

BlueSelect

Individual and Family



It's more than coverage. It's care.



WYOMING

STEP ONE

Coverage Levels ▶ Understand the differences and find your best fit

Gold Plans

- Plan pays, on average, 80% of your healthcare expenses while you pay 20%
- Monthly premium is generally higher than Silver plans
- Lower deductible than Silver plans
- Lower out-of-pocket costs than Silver plans when you receive medical care

A good option if you expect to have many health services during the plan year. You pay more in monthly premiums and less in out-of-pocket costs for your care.

HealthPlus Plans

- Available in Gold and Silver plans
- Covers six primary care office visits at a low copay per visit
- Gives you access to certain drugs for chronic disease treatment at a lower or no cost copay
- Lower or no cost for certain lab services to monitor and treat chronic diseases

Silver Plans

- Plan pays, on average, 70% of your healthcare expenses while you pay 30%
- Monthly premium is generally higher than Bronze plans
- Moderate deductible
- Moderate out-of-pocket costs when you receive medical care

A good option if you want to balance your monthly premium and out-of-pocket costs for your care.

A good option if you have a chronic disease or health problem which is best controlled by regular visits to your doctor and appropriate drug therapy, and you would like to maintain the best health possible with the least impact to your out-of-pocket costs.

Bronze Plans

- Plan pays, on average, 60% of your healthcare expenses while you pay 40%
- Monthly premium is generally lower than Silver plans
- Higher deductible generally than Silver plans
- Higher out-of-pocket costs than Silver plans when you receive medical care

A good option if you expect to have few health services during the plan year. You pay less in monthly premiums and more in out-of-pocket costs for your care.

Catastrophic Plans

- For individuals younger than 30 or those eligible for a hardship exemption
- Plan pays, on average, less than 60% of your healthcare expenses while you pay the rest
- Monthly premium is generally lower than Bronze plans
- Highest deductible
- Highest out-of-pocket costs when you receive medical care

Meant to serve as a "safety net" to cover large medical costs in case of a serious illness or injury. A good option if you are a young adult and expect to have few health services during the plan year.

STEP TWO

BCBSWY Plans ▶ Find a BCBSWY plan that matches your needs

STEP TWO

Find a plan

HSA Eligible¹
In Network
Participant deductible
Family deductible
Maximum participant out-of-pocket <i>(deductibles, coinsurance & copays)</i>
Maximum family out-of-pocket <i>(deductibles, coinsurance & copays)</i>
Coinsurance
Blue Cross Blue Shield of Wyoming pays
Participant pays <i>(coinsurance)</i>
Out of Network
Participant deductible
Family deductible
Maximum participant out-of-pocket <i>(deductibles & coinsurance)</i>
Maximum family out-of-pocket <i>(deductibles & coinsurance)</i>
Preventive Care
Primary Care
Copay per visit/per participant
Prescription Drugs <i>(retail and mail order)</i>
Generic drugs (Tier 1)
Preferred Brand drugs (Tier 2)
Non-Preferred Brand drugs (Tier 3)
Specialty drugs (Tier 4)
HealthPlus Generic drugs (Tier 1)
HealthPlus Preferred Brand drugs (Tier 2)
Kid's Dental

