BlueSelect Catastrophic for Individuals and Families (WY)

Coverage Period: 1/1/2014 - 12/31/2014

Summary of Benefits and Coverage: What this Plan Covers & What it Costs | **Coverage for:** Single | **Plan Type:** PPO

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in the policy or plan document at www.wyomingblue.com or by calling 800 442-2376.

Important Questions	Answers	Why this Matters:
What is the overall deductible?	For network providers **$6,350** per person / **$12,700** per family. For out-of-network providers **$8,850** per person / **$17,700** per family.	You must pay all the costs up to the **deductible** amount before this plan begins to pay for covered services you use. Check your policy or plan document to see when the **deductible** starts over (usually, but not always, January 1st). See the chart starting on page 3 for how much you pay for covered services after you meet the **deductible**. In-network preventive care is not subject to the **deductible**.
Are there other deductibles for specific services?	No.	You don't have to meet **deductibles** for specific services, but see the chart starting on page 3 for other costs for services your plan covers.
Is there an out–of–pocket limit on my expenses?	Yes. For network providers **$6,350** for Single Coverage / **$12,700** for Family Coverage. For out-of-network providers **$12,700** for Single Coverage / **$25,400** for Family Coverage.	The **out-of-pocket limit** is the most you could pay during a coverage period (usually one year) for your share of the costs of covered services. This limit helps you plan for health care expenses.
What is not included in the out–of–pocket limit?	Premiums, balance-billed charges, preventive care, sanctions, reductions and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the **out-of-pocket limit**.
Is there an overall annual limit on what the plan pays?	No.	The chart starting on page 3 describes any limits on what the plan will pay for *specific* covered services, such as office visits.
Does this plan use a network of providers?	Yes. See **www.wyomingblue.com or call 800 442-2376** for a list of **preferred providers**.	If you use an in-network doctor or other health care **provider**, this plan will pay some or all of the costs of covered services. Be aware, your in-network doctor or hospital may use an out-of-network **provider** for some services. Plans use the term in-network, **preferred**, or participating for **providers** in their **network**. See the chart starting on page 3 for how this plan pays different kinds of **providers**.
Do I need a referral to see a specialist?	No. You do not need a referral to see a specialist.	You can see the **specialist** you choose without permission from this plan.
Are there services this plan doesn't cover?	Yes.	Some of the services this plan doesn't cover are listed on page 5. See your policy or plan document for additional information about **excluded services**.

Questions: Call 800 442-2376 or visit us at www.wyomingblue.com.
If you aren't clear about any of the underlined terms used in this form, see the Glossary. You can view the Glossary at http://www.dol.gov/ebsa/pdf/SBCUniformGlossary.pdf or call 800 442-2376 to request a copy.

- **Co-payments** are fixed dollar amounts (for example, $15) you pay for covered health care, usually when you receive the service.
- **Co-insurance** is *your* share of the costs of a covered service, calculated as a percent of the **allowed amount** for the service. For example, if the plan's **allowed amount** for an overnight hospital stay is $1,000, your **co-insurance** payment of 20% would be $200. This may change if you haven't met your **deductible**.
- The amount the plan pays for covered services is based on the **allowed amount**. If an out-of-network **provider** charges more than the **allowed amount**, you may have to pay the difference. For example, if an out-of-network hospital charges $1,500 for an overnight stay and the **allowed amount** is $1,000, you may have to pay the $500 difference. (This is called **balance billing**.)
- This plan may encourage you to use in-network **providers** by charging you lower **deductibles**, **co-payments** and **co-insurance** amounts.

Common Medical Event	Services You May Need	Your cost If You Use an In-network Provider	Your cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	$60	50% co-insurance	In Network subject to deductible and co-insurance after 3 visits.
	Specialist visit	N/A	50% co-insurance	----------None----------
	Other practitioner office visit	N/A	50% co-insurance	Chiropractic manipulations limited to 15 visits per year.
	Preventive care/screening/immunization	No Charge	Not Covered	Benefits other than those recommended by the U.S. Preventive Services Task Force will not be covered.
If you have a test	Diagnostic test (x-ray, blood work)	N/A	50% co-insurance	----------None----------
	Imaging (CT/PET scans, MRIs)	N/A	50% co-insurance	When multiple MRI/MRT/MRA's are performed on the same day, benefits for the technical component will be subject to a 50% reduction for each MRI/MRT/MRA after the first. PET Scans must be pre-authorized by case management.

