



# BLUECHOICE BUSINESS

## Basic Product Benefits

<b>Deductible</b>	\$500	\$500	\$1,000	\$1,000
<b>Blue Cross Blue Shield of Wyoming Pays</b>	80%	50%	80%	50%
<b>Participant Pays</b>	20%	50%	20%	50%
<b>Medical Out-of-Pocket Max (Ded &amp; Coins)</b>	\$1,500	\$2,000	\$2,000	\$2,500
<b>Aggregate Family Deductible</b>	\$1,000	\$1,000	\$2,000	\$2,000
<b>Family Out-of-Pocket Max (Ded &amp; Coins)</b>	\$3,000	\$4,000	\$4,000	\$5,000
<b>Maternity</b>	Treated as any other illness			
<b>Accidental Injury Protection</b>	\$1,500 per participant per calendar year			
<b>Preventive Care</b>	Paid at 100% of allowable charges at appropriate intervals when services are rendered by a participating provider			
<b>Mental Health &amp; Substance Abuse</b>	Treated as any other illness			

## Prescription Drug Benefits (Retail and Mail Order Pharmacy)

<b>Tier 1: Copay</b>	\$5	\$5	\$5	\$5
<b>Participant Coinsurance</b>	20%	50%	20%	50%
<b>Tier 2: Copay</b>	\$10	\$15	\$10	\$15
<b>Participant Coinsurance</b>	20%	50%	20%	50%
<b>Tier 3: Copay</b>	\$20	\$30	\$20	\$30
<b>Participant Coinsurance</b>	50%	50%	50%	50%
<b>Calendar Year Out-of-Pocket Max Per Participant</b>	\$2,500	\$2,500	\$2,500	\$2,500
<b>Calendar Year Out-of-Pocket Max Per Family</b>	\$5,000	\$5,000	\$5,000	\$5,000



## Summary of Benefits for

# BLUECHOICE BUSINESS

### Hospital

Semi-private room and board; intensive care and ancillary services; outpatient emergency room including x-ray and lab.

### Surgical-Medical

Surgeon; assistant surgeon; anesthesiologist; consultation; chemotherapy; laboratory and x-ray; x-ray and radiation therapy; diagnostic examinations; home and office calls.

### Rehabilitation Therapy

Limited to 45 days per participant per calendar year for inpatient services and 20 visits per participant per calendar year for outpatient services.

### \$1,500 Accidental Injury Protection

Immediate benefits are provided up to \$1,500 per participant per calendar year before the deductible and coinsurance provisions go into effect in the event of an accident. Benefits apply to treatment received within the first 90 days after the accident occurs.

### Other Covered Services

Therapeutic equipment; medical supplies and dressings; ambulance services; specified human organ transplants; accident-related dental care to natural teeth; prescription drugs; physical therapy (limited to 40 visits per participant per calendar year); spinal manipulations (limited to 15 visits per participant per calendar year); home health care; hospice; high dose chemotherapy and/or radiation therapy with bone marrow transplant and/or peripheral stem cell support; diabetes screening and diabetes education services.

This sales outline is designed to present BlueChoice Business benefits in an easy-to-read format and does not cover all information contained in the Benefit Booklet. Limitations and exclusions in addition to those presented in the brochure do exist. This brochure is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.

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 required by the Wyoming Insurance Code.



# WYOMING



# BLUECHOICE BUSINESS

## Basic Product Benefits

<b>Deductible</b>	\$2,000	\$3,500	\$6,350
<b>Blue Cross Blue Shield of Wyoming Pays</b>	75%	75%	100%
<b>Participant Pays</b>	25%	25%	0%
<b>Medical Out-of-Pocket Max (Ded, Coins &amp; Copay)</b>	\$4,500	\$5,000	\$6,350
<b>Aggregate Family Deductible</b>	\$4,000	\$7,000	\$12,700
<b>Family Out-of-Pocket Max (Ded, Coins &amp; Copay)</b>	\$9,000	\$10,000	\$12,700
<b>Maternity</b>	Treated as any other illness		
<b>Accidental Injury Protection</b>	\$1,500 per participant per calendar year		
<b>Office Visits</b>	\$25 copay/Max 4 visits per calendar year After 4 visits, office visits subject to deductible and coinsurance limits		
<b>Preventive Care</b>	Paid at 100% of allowable charges at appropriate intervals when services are rendered by a participating provider		
<b>Mental Health &amp; Substance Abuse</b>	Treated as any other illness		