GOLD				
Basic	Classic	HealthPlus	Core	
			Single Type	Family Type
No	No	No	Yes	Yes
\$1,000	\$750	\$1,000	\$1,550	NA
\$2,000	\$1,500	\$2,000	NA	\$3,100
\$6,350	\$6,600	\$6,600	\$6,450	\$6,450
\$12,700	\$13,200	\$13,200	NA	\$12,900
80%	80%	85%	95%	95%
20%	20%	15%	5%	5%
\$3,500	\$3,250	\$3,500	\$4,050	NA
\$7,000	\$4,000	\$7,000	NA	\$8,100
\$12,700	\$8,800	\$8,800	\$8,550	\$8,550
\$25,400	\$17,600	\$17,600	NA	\$17,100
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider				
\$30*	\$30**	\$30*	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
<p>*After 6 visits, each subsequent visit is subject to the deductible & coinsurance</p> <p>**After 2 visits, each subsequent visit is subject to the deductible & coinsurance</p> <p>HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%</p> <p>All visits to out of network providers are subject to the deductible & coinsurance</p>				
\$5 copay	\$5 copay	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
\$20 copay	\$20 copay	\$20 copay	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	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Covered as a benefit under Tiers 2 & 3	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
NA	NA	\$0	NA	NA
NA	NA	\$10 copay	NA	NA
<p>Twice the copay amount will apply to a 90-day mail order</p> <p>HealthPlus prescription drugs include drugs to treat certain chronic or long-term conditions</p> <p>No coverage for prescription drugs from an out of network provider</p>				
Preventive services are paid at 100% of maximum allowable amount at 6 month intervals. Other services are subject to the deductible & coinsurance.				

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

¹HSA Eligible plans can be used with a personal Health Savings Account (HSA). A single participant will be covered under a "Single Type" plan and subject to the participant deductible. A Family, Two Adults, or an Adult with Dependents will be covered under a "Family Type" plan and subject to the family deductible. **Notice:** Receiving cost assistance that reduces your deductible may change the HSA Eligibility status of a plan. Please consult your tax advisor or financial institution.

STEP TWO

Find a plan

HSA Eligible¹
In Network
Participant deductible
Family deductible
Maximum participant out-of-pocket <i>(deductibles, coinsurance & copays)</i>
Maximum family out-of-pocket <i>(deductibles, coinsurance & copays)</i>
Coinsurance
Blue Cross Blue Shield of Wyoming pays
Participant pays <i>(coinsurance)</i>
Out of Network
Participant deductible
Family deductible
Maximum participant out-of-pocket <i>(deductibles & coinsurance)</i>
Maximum family out-of-pocket <i>(deductibles & coinsurance)</i>
Preventive Care
Primary Care
Copay per visit/per participant
Prescription Drugs <i>(retail and mail order)</i>
Generic drugs (Tier 1)
Preferred Brand drugs (Tier 2)
Non-Preferred Brand drugs (Tier 3)
Specialty drugs (Tier 4)
HealthPlus Generic drugs (Tier 1)
HealthPlus Preferred Brand drugs (Tier 2)
Kid's Dental

SILVER						
Basic	Classic	ValueOne	ValueTwo	HealthPlus	Core	
					Single Type	Family Type
No	No	No	No	No	Yes	Yes
\$2,500	\$2,000	\$3,250	\$3,000	\$2,500	\$2,000	NA
\$5,000	\$4,000	\$6,500	\$6,000	\$5,000	NA	\$4,000
\$6,350	\$6,000	\$5,000	\$6,600	\$6,600	\$6,450	\$6,450
\$12,700	\$12,000	\$10,000	\$13,200	\$13,200	NA	\$12,900
75%	65%	50%	80%	75%	80%	80%
25%	35%	50%	20%	25%	20%	20%
\$5,000	\$4,500	\$6,500	\$6,000	\$5,000	\$4,500	NA
\$10,000	\$6,500	\$13,000	\$12,000	\$10,000	NA	\$6,500
\$12,700	\$8,750	\$10,000	\$13,200	\$9,900	\$9,700	\$9,700
\$25,400	\$17,500	\$20,000	\$26,400	\$19,800	NA	\$19,400
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider						
\$45*	\$45**	\$40*	\$40*	\$45*	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
*After 6 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						
\$5 copay	\$5 copay	\$20 copay	\$5 copay	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
\$50 copay	\$50 copay	\$50 copay	\$50 copay†	\$50 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the Rx deductible & 50% coinsurance†	Subject to the Rx deductible & 20% coinsurance†	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Covered as a benefit under Tiers 2 & 3	Subject to the deductible & coinsurance	50% coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
NA	NA	NA	NA	\$0	NA	NA
NA	NA	NA	NA	\$25 copay	NA	NA
†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 HealthPlus prescription drugs include drugs to treat certain chronic or long-term conditions No coverage for prescription drugs from an out of network provider						
Preventive services are paid at 100% of maximum allowable amount at 6 month intervals. Other services are subject to the deductible & coinsurance.						

