



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%
PARTICIPANT COINSURANCE MAXIMUM	\$1,000	\$1,500	\$1,000	\$1,500
MEDICAL OUT OF POCKET MAXIMUM (DED & COINS)	\$1,500	\$2,000	\$2,000	\$2,500
AGGREGATE FAMILY DEDUCTIBLE	\$1,000	\$1,000	\$2,000	\$2,000
MAXIMUM FAMILY OUT OF POCKET (DED & COINS)	\$3,000	\$4,000	\$4,000	\$5,000
MATERNITY (SUBJECT TO GROUP SIZE RULES)	\$10,000 Ded (standard) \$5,000 Ded (optional)	\$10,000 Ded (standard) \$5,000 Ded (optional)	\$10,000 Ded (standard) \$5,000 Ded (optional)	\$10,000 Ded (standard) \$5,000 Ded (optional)
GROUPS OF 15 EMPLOYEES OR MORE	Maternity as any other illness	Maternity as any other illness	Maternity as any other illness	Maternity 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			

RxCare Wyoming™ Benefits (Retail & 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 MAXIMUM PER PARTICIPANT (NO AGGREGATE FAMILY MAXIMUM)	\$2,500	\$2,500	\$2,500	\$2,500

Benefit maximum: \$5,000,000.00 per covered participant per calendar year.

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.

INPATIENT/OUTPATIENT MENTAL HEALTH & SUBSTANCE USE DISORDER

Benefits may be subject to limitations. Refer to the subscription agreement for details.

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.

MATERNITY CARE

Depending upon the size of the enrolled group and the options chosen, limited benefits may apply to maternity care (please refer to a BlueChoice Business subscription agreement).

\$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.

LIFE INSURANCE (FOR GROUPS UP TO 49)

Underwritten by Fort Dearborn Life Insurance Company

Each employee will receive \$10,000 Life protection and \$10,000 Accidental Death and Dismemberment protection. This protection becomes effective on the same date that the medical coverage becomes effective. Life insurance benefits will also be payable to covered employees in the event of the death of an eligible spouse or dependent child. Dependent life benefit amounts are shown in the employee certificate.

Dearborn National, the new brand name for Fort Dearborn Life Insurance Company, is an independent life insurance company that does not provide Blue Cross Blue Shield of Wyoming products or services. Dearborn National is solely responsible for the life insurance coverage above.

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This program contains comprehensive adult wellness benefits as defined by the Wyoming Insurance Code.

BLUECHOICE BUSINESS – MODERATE DEDUCTIBLE PLANS



**BlueCross BlueShield
of Wyoming**

An independent licensee of the Blue Cross
and Blue Shield Association

Basic Product Benefits			
DEDUCTIBLE	\$2,000	\$3,500	\$5,000
BLUE CROSS BLUE SHIELD OF WYOMING PAYS	75%	75%	50%
PARTICIPANT PAYS	25%	25%	50%
PARTICIPANT COINSURANCE MAXIMUM	\$2,500	\$2,500	\$2,500
MEDICAL OUT OF POCKET MAXIMUM (DED & COINS)	\$4,500	\$6,000	\$7,500
AGGREGATE FAMILY DEDUCTIBLE	\$4,000	\$7,000	\$10,000
MAXIMUM FAMILY OUT OF POCKET (DED & COINS)	\$9,000	\$12,000	\$15,000
MATERNITY (SUBJECT TO GROUP SIZE RULES)	\$10,000 Ded (standard)	\$10,000 Ded (standard)	\$10,000 Ded (standard)
GROUPS OF 15 EMPLOYEES OR MORE	Maternity as any other illness	Maternity as any other illness	Maternity as any other illness
ACCIDENTAL INJURY PROTECTION	\$1,500 per participant per calendar year		
OFFICE VISITS	\$25 Copay Max 4 Visits Per Calendar Year	\$25 Copay Max 4 Visits Per Calendar Year	\$25 Copay Max 4 Visits Per Calendar Year
	After 4 visits, office visits are 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		

RxCare Wyoming™ Benefits (Retail & Mail Order Pharmacy)			
TIER 1: COPAY	\$5	\$5	\$5
PARTICIPANT COINSURANCE	25%	25%	50%
TIER 2: COPAY	\$10	\$10	\$15
PARTICIPANT COINSURANCE	25%	25%	50%
TIER 3: COPAY	\$20	\$20	\$30
PARTICIPANT COINSURANCE	50%	50%	50%
CALENDAR YEAR OUT OF POCKET MAXIMUM PER PARTICIPANT (NO AGGREGATE FAMILY MAXIMUM)	\$2,500	\$2,500	\$2,500

Benefit maximum: \$5,000,000.00 per covered participant per calendar year.

