

What will my plan cover?

- 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 old⁶
- 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 Booklet.⁷

⁶ The Silver Classic and Silver Balance plans are available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace. All Standard Plans do not include kid's dental coverage.

⁷ 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 Booklet. Please ask us for a copy.

Shop and sign up online
Find Summaries of Benefits and
Coverage (SBC) online
[BCBSWY.com/shopping](https://www.bcbswy.com/shopping)

Questions? We're here to help.
Call us, Monday-Friday 8 a.m. – 5 p.m.
800-851-2227 800-696-4710 (TDD)
PO Box 2266, Cheyenne, WY 82003



Who is eligible for coverage?

- United States citizens who are not incarcerated, who meet state residency requirements and who meet other guidelines applicable by federal and state law.

What about children?

- You can keep your adult children on your health insurance plan up to the end of the year in which they turn 26 years old.
- Kids can be on their own plan beginning at birth as long as they meet eligibility criteria.

What else should I know about eligibility?

- 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 health care, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence) and disability.
- Our plans are guaranteed renewable, 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.
- If you are a Native Tribe Member, please ask us about plan options and cost assistance available to you under the Affordable Care Act.

Wyoming TOGETHER™



Blue Cross Blue Shield of Wyoming is a Qualified Health Plan issuer in the Health Insurance Marketplace.

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.