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STEP TWO

Find a plan

HSA Eligible¹
In Network
Participant deductible
Family deductible
Maximum participant out-of-pocket <i>(deductibles, coinsurance & copays)</i>
Maximum family out-of-pocket <i>(deductibles, coinsurance & copays)</i>
Coinsurance
Blue Cross Blue Shield of Wyoming pays
Participant pays <i>(coinsurance)</i>
Out of Network
Participant deductible
Family deductible
Maximum participant out-of-pocket <i>(deductibles & coinsurance)</i>
Maximum family out-of-pocket <i>(deductibles & coinsurance)</i>
Preventive Care
Primary Care
Copay per visit/per participant
Prescription Drugs <i>(retail and mail order)</i>
Generic drugs (Tier 1)
Preferred Brand drugs (Tier 2)
Non-Preferred Brand drugs (Tier 3)
Specialty drugs (Tier 4)
HealthPlus Generic drugs (Tier 1)
HealthPlus Preferred Brand drugs (Tier 2)
Kid's Dental

BRONZE				
Basic	Classic	Value	Core	
			Single Type	Family Type
No	Yes	No	Yes	Yes
\$5,500	\$6,000	\$5,500	\$3,500	NA
\$11,000	\$12,000	\$11,000	NA	\$6,000
\$6,850	\$6,000	\$6,500	\$6,450	\$6,450
\$13,700	\$12,000	\$13,000	NA	\$12,900
50%	100%^	100%	50%	50%
50%	0%^	0%	50%	50%
^ 50% for services from an out of network provider				
\$8,000	\$8,500	\$11,000	\$6,000	NA
\$15,000	\$17,000	\$22,000	NA	\$12,000
\$13,700	\$10,050	\$13,000	\$12,800	\$12,800
\$27,400	\$20,100	\$26,000	NA	\$25,600
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider				
\$90*	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
*After 6 visits, each subsequent visit is subject to the deductible & coinsurance All visits to out of network providers are subject to the deductible & coinsurance				
\$15 copay	Subject to the deductible & coinsurance	\$10 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
\$130 copay	Subject to the deductible & coinsurance	\$100 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the Rx deductible & 50% coinsurance‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Covered as a benefit under Tiers 2 & 3	Subject to the deductible & coinsurance	50% coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
NA	NA	NA	NA	NA
NA	NA	NA	NA	NA
‡Subject to a prescription drug (Rx) deductible of \$1,000 per participant/\$2,000 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				
Preventive services are paid at 100% of maximum allowable amount at 6 month intervals. Other services are subject to the deductible & coinsurance.				

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STEP TWO

Find a plan

CATASTROPHIC²

	Basic
HSA Eligible ¹	No
In Network	
Participant deductible	\$6,850
Family deductible	\$13,700
Maximum participant out-of-pocket (deductibles, coinsurance & copays)	\$6,850
Maximum family out-of-pocket (deductibles, coinsurance & copays)	\$13,700
Coinsurance	
Blue Cross Blue Shield of Wyoming pays	100% [^]
Participant pays (coinsurance)	0% [^]
	[^] 50% for services from an out of network provider
Out of Network	
Participant deductible	\$9,350
Family deductible	\$18,700
Maximum participant out-of-pocket (deductibles & coinsurance)	\$13,200
Maximum family out-of-pocket (deductibles & coinsurance)	\$26,400
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	\$60***
	***After 3 visits, each subsequent visit is subject to the deductible & coinsurance All visits to out of network providers are subject to the deductible & coinsurance
Prescription Drugs (retail and mail order)	
Generic drugs (Tier 1)	Subject to the deductible & coinsurance
Preferred Brand drugs (Tier 2)	Subject to the deductible & coinsurance
Non-Preferred Brand drugs (Tier 3)	Subject to the deductible & coinsurance
Specialty drugs (Tier 4)	Subject to the deductible & coinsurance
HealthPlus Generic drugs (Tier 1)	NA
HealthPlus Preferred Brand drugs (Tier 2)	NA
	Twice the copay amount will apply to a 90-day mail order No coverage for prescription drugs from an out of network provider
Kid's Dental	
	Preventive services are paid at 100% of maximum allowable amount at 6 month intervals. Other services are subject to the deductible & coinsurance.