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.

INPATIENT/OUTPATIENT MENTAL HEALTH & SUBSTANCE USE DISORDER

Benefits may be subject to limitations. Refer to the subscription agreement for details.

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.

MATERNITY CARE

Depending upon the size of the enrolled group and the options chosen, limited benefits may apply to maternity care (please refer to a BlueChoice Business subscription agreement).

\$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.

LIFE INSURANCE (FOR GROUPS UP TO 49)

Underwritten by Fort Dearborn Life Insurance Company
Each employee will receive \$10,000 Life protection and \$10,000 Accidental Death and Dismemberment protection. This protection becomes effective on the same date that the medical coverage becomes effective. Life insurance benefits will also be payable to covered employees in the event of the death of an eligible spouse or dependent child. Dependent life benefit amounts are shown in the employee certificate.

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Basic Product Benefits		
DEDUCTIBLE	\$10,000	\$20,000
BLUE CROSS BLUE SHIELD OF WYOMING PAYS	100%	100%
PARTICIPANT PAYS	0%	0%
MEDICAL OUT OF POCKET MAXIMUM (DED & COINS)	\$10,000	\$20,000
AGGREGATE FAMILY DEDUCTIBLE	\$20,000	\$40,000
MAXIMUM FAMILY OUT OF POCKET (DED & COINS)	\$20,000	\$40,000
MATERNITY	Maternity as any other illness	Maternity 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	

RxCare Wyoming™ Benefits (Retail & Mail Order Pharmacy)		
TIER 1: DEDUCTIBLE	\$2,000/Participant, then 100%	\$2,000/Participant, then 100%
TIER 2: DEDUCTIBLE	\$2,000/Participant, then 100%	\$2,000/Participant, then 100%
TIER 3: DEDUCTIBLE	\$2,000/Participant, then 100%	\$2,000/Participant, then 100%
CALENDAR YEAR OUT OF POCKET MAXIMUM PER PARTICIPANT (NO AGGREGATE FAMILY MAXIMUM)	\$2,000	\$2,000

Benefit maximum: \$5,000,000.00 per covered participant per calendar year.

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.

INPATIENT/OUTPATIENT MENTAL HEALTH & SUBSTANCE USE DISORDER

Benefits may be subject to limitations. Refer to the subscription agreement for details.

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.

MATERNITY CARE

All maternity charges are paid as if the maternity were any other illness. Please refer to a BlueChoice Business subscription agreement for more details.

\$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.

LIFE INSURANCE (FOR GROUPS UP TO 49)

Underwritten by Fort Dearborn Life Insurance Company

Each employee will receive \$10,000 Life protection and \$10,000 Accidental Death and Dismemberment protection. This protection becomes effective on the same date that the medical coverage becomes effective. Life insurance benefits will also be payable to covered employees in the event of the death of an eligible spouse or dependent child. Dependent life benefit amounts are shown in the employee certificate.

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This program contains comprehensive adult wellness benefits as defined by the Wyoming Insurance Code.

BLUECHOICE BUSINESS- HSA ELIGIBLE HIGH DEDUCTIBLE HEALTH PLANS



**BlueCross BlueShield
of Wyoming**

An independent licensee of the Blue Cross
and Blue Shield Association

Basic Product Benefits		
	HSA-ELIGIBLE SINGLE TYPE PLAN*	HSA-ELIGIBLE FAMILY TYPE PLAN*
DEDUCTIBLE	\$2,000	\$4,000
BLUE CROSS BLUE SHIELD OF WYOMING PAYS	75%	75%
PARTICIPANT PAYS	25%	25%
PARTICIPANT COINSURANCE MAXIMUM	\$2,500	\$5,000
MEDICAL OUT OF POCKET MAXIMUM (DED & COINS)	\$4,500	\$9,000
AFTER DEDUCTIBLE & COINSURANCE, BCBSWY PAYS	100% of allowable charges for remainder of calendar year up to annual max	
MATERNITY (GROUPS OF 2-14 EMPLOYEES)	Not a benefit**	
GROUPS OF 15 EMPLOYEES OR MORE	Maternity as any other illness	
PREVENTIVE CARE	Paid at 100% of allowable charges at appropriate intervals when services are rendered by a Participating Provider	
PRESCRIPTION DRUG CARD	Rx allowable charges apply to the deductible and participant coinsurance percentage noted above	
BENEFIT MAXIMUM	\$5,000,000 per covered participant per calendar year	

* **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. If you enroll as a Single, you will be covered under a “Single Type” plan.

