

Large Group LOW DEDUCTIBLE PLANS



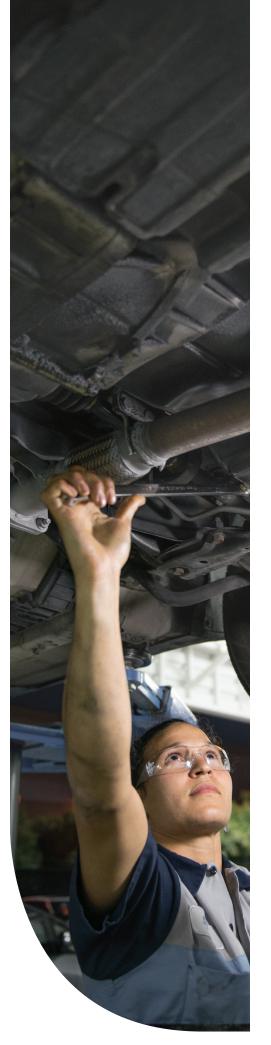
An independent licensee of the Blue Cross and Blue Shield Association

BLUECHOICE BUSINESS

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

Prescription Drug Benefits (Retail and Mail Order Pharmacy)				
Tier 1: Copay	\$5	\$5	\$5	\$5
Participant Coinsurance	20%	50%	20%	50%
Tier 2: Copay	\$10	\$15	\$10	\$15
Participant Coinsurance	20%	50%	20%	50%
Tier 3: Copay	\$20	\$30	\$20	\$30
Participant Coinsurance	50%	50%	50%	50%
Calendar Year Out-of-Pocket Max Per Participant	\$2,500	\$2,500	\$2,500	\$2,500
Calendar Year Out-of-Pocket Max Per Family	\$5,000	\$5,000	\$5,000	\$5,000

Ded: Deductible Coins: Coinsurance Max: Maximum Page 1 of 2



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.





Large Group MODERATE DEDUCTIBLE PLANS



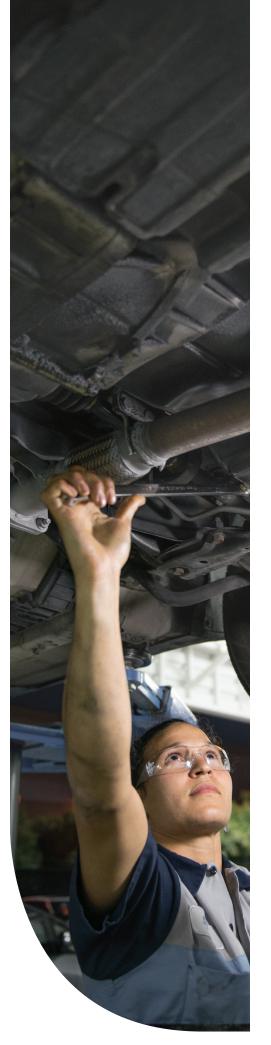
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BLUECHOICE BUSINESS

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

Prescription Drug Benefits (Retail and Mail Order Pharmacy)				
Tier 1: Copay	\$5	\$5	Subject to	
Participant Coinsurance	25%	25%	Deductible	
Tier 2: Copay	\$10	\$10	Subject to	
Participant Coinsurance	25%	25%	Deductible	
Tier 3: Copay	\$20	\$20	Subject to	
Participant Coinsurance	50%	50%	Deductible	
Calendar Year Out-of-Pocket Max Per Participant	\$1,850	\$1,350	Subject to Deductible	
Calendar Year Out-of-Pocket Max Per Family	\$3,700	\$2,700	Subject to Deductible	

Ded: Deductible **Coins**: Coinsurance **Max**: Maximum Page 3



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.

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Large Group MODERATE DEDUCTIBLE COPAY PLAN



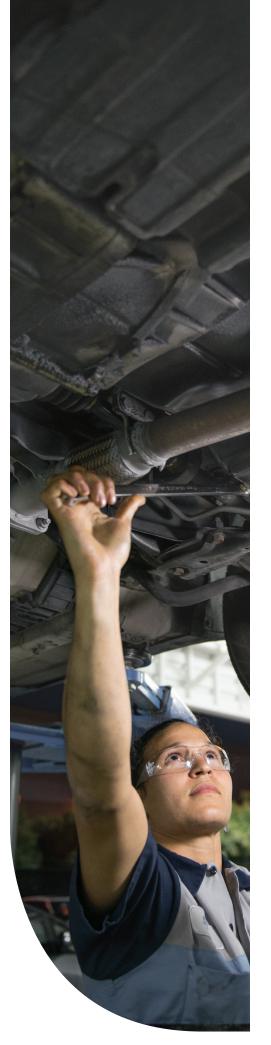
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BLUECHOICE BUSINESS

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	

Ded: Deductible Coins: Coinsurance Max: Maximum Page 1



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.

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Large Group HSA ELIGIBLE HIGH DEDUCTIBLE HEALTH PLAN



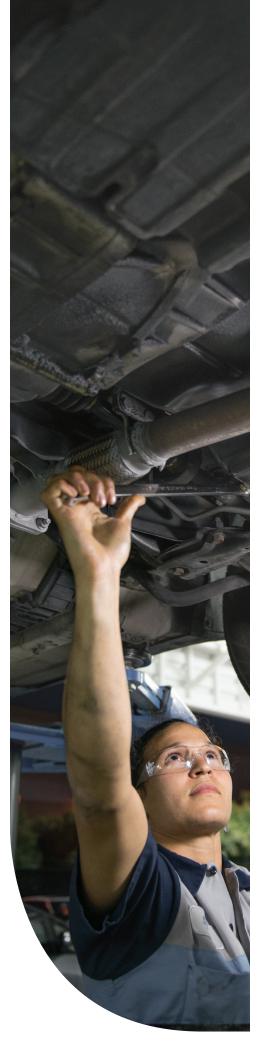
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BLUECHOICE BUSINESS

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

Max: Maximum Page 1 of 2

^{*} 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.



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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.

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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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 noncovered 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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