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²The Catastrophic plan is only available to individuals up to December 31st of the year in which they turn 30 years old. Exceptions are made for those who are eligible for a hardship exemption by applying for the Catastrophic plan online. Each family member on a Catastrophic family plan must meet these requirements.

Leading the Way

Health insurance can seem complicated these days, but BCBSWY is here to help you explore your options for healthcare plans, benefits and costs. There is no other company with our experience or our commitment to providing the best value possible for you and your family. We offer education, customer service and local representatives to make sure you have the information you need to make the best healthcare decisions.

Find Your Doctors in Our Network

We know it's important to have your choice of doctors and pay less for your health services by using network providers. Not only do we partner with over 90% of Wyoming providers and hospitals, we have a network that stretches across the U.S. and around the world. No matter how far you travel – across town or across the country – you can count on finding care that's backed by BCBSWY and the nation's largest health insurance organization.

Local Service

You come first! We offer personal service from nine local offices around Wyoming. We're available online, on the phone or in person – whenever you need us or have questions about your coverage. We want to know you and what you need from your health insurance. We are here in Wyoming for YOU!

Experience & Trust

Sit back and relax knowing you have dependable coverage from a company with deep Wyoming roots. Together with 35 other Blue companies, we make up a nationwide Blue Cross and Blue Shield system that insures over 100 million people. We're here to stay, we're strong and we'll be here when you need us.

Quality Care

Your best health requires the best care. That's why we have programs to help like:

- **MediQHome:** Helps your doctor provide coordinated, quality healthcare that keeps you living your healthiest.
- **Blue Distinction® & Blue Physician Recognition:** Help you find hospitals and physicians recognized for delivering high quality, cost effective care.

Informed & Connected

Do more of what you love and spend less time on the other stuff with our simple online services. Check your coverage and claims information, find network doctors and hospitals, see doctor reviews, calculate your cost for health services, find hospital quality ratings, or take a personal health assessment. The list goes on. We make it all easy and convenient. Take a tour at bcbswy.com/members/demo.

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 Document.**

* The Affordable Care Act requires your medical plan to include coverage for pediatric dental services unless you have purchased a separate standalone dental plan that provides for this coverage.

** 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 Document. Please ask us for a copy.

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 do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.
- 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.



Deductible
as low as \$50

Prescriptions
as low as \$1

What is cost assistance?

Cost assistance, also known as government subsidies, may be available when you enroll in one of our plans on the Health Insurance Marketplace website. There are two kinds of cost assistance. Based upon your household size and yearly household income, you may qualify for one or both:

- **Cost assistance to help pay your monthly premium**
- **Cost assistance to reduce your out-of-pocket costs for deductibles, coinsurance and copayments.** Ask us for the Silver94, Silver87 and Silver73 guidelines to see how your out-of-pocket costs might be reduced.

	Number of people in your household							
	1	2	3	4	5	6	7	8
You may qualify for cost assistance to help pay your monthly premium if your yearly household income is between...	\$11,770 - \$47,080	\$15,930 - \$63,720	\$20,090 - \$80,360	\$24,250 - \$97,000	\$28,410 - \$113,640	\$32,570 - \$130,280	\$36,730 - \$146,920	\$40,890 - \$163,560
You may qualify for cost assistance to help pay your monthly premium AND reduce your out-of-pocket costs if your yearly household income is between...	\$11,770 - \$29,425	\$15,930 - \$39,825	\$20,090 - \$50,225	\$24,250 - \$60,625	\$28,410 - \$71,025	\$32,570 - \$81,425	\$36,730 - \$91,825	\$40,890 - \$102,225

The income ranges shown here are based on 2015 numbers and may be slightly different in 2016.