## Prescription Drug Benefits (Retail and Mail Order Pharmacy)

<b>Tier 1: Copay</b>	\$5	\$5	Subject to Deductible
<b>Participant Coinsurance</b>	25%	25%	Subject to Deductible
<b>Tier 2: Copay</b>	\$10	\$10	Subject to Deductible
<b>Participant Coinsurance</b>	25%	25%	Subject to Deductible
<b>Tier 3: Copay</b>	\$20	\$20	Subject to Deductible
<b>Participant Coinsurance</b>	50%	50%	Subject to Deductible
<b>Calendar Year Out-of-Pocket Max Per Participant</b>	\$1,850	\$1,350	Subject to Deductible
<b>Calendar Year Out-of-Pocket Max Per Family</b>	\$3,700	\$2,700	Subject to Deductible



## Summary of Benefits for

# BLUECHOICE BUSINESS

### Hospital

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### Surgical-Medical

Surgeon; assistant surgeon; anesthesiologist; consultation; chemotherapy; laboratory and x-ray; x-ray and radiation therapy; diagnostic examinations; home and office calls.

### Rehabilitation Therapy

Limited to 45 days per participant per calendar year for inpatient services and 20 visits per participant per calendar year for outpatient services.

### \$1,500 Accidental Injury Protection

Immediate benefits are provided up to \$1,500 per participant per calendar year before the deductible and coinsurance provisions go into effect in the event of an accident. Benefits apply to treatment received within the first 90 days after the accident occurs.

### Other Covered Services

Therapeutic equipment; medical supplies and dressings; ambulance services; specified human organ transplants; accident-related dental care to natural teeth; prescription drugs; physical therapy (limited to 40 visits per participant per calendar year); spinal manipulations (limited to 15 visits per participant per calendar year); home health care; hospice; high dose chemotherapy and/or radiation therapy with bone marrow transplant and/or peripheral stem cell support; diabetes screening and diabetes education services.

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# WYOMING

Large Group  
**MODERATE DEDUCTIBLE  
 COPAY PLAN**



**WYOMING**

*An independent licensee of the Blue Cross and Blue Shield Association*

# BLUECHOICE BUSINESS

## Basic Product Benefits

Deductible	\$2,000
Blue Cross Blue Shield of Wyoming Pays	75%
Participant Pays	25%
Medical Out-of-Pocket Max (Ded, Coins & Copay)	\$4,500
Aggregate Family Deductible	\$4,000
Family Out-of-Pocket Max (Ded, Coins & Copay)	\$9,000
Maternity	Treated as any other illness
Office Visits	\$20 copay per visit per participant
Preventive Care	Paid at 100% of allowable charges at appropriate intervals when services are rendered by a participating provider
ER (Non-emergency, Non-Accident)	Subject to the deductible and coinsurance
Mental Health & Substance Abuse	Treated as any other illness

## Prescription Drug Benefits (Retail and Mail Order Pharmacy)

Tier 1: Copay	\$5
Participant Coinsurance	25%
Tier 2: Copay	\$10
Participant Coinsurance	25%
Tier 3: Copay	\$20
Participant Coinsurance	50%
Calendar Year Out-of-Pocket Max Per Participant	\$1,850
Calendar Year Out-of-Pocket Max Per Family	\$3,700



## Summary of Benefits for

# BLUECHOICE BUSINESS

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### Rehabilitation Therapy

Limited to 45 days per participant per calendar year for inpatient services and 20 visits per participant per calendar year for outpatient services.

### \$1,500 Accidental Injury Protection

Immediate benefits are provided up to \$1,500 per participant per calendar year before the deductible and coinsurance provisions go into effect in the event of an accident. Benefits apply to treatment received within the first 90 days after the accident occurs.