Common Medical Event	Services You May Need	Your cost If You Use an In-network Provider	Your cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at www.wyomingblue.com.	Generic drugs	N/A	Not Covered	Retail Prescriptions: 30 day supply. Mail Order Prescriptions: up to 90 day supply (copayments are doubled for a 90 day supply).
	Preferred brand drugs	N/A	Not Covered	Retail Prescriptions: 30 day supply. Mail Order Prescriptions: up to 90 day supply (copayments are doubled for a 90 day supply).
	Non-preferred brand drugs	N/A	Not Covered	Retail Prescriptions: 30 day supply. Mail Order Prescriptions: up to 90 day supply.
	Specialty drugs	N/A	Not Covered	Must be pre-approved by Blue Cross Blue Shield of Wyoming. Retail Prescriptions: 30 day supply. Mail Order Prescriptions: up to 90 day supply.
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	N/A	50% co-insurance	----------None----------
	Physician/surgeon fees	N/A	50% co-insurance	----------None----------
If you need immediate medical attention	Emergency room services	N/A	50% co-insurance	----------None----------
	Emergency medical transportation	N/A	50% co-insurance	----------None----------
	Urgent care	N/A	50% co-insurance	----------None----------
If you have a hospital stay	Facility fee (e.g., hospital room)	N/A	50% co-insurance	If pre-admission notification has not been obtained prior to an inpatient admission, a sanction will apply per admission. For network admissions $200, for non-network admissions $500.
	Physician/surgeon fee	N/A	50% co-insurance	----------None----------

Common Medical Event	Services You May Need	Your cost If You Use an In-network Provider	Your cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you have mental health, behavioral health, or substance abuse needs	Mental/Behavioral health outpatient services	N/A	50% co-insurance	Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.
	Mental/Behavioral health inpatient services	N/A	50% co-insurance	Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.
	Substance use disorder outpatient services	N/A	50% co-insurance	Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.
	Substance use disorder inpatient services	N/A	50% co-insurance	Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.
If you are pregnant	Prenatal and postnatal care	N/A	50% co-insurance	----------None----------
	Delivery and all inpatient services	N/A	50% co-insurance	----------None----------

Common Medical Event	Services You May Need	Your cost If You Use an In-network Provider	Your cost If You Use an Out-of-network Provider	Limitations & Exceptions
If you need help recovering or have other special health needs	Home health care	N/A	50% co-insurance	Must be pre-approved by Case Management.
	Rehabilitation services	N/A	50% co-insurance	Inpatient is limited to 45 days per member per calendar year. Outpatient is limited to 40 visits per calendar year for physical therapy and combined 20 visit per calendar year maximum for occupational therapy & speech therapy.
	Habilitation services	N/A	50% co-insurance	Inpatient is limited to 45 days per member per calendar year. Outpatient is limited to 40 visits per calendar year for physical therapy and combined 20 visit per calendar year maximum for occupational therapy & speech therapy.
	Skilled nursing care	N/A	50% co-insurance	Must be pre-approved by Case Management. Care must begin within 14 days after discharge from the hospital or skilled nursing facility.
	Durable medical equipment	N/A	50% co-insurance	----------None----------
	Hospice service	N/A	50% co-insurance	Must be pre-approved by Case Management.
If your child needs dental or eye care	Eye exam	N/A	50% co-insurance	Covers one exam per calendar year subject to deductible and coinsurance. Limited to individuals up to age 19.
	Glasses	N/A	50% co-insurance	Covers one pair of eyeglasses or 12 month supply of contacts per calendar year. Subject to deductible and coinsurance. Limited to individuals up to age 19.
	Dental check up	No Charge	No Charge	Limited to one every six months. Limited to individuals up to age 19.

Excluded Services & Other Covered Services:

Services Your Plan Does NOT Cover (This isn't a complete list. Check your policy or plan document for other excluded services.)

- Acupuncture
- Dental Care (Adult)
- Hearing Aids
- Routine Eye Care (Adult)
- Routine Foot Care
- Weight Loss Programs

Other Covered Services (This isn't a complete list. Check your policy or plan document for other covered services and your costs for these services.)

- Bariatric Surgery
- Chiropractic Care
- Cosmetic Surgery - Limited to pre-approved restorative surgery.
- Infertility Treatment
- Long-Term Care
- Non-Emergency Care When Traveling Outside the U.S.
- Private-Duty Nursing

Your Rights to Continue Coverage:

Federal and State laws may provide protections that allow you to keep this health insurance coverage as long as you pay your **premium**. There are exceptions, however, such as if:

- You commit fraud
- The insurer stops offering services in the State
- You move outside the coverage area

For more information on your rights to continue coverage, contact the insurer at 1-800-442-2376 or www.wyomingblue.com. You may also contact your state insurance department at 1-800-438-5768 or www.insurance.state.wy.us.