BlueSelect

Individual and Family

FIND A PLAN	GOLD							SILVER					BRONZE									
	Classic	HealthPlus	Core		Balance		Standard ^{5†}	Classic ⁴	Value	HealthPlus	Balance ⁴		Standard ^{5†}	Value	Core		Basic	Balance		Standard ⁵	Expanded Standard ^{5**}	
			Single Plan	Family Plan	Professional Services	Institutional Services ²					Professional Services	Institutional Services ²			Single Plan	Family Plan		Professional Services	Institutional Services ²			
HSA Eligible ¹	No	No	Yes	Yes	No		No	No	No	No	No		No	No	Yes	Yes	No	No		No	No	
In Network																						
Participant deductible	\$800	\$1,000	\$1,500	NA	\$500	\$1,500	\$2,000	\$2,750	\$4,000	\$4,250	\$1,500	\$4,500	\$5,800	\$6,500	\$6,000	NA	\$9,100	\$4,000	\$8,000	\$9,100	\$7,500	
Family deductible	\$1,600	\$2,000	NA	\$3,000	\$1,000	\$3,000	\$4,000	\$5,500	\$8,000	\$8,500	\$3,000	\$9,000	\$11,600	\$13,000	NA	\$12,000	\$18,200	\$8,000	\$16,000	\$18,200	\$15,000	
Coinsurance: BCBS Pays Participant Pays	75% 25%	75% 25%	80% 20%	80% 20%	80% 20%	60% 40%	75% 25%	60% 40%	80% 20%	75% 25%	75% 25%	55% 45%	60% 40%	50% 50%	50% 50%	50% 50%	100% 0%	70% 30%	50% 50%	100% 0%	50% 50%	
Out-of-pocket maximum for participant <i>(deductibles, coinsurance & copays)</i>	\$9,100	\$9,100	\$7,000	\$7,000	\$9,100		\$8,700	\$9,100	\$9,100	\$9,100	\$9,100		\$8,900	\$9,100	\$7,000	\$7,000	\$9,100	\$9,100		\$9,100	\$9,000	
Out-of-pocket maximum for family <i>(deductibles, coinsurance & copays)</i>	\$18,200	\$18,200	NA	\$14,000	\$18,200		\$17,400	\$18,200	\$18,200	\$18,200	\$18,200		\$17,800	\$18,200	NA	\$14,000	\$18,200	\$18,200		\$18,200	\$18,000	
Out of Network																						
Participant deductible	\$20,000	\$20,000	\$20,000	NA	\$20,000		\$20,000	\$20,000	\$20,000	\$20,000	\$20,000		\$20,000	\$20,000	\$20,000	NA	\$20,000	\$20,000		\$20,000	\$20,000	
Family deductible	\$40,000	\$40,000	NA	\$40,000	\$40,000		\$40,000	\$40,000	\$40,000	\$40,000	\$40,000		\$40,000	\$40,000	NA	\$40,000	\$40,000	\$40,000		\$40,000	\$40,000	
Coinsurance: BCBS Pays Participant Pays	50% 50%	50% 50%	50% 50%	50% 50%	50% 50%		50% 50%	50% 50%	50% 50%	50% 50%	50% 50%		50% 50%	50% 50%	50% 50%	50% 50%	50% 50%	50% 50%		50% 50%	50% 50%	
Out-of-pocket for participant & family <i>(deductibles & coinsurance)</i>	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum		No Maximum	No Maximum	No Maximum	No Maximum	No Maximum		No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum		No Maximum	No Maximum	
Preventive Care																						
Primary Care																						
Copay per visit/per participant	\$30*	\$30**	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$30***	NA	\$30	\$45****	\$40**	\$45**	\$40***	NA	\$40	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	NA	Subject to the deductible & coinsurance	\$50	
	<p>*After 3 visits, each subsequent visit is subject to the deductible & coinsurance **After 6 visits, each subsequent visit is subject to the deductible & coinsurance ***After 4 visits, each subsequent visit is subject to the deductible & coinsurance ****After 2 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</p>																					
Prescription Drugs <i>(retail and mail order)³</i>																						
Tier 1: Generic drugs	\$5 copay	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$5 copay		\$15 copay	\$5 copay	\$5 copay	\$5 copay	\$5 copay		\$20 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 professional services deductible & coinsurance	Subject to the deductible & coinsurance	\$25 copay	
Tier 1: HealthPlus Generic drugs	NA	\$0 copay	NA	NA	NA		NA	NA	NA	\$0 copay	NA		NA	NA	NA	NA	NA	NA	NA	NA	NA	
Tier 2: Preferred Brand drugs	\$20 copay	\$20 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$50 copay		\$30 copay	\$50 copay	\$50 copay†	\$50 copay	\$100 copay		\$40 copay	\$150 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	Subject to the deductible & coinsurance	\$50 copay subject to deductible	
Tier 2: HealthPlus Preferred Brand drugs	NA	\$10 copay	NA	NA	NA		NA	NA	NA	\$25 copay	NA		NA	NA	NA	NA	NA	NA	NA	NA	NA	
Tier 3: Non-Preferred Brand drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$60 copay	Subject to the deductible & coinsurance	Subject to the Rx deductible & 20% coinsurance†	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$80 copay subject to deductible	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 professional services deductible & coinsurance	Subject to the deductible & coinsurance	\$100 copay subject to deductible	
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$250 copay	Subject to the deductible & coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$350 copay subject to 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 professional services deductible & coinsurance	Subject to the deductible & coinsurance	\$500 copay subject to deductible	
	<p>†Subject to a prescription drug (Rx) deductible of \$1,000 per participant/\$2,000 per family ‡Subject to a prescription drug (Rx) deductible of \$2,000 per participant/\$4,000 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</p>																					

This outline does not cover all information contained in the Benefit Booklet. Limitations and exclusions do exist. This outline is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.

¹HSA Eligible plans can be used with a personal Health Savings Account (HSA). A single participant will be covered under a Single Plan and subject to the participant deductible. A Family, Two Adults, or an Adult with Dependents will be covered under a Family Plan and subject to the family deductible.

²Emergency room visits to a network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$500 (Gold), \$1,000 (Silver) or \$1,500 (Bronze).

³Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx23 for specific drug details.

⁴This plan is available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace.

⁵This plan does not include kid's dental coverage.

[^]Standard Plan Additional Copays per Visit are Specialist Office \$60 (Gold), \$80 (Silver); Urgent Care \$45 (Gold), \$60 (Silver); Mental Health/Substance Use Disorder Outpatient Office \$30 (Gold), \$40 (Silver); Physical, Speech & Occupational Therapies \$30 (Gold), \$40 (Silver). All other plans are subject to the deductible and coinsurance for these types of visits.

^{^^}Expanded Standard Plan Additional Copays per Visit are Specialist Office \$100; Urgent Care \$75; Mental Health/Substance Use Disorder Outpatient Office \$50; Physical, Speech & Occupational Therapies \$50. All other plans are subject to the deductible and coinsurance for these types of visits.