
Wyoming
TOGETHER™
BlueSelect
Small Group

FIND A PLAN

	GOLD					
	Classic	HealthPlus	Core		Balance	
			Single Plan	Family Plan	Professional Services	Institutional Services[2]
HSA Eligible[1]	No	No	Yes	Yes	No	
In Network						
Participant deductible	$800	$1,000	$1,500	NA	$500	$1,500
Family deductible	$1,600	$2,000	NA	$3,000	$1,000	$3,000
Coinsurance: BCBS Pays | Participant Pays	75% | 25%	75% | 25%	80% | 20%	80% | 20%	80% | 20%	60% | 40%
Out-of-pocket maximum for participant *(deductibles, coinsurance & copays)*	$9,100	$9,100	$7,000	$7,000	$9,100	
Out-of-pocket maximum for family *(deductibles, coinsurance & copays)*	$18,200	$18,200	NA	$14,000	$18,200	
Out of Network						
Participant deductible	$20,000	$20,000	$20,000	NA	$20,000	
Family deductible	$40,000	$40,000	NA	$40,000	$40,000	
Coinsurance: BCBS Pays | Participant Pays	50% | 50%	50% | 50%	50% | 50%	50% | 50%	50% | 50%	
Out-of-pocket for participant & family *(deductibles & coinsurance)*	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	
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**	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	$30***	NA
	*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 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)*[3]						
Tier 1: Generic drugs	$5 copay	$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	$5 copay	
Tier 1: HealthPlus Generic drugs	NA	$0 copay	NA	NA	NA	
Tier 2: Preferred Brand drugs	$20 copay	$20 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	$50 copay	
Tier 2: HealthPlus Preferred Brand drugs	NA	$10 copay	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	
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	
	†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					

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.

[1]HSA 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.

[2]Emergency 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).

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

FIND A PLAN	SILVER			
	Classic	HealthPlus	Balance	
			Professional Services	Institutional Services[2]
HSA Eligible[1]	No	No	No	
In Network				
Participant deductible	$2,500	$4,250	$1,500	$4,500
Family deductible	$5,000	$8,500	$3,000	$9,000
Coinsurance: BCBS Pays | Participant Pays	70% | 30%	75% | 25%	75% | 25%	55% | 45%
Out-of-pocket maximum for participant *(deductibles, coinsurance & copays)*	$9,100	$9,100	$9,100	
Out-of-pocket maximum for family *(deductibles, coinsurance & copays)*	$18,200	$18,200	$18,200	
Out of Network				
Participant deductible	$20,000	$20,000	$20,000	
Family deductible	$40,000	$40,000	$40,000	
Coinsurance: BCBS Pays | Participant Pays	50% | 50%	50% | 50%	50% | 50%	
Out-of-pocket for participant & family *(deductibles & coinsurance)*	No Maximum	No Maximum	No Maximum	
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	Subject to the deductible & coinsurance	$45**	$40***	NA
	*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 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)*[3]				
Tier 1: Generic drugs	$5 copay	$5 copay	$5 copay	
Tier 1: HealthPlus Generic drugs	NA	$0 copay	NA	
Tier 2: Preferred Brand drugs	$50 copay	$50 copay	$100 copay	
Tier 2: HealthPlus Preferred Brand drugs	NA	$25 copay	NA	
Tier 3: Non-Preferred Brand drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
	†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			

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[2]Emergency 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).

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

FIND A PLAN

	BRONZE					
	Value	Core		Basic	Balance	
		Single Plan	Family Plan		Professional Services	Institutional Services[2]
HSA Eligible[1]	No	Yes	Yes	No	No	
In Network						
Participant deductible	$6,500	$6,000	NA	$9,100	$4,000	$8,000
Family deductible	$13,000	NA	$12,000	$18,200	$8,000	$16,000
Coinsurance: BCBS Pays | Participant Pays	50% | 50%	50% | 50%	50% | 50%	100% | 0%	70% | 30%	50% | 50%
Out-of-pocket maximum for participant *(deductibles, coinsurance & copays)*	$9,100	$7,000	$7,000	$9,100	$9,100	
Out-of-pocket maximum for family *(deductibles, coinsurance & copays)*	$18,200	NA	$14,000	$18,200	$18,200	
Out of Network						
Participant deductible	$20,000	$20,000	NA	$20,000	$20,000	
Family deductible	$40,000	NA	$40,000	$40,000	$40,000	
Coinsurance: BCBS Pays | Participant Pays	50% | 50%	50% | 50%	50% | 50%	50% | 50%	50% | 50%	
Out-of-pocket for participant & family *(deductibles & coinsurance)*	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	
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	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
	*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 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)*[3]						
Tier 1: Generic drugs	$20 copay†	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 1: HealthPlus Generic drugs	NA	NA	NA	NA	NA	
Tier 2: Preferred Brand drugs	$150 copay†	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 2: HealthPlus Preferred Brand drugs	NA	NA	NA	NA	NA	
Tier 3: Non-Preferred Brand drugs	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 professional services deductible & coinsurance	
Tier 4: Specialty drugs	50% coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
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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 Booklet.[4]

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 health care, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence) and disability.

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 Booklet 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.

[4] 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.

800-851-2227
BCBSWY.com/smallgroup

WYOMING

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 defined by the Wyoming Insurance Code.