

## GOLD ▶

	Basic	Classic	HealthPlus	Core	
				Single Type	Family Type
HSA Eligible <sup>1</sup>	No	No	No	Yes	Yes
In Network					
Participant deductible	\$1,000	\$500	\$1,000	\$1,500	NA
Family deductible	\$2,000	\$1,000	\$2,000	NA	\$3,000
Maximum participant out-of-pocket (deductibles, coinsurance & copays)	\$6,350	\$6,600	\$6,250	\$6,450	\$6,450
Maximum family out-of-pocket (deductibles, coinsurance & copays)	\$12,700	\$13,200	\$12,500	NA	\$12,900
Coinsurance					
Blue Cross Blue Shield of Wyoming pays	80%	75%	80%	95%	95%
Participant pays (coinsurance)	20%	25%	20%	5%	5%
Out of Network					
Participant deductible	\$3,500	\$3,000	\$3,500	\$4,000	NA
Family deductible	\$7,000	\$3,500	\$7,000	NA	\$5,500
Maximum participant out-of-pocket (deductibles & coinsurance)	\$12,700	\$8,800	\$8,250	\$8,550	\$8,550
Maximum family out-of-pocket (deductibles & coinsurance)	\$25,400	\$17,600	\$16,700	NA	\$17,100
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	\$30*	\$30**	\$30*	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
	*After 6 visits, each subsequent visit is subject to the deductible & coinsurance **After 3 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 (retail and mail order)					
Generic drugs (Tier 1)	\$5 copay	\$5 copay	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Preferred Brand drugs (Tier 2)	\$20 copay	\$20 copay	\$20 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 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	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
HealthPlus Generic drugs (Tier 1)	NA	NA	\$0	NA	NA
HealthPlus Preferred Brand drugs (Tier 2)	NA	NA	\$10 copay	NA	NA
	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.  
<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.