

BlueSelect

Small Group (1-49 employees)



It's more than coverage. *It's care.*



WYOMING

It's not just about insurance premiums and deductibles. We care about your employees and the quality of care they receive. For us, it's about compassion and human connection.

QualityBlueSM

QualityBlue has services and programs to help our members make the best healthcare decisions and get the best care.



We help you stay
Informed & Connected

Review Your Doctor

Sharing your experience can help others find a great doctor. You can post reviews about your physician and also read reviews from other members.

Cost Calculators

With our online tools, you can estimate your share of the cost for certain medical services and compare the cost of services from different providers across the street or across the country.

Online Member Services

For members only, our online services make it easier and faster for you to view claims, manage your account, and much more. Take a tour at bcbswy.com/members/demo.

Find the Care You Need

Our web tools help you quickly and easily find the care you need in the most appropriate setting. The Blue National Doctor and Hospital Finder lets you search for providers who participate with BCBSWY both in Wyoming and across the country.

Mobile App

Let your mobile device be your guide when you're on the go. Our app helps members find urgent care and locate providers nationwide.

Hospital Quality Ratings

When you or your family need hospital care, BCBSWY makes patient experience and hospital quality ratings easily accessible to our members.

Health Assessment

Use our simple questionnaire to get a picture of your health. You'll get a personalized action plan with ideas you can use to reach your best health.



We help you get
Quality Care

MediQHome

Our program helps your doctor provide coordinated, quality healthcare services for you by promoting long-term partnerships between you and your care team.

Blue Distinction[®]

This designation is awarded to medical facilities that expertly deliver high quality, cost effective care. Your BlueSelect coverage gives you access to these facilities.

Blue Physician Recognition

This designation identifies physicians who demonstrate a commitment to delivering high quality and patient-centered care. These doctors are part of your BlueSelect coverage.

We care about you at home

At BCBSWY, we are your friends and neighbors. During business hours, we work in 10 offices across Wyoming to provide you with local service. During our personal time, we serve people and charitable organizations in your communities.

Through our partnerships with over 90% of Wyoming physicians, we make it easier for you to get care from the doctors you know and trust. You can expect excellent care right here at home.

And around the world

As a BCBSWY member, you can take your coverage anywhere and expect to receive quality care supported by a system of other Blue Plans and Blue Cross Blue Shield providers across the country and around the world. We care about you, wherever you are.

We're taking care of our members the way we've done for almost 70 years and will continue, finding new ways to support you with quality programs and healthcare. **Learn more about us: WyomingBlue.com.**

BlueSelect for Small Groups (1-49 employees)

	Gold	Silver	Bronze	Bronze HSA ¹	
				Single Type	Family Type
Individual Deductible & Out-of-Pocket					
Participant deductible (<i>in network</i>)	\$1,000	\$2,000	\$4,000	\$3,500	NA
Participant deductible (<i>out of network</i>)	\$3,500	\$4,500	\$6,500	\$6,000	NA
Maximum participant out-of-pocket (<i>in network</i>) (deductible & coinsurance)	\$6,350	\$6,350	\$6,350	\$6,350	NA
Maximum participant out-of-pocket (<i>out of network</i>) (deductible & coinsurance)	\$12,700	\$12,700	\$12,700	\$12,700	NA
Family Deductible & Out-of-Pocket					
Family deductible (<i>in network</i>)	\$2,000	\$4,000	\$8,000	NA	\$6,000
Family deductible (<i>out of network</i>)	\$7,000	\$9,000	\$13,000	NA	\$12,000
Maximum family out-of-pocket (<i>in network</i>) (deductible & coinsurance)	\$12,700	\$12,700	\$12,700	NA	\$12,700
Maximum family out-of-pocket (<i>out of network</i>) (deductible & coinsurance)	\$25,400	\$25,400	\$25,400	NA	\$25,400
Coinsurance					
Blue Cross Blue Shield of Wyoming pays	80%	75%	50%	50%	50%
Participant pays (coinsurance)	20%	25%	50%	50%	50%
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 *	\$45 *	\$75 *	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
* After 6 visits, each subsequent visit is subject to the deductible & coinsurance All visits to out of network providers are subject to the deductible & coinsurance					
Prescription Drug Benefits (<i>retail and mail order</i>)					
Generic (copay)	\$5	\$5	\$5	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Preferred brand (copay)	\$20	\$50	\$125		
All others	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance		
Twice the copay amount will apply to a 90-day mail order No coverage for Rx from out of network provider					

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.

¹ Important information regarding HSA-Eligible plans: Federal law requires HSA-Eligible plans be either "Single Type" or "Family Type" plans. If you enroll as Two Adult, Adult and Dependent or Family, you will be covered under a "Family Type" plan and must meet the family deductible. If you enroll as a single participant, you will be covered under a "Single Type" plan and must meet the individual deductible.

Details of coverage

Hospital

Benefits include: semi-private room and board; intensive care and ancillary services; outpatient services and emergency room, including x-ray and lab; inpatient and outpatient treatment of mental health and substance use disorder.

Maternity Care

Coverage includes prenatal and postnatal care, delivery and related services.

Pediatric Dental & Vision

Benefits include preventive and diagnostic dental and vision exams and services for children to the end of the year in which they turn 19 years old.

Prescription Drugs

Coverage for prescriptions filled by a network pharmacy (a pharmacy that has agreed to provide covered services at an agreed upon reimbursement).

Preventive Care

Coverage for preventive health services recommended by the USPSTF, CDC, ACIP and HRSA; includes testing procedures and exams for cervical, breast and prostate cancers as well as diabetes.

Primary Care

Benefits for general medical services, obstetrics, gynecology or pediatrics.

Surgical-medical

Benefits include: surgeon, assistant surgeon, anesthesiologist, consultation, chemotherapy, laboratory and x-ray, x-ray and radiation therapy, diagnostic examinations, and office calls.

Other Covered Services

Benefits include: therapeutic equipment; medical supplies and dressings; ambulance services; rehabilitative and habilitative services (limited to 45 days per participant per calendar year for inpatient services and 20 visits per participant per calendar year for outpatient services); specified human organ transplants; accident-related dental care to natural teeth; mental health and substance use disorders; outpatient physical therapy (limited to 40 visits per participant per calendar year); phenylketonuria; spinal manipulations (limited to 15 visits per participant per calendar year); high dose chemotherapy and/or radiation therapy with bone marrow transplant and/or peripheral stem cell support; diabetes screening and education services.



Terms of coverage

Membership and Eligibility

Applicants 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.

Dependent 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.

Maximum Allowable Amount

Blue Cross Blue Shield of Wyoming will reimburse for covered services according to the terms outlined in the benefit document.

Coordination of Benefits

If the applicant or any covered dependent has other coverage that is determined to be primary over BlueSelect coverage (in other words, the other coverage must make payments before the BlueSelect program coverage), payments by the other coverage, if any, will be considered when determining how much Blue Cross Blue Shield of Wyoming will pay under the BlueSelect coverage. Payment under both programs will be combined and will not exceed the amount payable had BlueSelect been determined to be the primary payer.

General Limitations and Exclusions

The benefit document 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 DOCUMENT. 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.

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

Questions? We're here to help.

Call us, Monday-Friday 8 a.m. - 5 p.m.

800.851.2227

800.696.4710 (TDD)

Visit us online, any time

WyomingBlue.com

4000 House Ave. | Cheyenne, WY 82003

PO Box 2266

It's more than coverage. **It's care.**



An independent licensee of the Blue Cross and Blue Shield Association

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.