

Silver87 Cost Assistance Guidelines

Deductible as low as \$100 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...	\$17,656 - \$23,540	\$23,896 - \$31,860	\$30,136 - \$40,180	\$36,376 - \$48,500	\$42,616 - \$56,820	\$48,856 - \$65,140	\$55,096 - \$73,460	\$61,336 - \$81,780

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

This supplemental document is being provided to expand upon the cost assistance 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	Basic	Classic	ValueOne	ValueTwo	HealthPlus	Core	
						Single Type	Family Type
HSA Eligible ¹	No	No	No	No	No	No	No
In Network							
Participant deductible	\$400	\$100	\$750	\$1,250	\$400	\$200	NA
Family deductible	\$800	\$200	\$1,500	\$2,500	\$800	NA	\$400
Maximum participant out-of-pocket <i>(deductibles, coinsurance & copays)</i>	\$2,250	\$2,250	\$1,000	\$1,500	\$2,000	\$2,250	\$2,250
Maximum family out-of-pocket <i>(deductibles, coinsurance & copays)</i>	\$4,500	\$4,500	\$2,000	\$3,000	\$4,000	NA	\$4,500
Coinsurance							
Blue Cross Blue Shield of Wyoming pays	75%	65%	80%	NA	75%	80%	80%
Participant pays <i>(coinsurance)</i>	25%	35%	20%	NA	25%	20%	20%
Out of Network							
Participant deductible	\$5,000	\$4,500	\$6,500	\$6,000	\$5,000	\$4,500	NA
Family deductible	\$10,000	\$6,500	\$13,000	\$12,000	\$10,000	NA	\$6,500
Maximum participant out-of-pocket <i>(deductibles & coinsurance)</i>	\$12,700	\$8,750	\$10,000	\$13,200	\$9,900	\$9,700	\$9,700
Maximum family out-of-pocket <i>(deductibles & coinsurance)</i>	\$25,400	\$17,500	\$20,000	\$26,400	\$19,800	NA	\$19,400
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	\$15*	\$15**	\$20*	\$25*	\$15*	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						
Prescription Drugs <i>(retail and mail order)</i>							
Generic drugs (Tier 1)	\$2 copay	\$2 copay	\$5 copay	\$5 copay	\$3 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Preferred Brand drugs (Tier 2)	\$15 copay	\$15 copay	\$25 copay	\$25 copay††	\$35 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Non-Preferred Brand drugs (Tier 3)	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the Rx deductible & 20% coinsurance†	Subject to the Rx deductible & 20% coinsurance††	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Specialty drugs (Tier 4)	Covered as a benefit under Tiers 2 & 3	Subject to the deductible & coinsurance	20% coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
HealthPlus Generic drugs (Tier 1)	NA	NA	NA	NA	\$0	NA	NA
HealthPlus Preferred Brand drugs (Tier 2)	NA	NA	NA	NA	\$15 copay	NA	NA
	†Subject to a prescription drug (Rx) deductible of \$250 per participant/\$500 per family ††Subject to a prescription drug (Rx) deductible of \$150 per participant/\$300 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						
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.						

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.



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' dii t'áa hazaadk'ehijí háká a'doowolgo bee haz'á doo báh ilinígóó. Ata' halne'igii koji' bich'í' hodiilnil 800-442-2376.



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.