

Wyoming
TOGETHER[®]



BlueSelect

Small Group

FIND A PLAN

HSA Eligible¹

In Network

Participant deductible

Family deductible

Coinsurance: BCBS Pays | Participant Pays

Out-of-pocket maximum for participant *(deductibles, coinsurance & copays)*

Out-of-pocket maximum for family *(deductibles, coinsurance & copays)*

Out of Network

Participant deductible

Family deductible

Coinsurance: BCBS Pays | Participant Pays

Out-of-pocket for participant & family *(deductibles & coinsurance)*

Preventive Care

Primary Care

Copay per visit/per participant

Prescription Drugs *(retail and mail order)*²

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

Single Plan

Family Plan

No

No

Yes

Yes

\$800

\$1,000

\$1,650

NA

\$1,600

\$2,000

NA

\$3,300

75% | 25%

75% | 25%

80% | 20%

80% | 20%

\$9,100

\$9,100

\$7,000

\$7,000

\$18,200

\$18,200

NA

\$14,000

\$20,000

\$20,000

\$20,000

NA

\$40,000

\$40,000

NA

\$40,000

50% | 50%

50% | 50%

50% | 50%

50% | 50%

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

*After 3 visits, each subsequent visit is subject to the deductible & coinsurance
 **After 6 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

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

NA

\$0 copay

NA

NA

\$20 copay

\$20 copay

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

NA

\$10 copay

NA

NA

Subject to the deductible & coinsurance

[†]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

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.

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SILVER	
Classic	HealthPlus
No	No
\$2,700	\$4,250
\$5,400	\$8,500
70% 30%	75% 25%
\$9,100	\$8,450
\$18,200	\$16,900
\$20,000	\$20,000
\$40,000	\$40,000
50% 50%	50% 50%
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	\$45**
*After 3 visits, each subsequent visit is subject to the deductible & coinsurance **After 6 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
NA	\$0 copay
\$50 copay	\$50 copay
NA	\$25 copay
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
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BRONZE

Value

Core

Basic

Single Plan

Family Plan

No

Yes

Yes

No

\$6,500

\$6,000

NA

\$9,100

\$13,000

NA

\$12,000

\$18,200

50% | 50%

50% | 50%

50% | 50%

100% | 0%

\$9,100

\$7,150

\$7,150

\$9,100

\$18,200

NA

\$14,300

\$18,200

\$20,000

\$20,000

NA

\$20,000

\$40,000

NA

\$40,000

\$40,000

50% | 50%

50% | 50%

50% | 50%

50% | 50%

No Maximum

No Maximum

No Maximum

No Maximum

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\$20 copay†

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

NA

NA

NA

NA

\$150 copay†

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

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

50% coinsurance

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

Subject to the deductible & coinsurance

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Covered Services

- 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 old
- 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.³

³ 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

Eligibility

Employees eligible for coverage include: regular (nonseasonal, 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.



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.