### Other Covered Services

Therapeutic equipment; medical supplies and dressings; ambulance services; specified human organ transplants; accident-related dental care to natural teeth; prescription drugs; physical therapy (limited to 40 visits per participant per calendar year); spinal manipulations (limited to 15 visits per participant per calendar year); home health care; hospice; high dose chemotherapy and/or radiation therapy with bone marrow transplant and/or peripheral stem cell support; diabetes screening and diabetes education services.

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# WYOMING

Large Group  
**HSA ELIGIBLE**  
**HIGH DEDUCTIBLE HEALTH PLAN**



**WYOMING**

*An independent licensee of the Blue Cross and Blue Shield Association*

# BLUECHOICE BUSINESS

<b>Basic Product Benefits</b>		
	<b>Single Plan*</b>	<b>Family Plan*</b>
<b>Participant Deductible</b>	\$3,000	\$3,000
<b>Family Deductible</b>	NA	\$6,000
<b>Blue Cross Blue Shield of Wyoming Pays</b>	75%	75%
<b>Participant Pays</b>	25%	25%
<b>Participant Out-of-Pocket Max</b>	\$5,500	\$5,500
<b>Family Out-of-Pocket Max</b>	NA	\$11,000
<b>Maternity</b>	Treated as any other illness	
<b>Preventive Care</b>	Paid at 100% of allowable charges at appropriate intervals when services are rendered by a participating provider	
<b>Prescription Drugs</b>	Subject to the deductible and coinsurance	
<b>Mental Health &amp; Substance Abuse</b>	Treated as any other illness	

\* HSA Eligible plans can be used with a personal Health Savings Account (HSA). A single participant will be covered under a Single Plan. A Family, Two Adults, or an Adult with Dependents will be covered under a Family Plan.





## Summary of Benefits for

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### Other Covered Services

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# WYOMING



# Important Information

## Membership and Eligibility

All regular (non-seasonal, non-temporary) full-time employees who are employed 30 or more hours a week and have deductions made from their payroll for Federal Income Taxes and Social Security Taxes are eligible. Each employee must complete an application with all requested information. Dependent children may be covered to the end of the month in which they turn 26 years old.

## Guaranteed Renewability

All Blue Cross Blue Shield of Wyoming health benefit plans are guaranteed renewable at the employer's option, 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.

## Coordination of Benefits

If the subscriber or any covered dependent has other coverage that is determined to be primary over the BlueChoice Business or Wyoming Choice coverage (in other words, it must make payments before the BlueChoice Business or Wyoming Choice coverage), payments by the other coverage, if any, will be considered when determining how benefits will be provided under BlueChoice Business or Wyoming Choice. The sum of the benefits payable by both policies will not exceed the amount payable had BlueChoice Business or Wyoming Choice been determined to be the primary payer.

## Allowable Charges

All benefits as outlined herein are based upon allowable charges. Allowable charges are determined by the Blue Cross Blue Shield of Wyoming payment system in effect at the time the services are provided.

## General Limitations and Exclusions

The Benefit Booklet has important limitations and exclusions, some, but not all, of which are listed below. **For a complete listing and explanation of the limitations and exclusions on benefits, please refer to the Benefit Booklet.** In general, we will not pay for or provide benefits for: acupuncture, alternative medicine, artificial conception, autopsies, biofeedback services, cardiac rehabilitation, complications of non-covered services, convalescent care, cosmetic surgery, custodial care, diagnostic admissions, domiciliary care, educational programs, environmental medicine, experimental or investigative procedures, adult eye care or treatment (some exceptions), foot care services (routine), genetic and chromosomal testing/counseling (with the exception of breast cancer susceptibility screening), hair loss, hypnosis, treatment for learning disabilities, obesity and weight loss programs (some exceptions), orthognathic surgery (some exceptions), prophylaxis/prophylactic medicine, adult routine hearing examinations, sex change operations, subluxation, temporomandibular joint dysfunction (TMJ), non-medical therapies, travel expenses, services or supplies covered under Worker's Compensation.

## Late Enrollees

Late enrollees (those who do not apply within 30 days of their initial eligibility) may enroll during the annual open enrollment period. Please see the Group Master Agreement or the benefit document for this time period designation.

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