

Wyoming
TOGETHER®



BlueSelect

Individual and Family

FIND A PLAN
HSA Eligible ¹
In Network
Participant deductible
Family deductible
Coinsurance: BCBS Pays Participant Pays
Out-of-pocket maximum for participant <i>(deductibles, coinsurance & copays)</i>
Out-of-pocket maximum for family <i>(deductibles, coinsurance & copays)</i>
Out of Network
Participant deductible
Family deductible
Coinsurance: BCBS Pays Participant Pays
Out-of-pocket for participant & family <i>(deductibles & coinsurance)</i>
Preventive Care
Primary Care
Copay per visit/per participant
Prescription Drugs <i>(retail and mail order)</i> ³
Tier 1: Generic drugs
Tier 1: HealthPlus Generic drugs
Tier 2: Preferred Brand drugs
Tier 2: HealthPlus Preferred Brand drugs
Tier 3: Non-Preferred Brand drugs
Tier 4: Specialty drugs

GOLD						
Classic	HealthPlus	Core		Balance		Standard ^{5 ^}
		Single Plan	Family Plan	Professional Services	Institutional Services ²	
No	No	Yes	Yes	No		No
\$800	\$1,000	\$1,600	NA	\$500	\$1,500	\$1,500
\$1,600	\$2,000	NA	\$3,200	\$1,000	\$3,000	\$3,000
75% 25%	75% 25%	80% 20%	80% 20%	80% 20%	60% 40%	75% 25%
\$9,100	\$9,100	\$7,000	\$7,000	\$9,100		\$8,700
\$18,200	\$18,200	NA	\$14,000	\$18,200		\$17,400
\$20,000	\$20,000	\$20,000	NA	\$20,000		\$20,000
\$40,000	\$40,000	NA	\$40,000	\$40,000		\$40,000
50% 50%	50% 50%	50% 50%	50% 50%	50% 50%		50% 50%
No Maximum	No Maximum	No Maximum	No Maximum	No Maximum		No Maximum
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider						
\$30*	\$30**	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$30***	NA	\$30
\$5 copay	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$5 copay		\$15 copay
NA	\$0 copay	NA	NA	NA		NA
\$20 copay	\$20 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$50 copay		\$30 copay
NA	\$10 copay	NA	NA	NA		NA
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 deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$250 copay

Notes:

*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.

Prescription Drugs:

†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

Triple the copay amount will apply to a 90-day mail order. No coverage for prescription drugs from an out-of-network provider.

Standard Plans:

^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 medical visits.

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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/rx24 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.

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HSA Eligible ¹	
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Participant deductible	
Family deductible	
Coinsurance: BCBS Pays Participant Pays	
Out-of-pocket for participant & family <i>(deductibles & coinsurance)</i>	
Preventive Care	
Primary Care	
Copay per visit/per participant	
Prescription Drugs <i>(retail and mail order)</i> ³	
Tier 1: Generic drugs	
Tier 1: HealthPlus Generic drugs	
Tier 2: Preferred Brand drugs	
Tier 2: HealthPlus Preferred Brand drugs	
Tier 3: Non-Preferred Brand drugs	
Tier 4: Specialty drugs	

SILVER					
Classic ⁴	Value	HealthPlus	Balance ⁴		Standard ^{5 ^}
			Professional Services	Institutional Services ²	
No	No	No	No		No
\$2,750	\$4,000	\$4,250	\$1,500	\$4,500	\$5,900
\$5,500	\$8,000	\$8,500	\$3,000	\$9,000	\$11,800
60% 40%	80% 20%	75% 25%	75% 25%	55% 45%	60% 40%
\$9,100	\$9,100	\$9,100	\$9,100		\$9,100
\$18,200	\$18,200	\$18,200	\$18,200		\$18,200
\$20,000	\$20,000	\$20,000	\$20,000		\$20,000
\$40,000	\$40,000	\$40,000	\$40,000		\$40,000
50% 50%	50% 50%	50% 50%	50% 50%		50% 50%
No Maximum	No Maximum	No Maximum	No Maximum		No Maximum
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
\$45****	\$40**	\$45**	\$40***	NA	\$40
\$5 copay	\$5 copay	\$5 copay	\$5 copay		\$20 copay
NA	NA	\$0 copay	NA		NA
\$50 copay	\$50 copay†	\$50 copay	\$100 copay		\$40 copay
NA	NA	\$25 copay	NA		NA
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 deductible & coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$350 copay subject to deductible

Notes:

*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.

Prescription Drugs:

†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

Triple the copay amount will apply to a 90-day mail order.
No coverage for prescription drugs from an out-of-network provider.

Standard Plans:

[^]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 medical visits.

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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/rx24 for specific drug details.

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

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BRONZE					
Value	Core		Basic	Balance	
	Single Plan	Family Plan		Professional Services	Institutional Services²
No	Yes	Yes	No	No	
\$6,500	\$6,000	NA	\$9,100	\$4,000	\$8,000
\$13,000	NA	\$12,000	\$18,200	\$8,000	\$16,000
50% 50%	50% 50%	50% 50%	100% 0%	70% 30%	50% 50%
\$9,100	\$7,150	\$7,150	\$9,100	\$9,100	
\$18,200	NA	\$14,300	\$18,200	\$18,200	
\$20,000	\$20,000	NA	\$20,000	\$20,000	
\$40,000	NA	\$40,000	\$40,000	\$40,000	
50% 50%	50% 50%	50% 50%	50% 50%	50% 50%	
No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
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
\$20 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
NA	NA	NA	NA	NA	
\$150 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
NA	NA	NA	NA	NA	
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	
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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‡Subject to a prescription drug (Rx) deductible of \$2,000 per participant/\$4,000 per family

Triple the copay amount will apply to a 90-day mail order.
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Standard Plans:

^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).

^^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.

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BRONZE
Expanded Standard ^{5 ^^}
No
\$7,500
\$15,000
50% 50%
\$9,400
\$18,800
\$20,000
\$40,000
50% 50%
No Maximum
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider
\$50
\$25 copay
NA
\$50 copay subject to deductible
NA
\$100 copay subject to deductible
\$500 copay subject to deductible

Notes:

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No coverage for prescription drugs from an out-of-network provider.

Standard Plans:

^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).

^^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.

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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.

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

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.

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. If purchased directly from BCBSWY, the Silver Classic and Silver Balance plans will include kid's dental coverage. 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

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



WYOMING

An independent licensee of the Blue Cross and Blue Shield Association



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.