Your Grievance and Appeals Rights:

If you have a complaint or are dissatisfied with a denial of coverage for claims under your plan, you may be able to **appeal** or file a **grievance**. For questions about your rights, this notice, or assistance, refer to your benefit document for details. You can contact Blue Cross Blue Shield of Wyoming or the Wyoming Insurance Department at 1-800-438-5768 or www.insurance.state.wy.us.

Additionally, a consumer assistance program can help you file your appeal. Contact the Wyoming Insurance Department, Consumer Affairs Section at 1-800-438-5768 or www.insurance.state.wy.us.

Does this Coverage Provide Minimum Essential Coverage?

The Affordable Care Act requires most people to have health care coverage that qualifies as "minimum essential coverage". **This plan or policy does provide minimum essential coverage.**

Does this Coverage Meet the Minimum Value Standard?

The Affordable Care Act establishes a minimum value standard of benefits of a health plan. The minimum value standard is 60% (actuarial value). **This health coverage does meet the minimum value standard for the benefits it provides.**

To see examples of how this plan might cover costs for a sample medical situation, see the next page.

About these Coverage Examples:

These examples show how this plan might cover medical care in given situations. Use these examples to see, in general, how much financial protection a sample patient might get if they are covered under different plans.

This is not a cost estimator.

Don't use these examples to estimate your actual costs under this plan. The actual care you receive will be different from these examples, and the cost of that care will also be different.

See the next page for important information about these examples.

Having a baby
(normal delivery)

- **Amount owed to providers: $7,540**
- **Plan pays $1,030**
- **Patient pays $6,500**

Sample care costs:

Hospital charges (mother)	$2,700
Routine obstetric care	$2,100
Hospital charges (baby)	$900
Anesthesia	$900
Laboratory tests	$500
Prescriptions	$200
Radiology	$200
Vaccines, other preventive	$40
Total	$7,540

Patient pays:

Deductibles	$5,500
Co-pays	$10
Co-insurance	$840
Limits or exclusions	$150
Total	$6,500

Managing type 2 diabetes
(routine maintenance of a well-controlled condition)

- **Amount owed to providers: $5,400**
- **Plan pays $3,660**
- **Patient pays $1,740**

Sample care costs:

Prescriptions	$2,900
Medical Equipment and Supplies	$1,300
Office Visits and Procedures	$700
Education	$300
Laboratory tests	$100
Vaccines, other preventive	$100
Total	$5,400

Patient pays:

Deductibles	$900
Co-pays	$760
Co-insurance	$0
Limits or exclusions	$80
Total	$1,740

Questions and answers about the Coverage Examples:

What are some of the assumptions behind the Coverage Examples?

- Costs don't include premiums.
- Sample care costs are based on national averages supplied by the U.S. Department of Health and Human Services, and aren't specific to a particular geographic area or health plan.
- The patient's condition was not an excluded or preexisting condition.
- All services and treatments started and ended in the same coverage period.
- There are no other medical expenses for any member covered under this plan.
- Out-of-pocket expenses are based only on treating the condition in the example.
- The patient received all care from in-network providers. If the patient had received care from out-of-network providers, costs would have been higher.

What does a Coverage Example show?

For each treatment situation, the Coverage Example helps you see how deductibles, co-payments, and co-insurance can add up. It also helps you see what expenses might be left up to you to pay because the service or treatment isn't covered or payment is limited.

Does the Coverage Example predict my own care needs?

✘ No. Treatments shown are just examples. The care you would receive for this condition could be different based on your doctor's advice, your age, how serious your condition is, and many other factors.

Does the Coverage Example predict my future expenses?

✘ No. Coverage Examples are not cost estimators. You can't use the examples to estimate costs for an actual condition. They are for comparative purposes only. Your own costs will be different depending on the care you receive, the prices your providers charge, and the reimbursement your health plan allows.

Can I use Coverage Examples to compare plans?

✓ Yes. When you look at the Summary of Benefits and Coverage for other plans, you'll find the same Coverage Examples. When you compare plans, check the "Patient Pays" box in each example. The smaller that number, the more coverage the plan provides.

Are there other costs I should consider when comparing plans?

✓ Yes. An important cost is the premium you pay. Generally, the lower your premium, the more you'll pay in out-of-pocket costs, such as co-payments, deductibles, and co-insurance. You should also consider contributions to accounts such as health savings accounts (HSAs), flexible spending arrangements (FSAs) or health reimbursement accounts (HRAs) that help you pay out-of-pocket expenses.