan seorang penerjemah, hubungi 800-442-2376.

ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Wyoming についてご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることができます。料金はかかりません。通訳とお話される場合、800-442-2376 までお電話ください。

यदि तपाईं आफ्ना लागि आफैँ आवेदनको काम गर्दै, वा कसैलाई मद्दत गर्दै हुनुहुन्छ, Blue Cross Blue Shield of Wyoming बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा निःशुल्क सहायता वा जानकारी पाउने अधिकार छ। दोभाषे (इन्टरप्रेटर) सँग कुरा गर्नुपरे 800-442-2376 मा फोन गर्नुहोस्।

اگر شما، یا کسی که شما به او کمک میکنید، سوال در مورد Blue Cross Blue Shield of Wyoming، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید. تماس حاصل نمایید. 800-442-2376

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં તેમાંથી કોઇને [એસબીએમ કાયદમનું નામ મુકો] વિશે પ્રશ્નો હોય તો તમને મદદ અને માહિતી મેળવવાનો અધિકાર છે. તે ખચ વિના તમારી ભાષામાં પ્રાપ્ત કરી શકાય છે. દુભાષિયો વાત કરવા માટે, આ [અહીં દાખલ કરો નંબર ] પર કોલ કરો.

Dii kwe'ê atah nilinigií Blue Cross Blue Shield of Wyoming haada yit'éego bina'idilkidgo éi doodago háida biká anilyeedigií t'áadoo le'ê yína'idilkidgo beehaz'áanii hólo'q dii t'áa hazaadk'ehji háká a'doowo'go bee haz'á doo báh ilinígóó. Ata' halne'igii koji' bich'í' hodiilniil 800-442-2376.



## NOTICE OF NON-DISCRIMINATION PRACTICE

Effective September 20, 2016

Blue Cross Blue Shield of Wyoming (BCBSWY) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or gender. BCBSWY does not exclude people or treat them differently because of race, color, national origin, age, disability, or gender.

BCBSWY provides resources to access information in alternative formats and languages:

- Auxiliary aids and services, such as qualified interpreters and written information available in other formats, are available free of charge to people with disabilities to assist in communicating with us.
- Language services, such as qualified interpreters and information written in other languages, are available free of charge to people whose primary language is not English.

If you need these services, contact us at 1-800-442-2376 or by using the telephone number on the back of your member identification card. TTY users call 711.

If you believe BCBSWY has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or gender, you can file a grievance with the Compliance Officer in our Legal Department

- by email at: [Legal@bcbswy.com](mailto:Legal@bcbswy.com)
- by mail at: BCBSWY Compliance Officer  
Legal Department  
PO Box 2266  
Cheyenne, WY 82003-2266
- or by phone at: 1-800-442-2376

Grievance forms are available by contacting us at the contacts listed above or by using the telephone number on the back of your member identification card. TTY users call 711. If you need help filing a grievance, assistance is available by contacting us at the numbers listed above.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights

- electronically through the Office for Civil Rights Complaint Portal, available at: <https://www.hhs.gov/ocr/complaints/index.html>
- by phone at:  
1-800-368-1019 or 1-800-537-7697 (TDD)
- or by mail at:  
Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue SW  
Room 509F HHH Bldg  
Washington, DC 20201

Complaint forms are available at <https://www.hhs.gov/ocr/complaints/index.html>.