** Complications of pregnancy are benefited as outlined in the subscription agreement.

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.

INPATIENT/OUTPATIENT MENTAL HEALTH & SUBSTANCE USE DISORDER

Benefits may be subject to limitations. Refer to the subscription agreement for details.

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.

MATERNITY CARE

Depending upon the size of the enrolled group, maternity care is limited to complications of pregnancy (please refer to a BlueChoice Business subscription agreement).

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.

LIFE INSURANCE (FOR GROUPS UP TO 49)

Underwritten by Fort Dearborn Life Insurance Company

Each employee will receive \$10,000 Life protection and \$10,000 Accidental Death and Dismemberment protection. This protection becomes effective on the same date that the medical coverage becomes effective. Life insurance benefits will also be payable to covered employees in the event of the death of an eligible spouse or dependent child. Dependent life benefit amounts are shown in the employee certificate.

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This sales outline is designed to present this Health Savings Account (HSA) Eligible Plan in an easy to read format. This High Deductible Health Plan (HDHP) has been designed to comply with the Medicare Prescription Drug Improvement and Modernization Act of 2003 and is intended to be HSA eligible. Please consult with your tax advisor regarding the tax implication of this plan. This outline does not cover all information contained in the subscription agreement. Limitations and exclusions do exist, and this outline is not a contract. For exact benefits and limitations, please request a copy of the subscription agreement.

This program contains comprehensive adult wellness benefits as defined by the Wyoming Insurance Code.



DEDUCTIBLES AND BENEFIT MAXIMUMS

Individual Deductible:

\$50 per calendar year

Family Deductible:

\$100 per calendar year (aggregate)

Annual Benefit Maximum:

\$1,000 per participant per year

Pre-certification of benefits is recommended when the estimated dental charges exceed \$500.00.

PREVENTIVE AND DIAGNOSTIC

No dental deductible, up to 100% of allowable charges

For: routine oral examination; teeth cleaning; bitewing x-rays; emergency treatment; fluoride treatment (for participants up to age 19); space maintainers (for participants up to age 19).

RESTORATIVE PROCEDURES

Subject to the dental deductible, up to 50% of allowable charges

For: oral surgery; general anesthetics; periodontal; injection of antibiotic drugs; simple non-orthodontic extractions; fillings; endodontics; dental x-rays.

PROSTHODONTIC PROCEDURES

Subject to the dental deductible, up to 50% of allowable charges

For: initial installation of fixed bridgework; initial installation of partial or full removable dentures; inlays, onlays or crowns; repair, replacement or additions to bridgework, dentures, crowns and inlays, including recementing where necessary; gold fillings.

ORTHODONTIA OPTION

This option is available to groups that cover 10 or more employees. Charges are payable at up to 50% of allowable charges for participants up to age 19. There is a lifetime maximum of \$1,000 per participant.

DENTAL EXCLUSIONS

We will not pay for services performed before the effective date of coverage; replacement of stolen or lost prosthetic devices; missed appointments; educational programs such as training in plaque control or oral hygiene; sealants (other than fluorides); implantology; appliances; restorations and procedures to alter vertical dimension, including orthodontia; myofunctional therapy; services and supplies related to temporomandibular joint dysfunction; extra sets of dentures, devices or appliances; temporary or treatment dentures.

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.

This sales outline is designed to present Optional Dental benefits in an easy-to-read format and does not cover all information contained in the subscription agreement. 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 subscription agreement.



The no-deductible vision program is available to groups covering five or more employees.

VISION EXAMINATIONS

Benefits will be provided for one vision exam every 12 months. When an optometrist, as a result of a covered vision examination, recommends that the participant be examined by a physician with respect to a suspected vision problem, the second examination will be covered within 60 days of the optometrist's examination.