How do I check my income to see if I might qualify for cost assistance?

Estimate your 2016 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.

What else should I know about cost assistance?

- If you qualify, cost assistance is only available by enrolling on the Health Insurance Marketplace website.
- Cost assistance to help pay your monthly premium may be applied to any of our Gold, Silver or Bronze plans.
- Cost assistance to reduce your out-of-pocket costs may be applied to any one of our Silver plans.
- If you are a Native Tribe Member, please ask us about plan options and cost assistance available to you under the Affordable Care Act.



What are "out-of-pocket costs?"

These are any expenses you pay out of your pocket for your healthcare services, including the deductibles, coinsurance and copayment (or copay) amounts. The monthly premium you pay to purchase your plan is not considered part of your out-of-pocket costs.

Deductibles: The specific dollar amount you pay for covered services before BCBSWY begins to pay.

Coinsurance: A percentage of the cost you pay for the covered service after you have met your deductible.

Copayment (or copay): The fixed amount you pay for covered services, usually at the time you receive care.

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



Shop and sign up online

bcbswy.com/shopping

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)

4000 House Ave, Cheyenne, WY 82001

PO Box 2266, Cheyenne, WY 82003

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

An independent licensee of the Blue Cross and Blue Shield Association



ACCREDITED
HEALTH PLAN WITH
HEALTH INSURANCE
EXCHANGE



An independent licensee of the Blue Cross and Blue Shield Association

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 કાર્યક્રમનું નામ મુકો] વિશે પ્રશ્નો હોય તો તમને મદદ અને માહિતી મેળવવાનો અધિકાર છે. તે અર્થ વિના તમારી ભાષામાં પ્રાપ્ત કરી શકાય છે. દુભાષિયો વાત કરવા માટે, આ [અહીં દાખલ કરો નંબર] પર કોલ કરો.

Dii kwe'ê atah nilinigiî Blue Cross Blue Shield of Wyoming haada yit'éeego bina'idilkidgo éi doodago háida biká anilyeedigiî t'áadoo le'ê yina'idilkidgo beehaz'áanii hólo' dîi t'áa hazaadk'ehijí háká a'doowo'go bee haz'á doo báh ilinígóó. Ata' halne'igii koji' bich'í' hodiilnil 800-422-2376.



An independent licensee of the Blue Cross and Blue Shield Association

Non-Discrimination Notices

Blue Cross Blue Shield of Wyoming (BCBSWY) does not discriminate on the basis of race, color, national origin, sex, age, or disability in its health programs and activities.

BCBSWY provides appropriate auxiliary aids and services, including qualified interpreters for individuals with disabilities and information in alternate formats, free of charge and in a timely manner, when such aids and services are necessary to ensure an equal opportunity to participate to individuals with disabilities.

BCBSWY provides language assistance services, including translated documents and oral interpretation, free of charge and in a timely manner, when such services are necessary to provide meaningful access to individuals with limited English proficiency.

In order to obtain the interpretation services listed in paragraphs two (2) and three (3), Participants may call (800) 442-2376 or use BCBSWY's Telecommunications Device for the Deaf (TDD) at (800) 696-4710.

Participants have the right to file a grievance regarding potential discrimination. To file a grievance, please call BCBSWY at (307) 634-1393 or (800) 422-2376 and request the Grievance Officer in the Legal Department or mail a letter describing the grievance to 4000 House Avenue, Cheyenne, WY 82001 to the attention of the Legal Department.

If a Participant believes they have been discriminated against because of their race, color, national origin, disability, age, sex or religion, the Participant may file a discrimination complaint with the Office of Civil Rights. Please visit www.hhs.gov/ocr for directions to file a complaint.