
LIVE
FEARLESS®
WYOMING
BlueSelect
Individual and Family

FIND A PLAN

	GOLD			
	Classic	HealthPlus	Balance	
			Professional Services	Hospital Services[2]
HSA Eligible[1]	No	No	No	
In Network				
Participant deductible	$750	$1,000	$500	$1,500
Family deductible	$1,500	$2,000	$1,000	$3,000
Coinsurance: BCBS Pays | Participant Pays	80% | 20%	80% | 20%	80% | 20%	60% | 40%
Out-of-pocket maximum for participant *(deductibles, coinsurance & copays)*	$7,900	$7,900	$7,900	
Out-of-pocket maximum for family *(deductibles, coinsurance & copays)*	$15,800	$15,800	$15,800	
Out of Network				
Participant deductible	$20,000	$20,000	$20,000	
Family deductible	$40,000	$40,000	$40,000	
Coinsurance: BCBS Pays | Participant Pays	50% | 50%	50% | 50%	50% | 50%	
Out-of-pocket for participant & family *(deductibles & coinsurance)*	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**	$30***	NA
	*After 2 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	$5 copay	
Tier 1: HealthPlus Generic drugs	NA	$0 copay	NA	
Tier 2: Preferred Brand drugs	$20 copay	$20 copay	$50 copay	
Tier 2: HealthPlus Preferred Brand drugs	NA	$10 copay	NA	
Tier 3: Non-Preferred Brand drugs	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 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 hospital 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/4t19 for specific drug details.

FIND A PLAN

	SILVER				
	Classic	Value	HealthPlus	Balance	
				Professional Services	Hospital Services[2]
HSA Eligible[1]	No	No	No	No	
In Network					
Participant deductible	$2,500	$3,000	$3,500	$1,500	$4,500
Family deductible	$5,000	$6,000	$7,000	$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 *(deductibles, coinsurance & copays)*	$7,900	$7,900	$7,900	$7,900	
Out-of-pocket maximum for family *(deductibles, coinsurance & copays)*	$15,800	$15,800	$15,800	$15,800	
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 *(deductibles & coinsurance)*	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 2 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	$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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[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 hospital 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/4t19 for specific drug details.

FIND A PLAN

	BRONZE				
	Value	Core		Balance	
		Single Plan	Family Plan	Professional Services	Hospital Services[2]
HSA Eligible[1]	No	Yes	Yes	No	
In Network					
Participant deductible	$6,000	$4,500	NA	$3,500	$7,000
Family deductible	$12,000	NA	$9,000	$7,000	$14,000
Coinsurance: BCBS Pays | Participant Pays	80% | 20%	50% | 50%	50% | 50%	70% | 30%	50% | 50%
Out-of-pocket maximum for participant *(deductibles, coinsurance & copays)*	$7,900	$6,750	$6,750	$7,900	
Out-of-pocket maximum for family *(deductibles, coinsurance & copays)*	$15,800	NA	$13,500	$15,800	
Out of Network					
Participant deductible	$20,000	$20,000	NA	$20,000	
Family deductible	$40,000	NA	$40,000	$40,000	
Coinsurance: BCBS Pays | Participant Pays	50% | 50%	50% | 50%	50% | 50%	50% | 50%	
Out-of-pocket for participant & family *(deductibles & coinsurance)*	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	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	$10 copay‡	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	
Tier 2: Preferred Brand drugs	$150 copay‡	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	
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 professional services deductible & coinsurance	
Tier 4: Specialty drugs	50% 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 $1,500 per participant/$3,000 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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[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 hospital 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/4t19 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 healthcare, 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.

Shop and sign up online
Find Summaries of Benefits and Coverage (SBC) online
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
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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.

WYOMING

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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 사람이Blue 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 위해서는800-442-2376 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 तपाई आफ्ना लागि आफैं आवेदनको काम गर्दै, वा कसैलाई मद्दत गर्दै हुनुहुन्छ,Blue Cross Blue Shield of Wyoming बारे प्रश्नहरू छन् भने आफ्नो मातृभाषामा नि:शुल्क सहायता वा जानकारी पाउने अधिकार छ। दोभाषे (इन्टरप्रेटर) सँग कुरा गर्नुपरे 800-442-2376 मा फोन गर्नुहोस्।

درباره خود یا شخصی که به او کمک می‌دهید، سوال در مورد Blue Cross Blue Shield of Wyoming، حق دریافت کمک و اطلاعات به زبان خود را دارید. با مترجم تماس حاصل فرمایید 800-442-2376.

જો તમે અથવા તમે કોઇને મદદ કરી રહ્યાં તેમાંથી કોઇને [એસબીએમ કાયક્રમનું 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.

Díí kwe'é atah nilínígíí Blue Cross Blue Shield of Wyoming haada yit'éego bína'idiłkidgo éí doodago háída biká anilyeedígíí t'áadoo le'é yína'idiłkidgo beehaz'áanii hóló díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'á doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnil 800-442-2376.

12.2016

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
- 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.