

*Wyoming*  
**TOGETHER<sup>®</sup>**



**BlueSelect**  
Small Group

# FIND A PLAN

HSA Eligible<sup>1</sup>

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

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

HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%.  
MDLive \$10 Copay for Urgent Care and Behavioral Health visits excludes Core and Basic plans.  
All visits to out-of-network providers are subject to the deductible & coinsurance.

Prescription Drugs *(retail and mail order)*<sup>2</sup>

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

<sup>1</sup>Subject to a prescription drug (Rx) deductible of \$2,500 per participant/\$5,000 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.

## GOLD

Classic	HealthPlus	Core	
		Single Plan	Family Plan
No	No	Yes	Yes
\$1,200	\$1,500	\$2,000	NA
\$2,400	\$3,000	NA	\$4,000
75%   25%	75%   25%	80%   20%	80%   20%
\$10,600	\$10,600	\$7,000	\$7,000
\$21,200	\$21,200	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
\$30	\$30	Subject to the deductible & coinsurance	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 the deductible & coinsurance	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	Subject to the deductible & coinsurance

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For exact benefits and limitations, please request a copy of the Benefit Booklet.

Deductible does not apply if the copay is listed.

HealthPlus Plan Additional Copays per Visit for Mental Health/Substance Use Disorder Outpatient Office are \$30 (Gold), and \$45 (Silver).

Gold Classic Plan Additional Copays per Visit for Mental Health/Substance Use Disorder Outpatient Office are \$30.

<sup>1</sup>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.

<sup>2</sup>Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx26 for specific drug details.

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

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Primary Care

Copay per visit/per participant

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## SILVER

Classic

HealthPlus

No

No

\$3,500

\$5,500

\$7,000

\$11,000

70% | 30%

75% | 25%

\$10,600

\$10,600

\$21,200

\$21,200

\$20,000

\$20,000

\$40,000

\$40,000

50% | 50%

50% | 50%

No Maximum

No Maximum

Subject to the deductible & coinsurance

\$45

\$5 copay

\$5 copay

NA

\$0 copay

\$50 copay

\$50 copay

NA

\$25 copay

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
\$7,500	\$6,800	NA	\$10,600
\$15,000	NA	\$13,600	\$21,200
50%   50%	50%   50%	50%   50%	100%   0%
\$10,600	\$8,500	\$8,500	\$10,600
\$21,200	NA	\$17,000	\$21,200
\$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

Subject to the deductible & 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.<sup>3</sup>

<sup>3</sup> 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**



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.

## Eligibility

Employees eligible for coverage include: regular (nonseasonal, non-temporary) employees who work the required number of hours established by their employer to receive benefits; 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.