Benefit maximum: \$80.00

FRAMES

Benefits for new frames are provided every 24 months. This includes directly related provider services (e.g., facial measurements, determination of interpupillary distances, assistance in frame selection, fitting and adjustment).

Benefit maximum: \$80.00

LENSES

Benefits will be provided for new conventional lenses and adjustments every 12 months, providing there were no benefits for contact lenses during the previous 24 months.

Benefit maximum:

Single Vision	\$60.00
Bifocal	\$85.00
Trifocal	\$105.00
Progressive	\$105.00
Lenticular	\$200.00

CONTACT LENSES

Contact lenses are covered as a substitute for conventional lenses and frames. Benefits will be paid subject to the maximum noted below every 24 months, providing there were no benefits paid for frames or lenses (non-contact) during the same period.

Benefit maximum: \$140.00

VISION EXCLUSIONS

Services for the conditions of hypermetropia (farsightedness); myopia (nearsightedness); astigmatism; anisometropia; aniseikonia and presbyopia will only be covered as described above. Benefits for refractions; eye glasses; contact lenses; visual analysis or testing of visual acuity; biomicroscopy; field charting; orthoptic training; servicing of visual corrective lenses; and consultations related to such services will be limited only to those benefits, if any, described above. Prescription sunglasses, oversized, photosensitive or anti-reflective lenses will only be covered up to the benefit maximum for lenses as defined.

This sales outline is designed to present Optional Vision benefits in an easy-to-read format and does not cover all information contained in the subscription agreement. 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 subscription agreement.



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.

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.

CERTIFICATE OF CREDITABLE COVERAGE

Should coverage under BlueChoice Business be terminated, Blue Cross Blue Shield of Wyoming will provide your employee(s) or their dependents with applicable certificates of creditable coverage for the time spent insured under the BlueChoice Business program. A past employee may also request a certificate of creditable coverage within 24 months following the termination of coverage.

GENERAL LIMITATIONS AND EXCLUSIONS

We will not pay for: acupuncture; alternative medicine; artificial conception; autopsies; biofeedback; cardiac rehabilitation; complications from non-benefited services; convalescent care; cosmetic surgery; custodial care; diagnostic admissions; domiciliary care, educational programs, environmental medicine, experimental or investigational procedures; eye care*; foot care services; genetic and chromosomal testing or counseling; services or supplies furnished by a governmental institution or facility; hair loss; medically unnecessary hospitalizations; hypnosis; treatment for learning disabilities; medical services received as a result of contractual obligations or a third party's guarantee to pay; unnecessary medical services or supplies; obesity and weight loss; orthognathic surgery; personal comfort or convenience items; procedures related to studies; prophylaxis/prophylactic medicine; report preparation; routine hearing exams or treatment*; routine physicals*; services after coverage ends; any service or supply not

specifically identified as a benefit; services prior to the effective date; sex change operations; subluxation; taxes; temporomandibular joint dysfunction; special therapies not specifically covered under the subscription agreement; travel expenses; unrelated services; services or supplies required as the result of disease or injuries due to war, civil war, insurrection, rebellion or revolution; weight loss programs; services or supplies resulting from a work-related illness or injury for which compensation is available in part or in whole from a Worker's Compensation program.

COORDINATION OF BENEFITS

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

PRE-EXISTING CONDITIONS

Any condition (whether mental or physical), regardless of the cause of the condition for which medical advice, diagnosis, care or treatment was recommended or received within the six month period immediately preceding the enrollment date will NOT be covered as a benefit for a period of 12 months following the enrollment date. **NOTE:** This provision does not apply to eligible participants under age 19. However, pregnancy shall not be treated as a pre-existing condition, and genetic information shall not be treated as a pre-existing condition in the absence of a diagnosis of a condition related to such information.

In determining whether this pre-existing exclusion period applies to an eligible participant, Blue Cross Blue Shield of Wyoming will credit the time an eligible participant was previously covered by creditable coverage, provided there was not a significant break (90 days or more) in coverage from the previous creditable coverage. Waiting periods applicable under this health plan shall not be considered in determining if a significant break in coverage has occurred.

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 subscription agreement for this time period designation and any pre-existing condition exclusions that may apply.

Blue Cross Blue Shield of Wyoming will credit the time an eligible participant was previously covered by creditable coverage provided there was no significant break (90 days or more) in coverage from the previous creditable coverage.

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.