

BRONZE ▶	Basic		Value		CoreOne		CoreTwo	
			Single Type	Family Type	Single Type	Family Type		
			Yes	Yes	Yes	Yes		
HSA Eligible <sup>1</sup>	No		No		Yes	Yes	Yes	Yes
In Network								
Participant deductible	\$4,000	\$5,000	\$3,500	NA	\$6,000	NA		
Family deductible	\$8,000	\$10,000	NA	\$6,000	NA	\$12,000		
Maximum participant out-of-pocket <i>(deductibles, coinsurance &amp; copays)</i>	\$6,850	\$6,600	\$6,450	\$6,450	\$6,000	\$6,000		
Maximum family out-of-pocket <i>(deductibles, coinsurance &amp; copays)</i>	\$13,700	\$13,200	NA	\$12,900	NA	\$12,000		
Coinsurance								
Blue Cross Blue Shield of Wyoming pays	50%	50%	50%	50%	100% <sup>^</sup>	100% <sup>^</sup>		
Participant pays <i>(coinsurance)</i>	50%	50%	50%	50%	0% <sup>^</sup>	0% <sup>^</sup>		
^ 50% for services from an out of network provider								
Out of Network								
Participant deductible	\$6,500	\$10,000	\$6,000	NA	\$8,500	NA		
Family deductible	\$13,000	\$20,000	NA	\$12,000	NA	\$14,500		
Maximum participant out-of-pocket <i>(deductibles &amp; coinsurance)</i>	\$13,700	\$13,200	\$12,900	\$12,900	\$10,500	\$10,500		
Maximum family out-of-pocket <i>(deductibles &amp; coinsurance)</i>	\$27,400	\$26,400	NA	\$25,800	NA	\$21,000		
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	\$90*	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	
*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 <i>(retail and mail order)</i>								
Generic drugs (Tier 1)	\$15 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	
Preferred Brand drugs (Tier 2)	\$140 copay	\$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 deductible & coinsurance	
Non-Preferred Brand drugs (Tier 3)	Subject to the deductible & coinsurance	Subject to the Rx deductible & 50% 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	
Specialty drugs (Tier 4)	Covered as a benefit under Tiers 2 & 3	50% 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 a prescription drug (Rx) deductible of \$1,500 per participant/\$3,000 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								
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.  
<sup>1</sup>HSA 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.



# WYOMING

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## Covered Services

- 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.

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.

## Eligibility

Employees eligible for coverage include: regular (non-seasonal, non-temporary) full-time employees; those employed 30 or more hours a week; and, those having deductions made from their payroll for Federal Income Taxes and Social Security Taxes.

Adult children may be covered to the end of the year in which they turn 26 years old.

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.

Blue Cross Blue Shield of Wyoming health benefit plans do not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation.

## Late Enrollment

Late enrollees (those who do not apply within 30 days of their initial eligibility) may apply during the annual open enrollment period. Refer to the Group Master Agreement or the Benefit Document for additional guidelines.

## 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.



Blue Cross Blue Shield of Wyoming is a Qualified Health Plan issuer in the Small Business Health Options Program (SHOP) Marketplace.

1-800-851-2227  
bcbswy.com/smallgroup

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.