

Wyoming TOGETHER[®]



BlueSelect

Individual and Family

FIND A PLAN	GOLD			
	HealthPlus	Core		Standard ^{4^}
		Single Plan	Family Plan	
HSA Eligible ¹	No	Yes	Yes	No
In Network				
Participant deductible	\$1,000	\$1,650	NA	\$1,500
Family deductible	\$2,000	NA	\$3,300	\$3,000
Coinsurance: BCBS Pays Participant Pays	75% 25%	80% 20%	80% 20%	75% 25%
Out-of-pocket maximum for participant <i>(deductibles, coinsurance & copays)</i>	\$9,100	\$7,000	\$7,000	\$7,800
Out-of-pocket maximum for family <i>(deductibles, coinsurance & copays)</i>	\$18,200	NA	\$14,000	\$15,600
Out of Network				
Participant deductible	\$20,000	\$20,000	NA	\$20,000
Family deductible	\$40,000	NA	\$40,000	\$40,000
Coinsurance: BCBS Pays Participant Pays	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
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*	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$30
	*After 6 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 <i>(retail and mail order)²</i>				
Tier 1: Generic drugs	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$15 copay
Tier 1: HealthPlus Generic drugs	\$0 copay	NA	NA	NA
Tier 2: Preferred Brand drugs	\$20 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$30 copay
Tier 2: HealthPlus Preferred Brand drugs	\$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	\$60 copay
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$250 copay
	Triple 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.

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.

²Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx25 for specific drug details.

³This plan is available with or without kid’s dental coverage through both BCBSWY and the Health Insurance Marketplace.

⁴This 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).

^{**}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 medical visits.

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)²</i>			
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 ³	HealthPlus ³	Standard ^{4^}
No	No	No
\$2,750	\$4,250	\$5,000
\$5,500	\$8,500	\$10,000
60% 40%	75% 25%	60% 40%
\$9,100	\$8,450	\$8,000
\$18,200	\$16,900	\$16,000
\$20,000	\$20,000	\$20,000
\$40,000	\$40,000	\$40,000
50% 50%	50% 50%	50% 50%
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**	\$45*	\$40
*After 6 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		
\$5 copay	\$5 copay	\$20 copay
NA	\$0 copay	NA
\$50 copay	\$50 copay	\$40 copay
NA	\$25 copay	NA
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$80 copay after deductible is met
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$350 copay after deductible is met
Triple 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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All other plans are subject to the deductible and coinsurance for these types of medical visits.

FIND A PLAN	BRONZE			
	Core		Basic	Expanded Standard ⁴ ^{^^}
	Single Plan	Family Plan		
HSA Eligible ¹	Yes	Yes	No	No
In Network				
Participant deductible	\$6,000	NA	\$9,100	\$7,500
Family deductible	NA	\$12,000	\$18,200	\$15,000
Coinsurance: BCBS Pays Participant Pays	50% 50%	50% 50%	100% 0%	50% 50%
Out-of-pocket maximum for participant <i>(deductibles, coinsurance & copays)</i>	\$7,150	\$7,150	\$9,100	\$9,200
Out-of-pocket maximum for family <i>(deductibles, coinsurance & copays)</i>	NA	\$14,300	\$18,200	\$18,400
Out of Network				
Participant deductible	\$20,000	NA	\$20,000	\$20,000
Family deductible	NA	\$40,000	\$40,000	\$40,000
Coinsurance: BCBS Pays Participant Pays	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
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	\$50
	*After 6 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 <i>(retail and mail order)²</i>				
Tier 1: Generic drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$25 copay
Tier 1: HealthPlus Generic drugs	NA	NA	NA	NA
Tier 2: Preferred Brand drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$50 copay after deductible is met
Tier 2: HealthPlus Preferred Brand drugs	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	\$100 copay after deductible is met
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$500 copay after deductible is met
	Triple 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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^{^^}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.

All other plans are subject to the deductible and coinsurance for these types of medical visits.

What will my plan cover?

- Hospitalization: inpatient care
- Ambulatory services: outpatient care
- Emergency services
- Primary care: general medical services
- Prescription drugs
- Laboratory services
- Preventive screenings, wellness resources and chronic disease management support
- Personalized health coaching for diabetes and weight management
- 24/7 telehealth services for urgent care and behavioral health
- Mental health and substance use disorder services, including behavioral health treatment
- Maternity and newborn care before and after your baby is born
- 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 old⁵
- Rehabilitative and habilitative services and devices to help you recover from an injury, disability or chronic condition
- Outpatient physical therapy
- Spinal manipulations

Ask us about additional covered services we provide for our members. A complete list, including any limitations, can be found in the Benefit Booklet.⁶

⁵ The Silver Classic and Silver HealthPlus 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.

⁶ 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



WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

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.

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.