BlueSelect Individual and Family

WYOMING

# Silver94 Cost Assistance Guidelines

Deductible as low as $0  Prescriptions as low as $0

**Assistance to Reduce Your Out-of-pocket Costs** for deductibles, coinsurance and copayments may be available when you enroll in any one of our Silver plans on the Health Insurance Marketplace website. This cost assistance is based upon your household size and yearly household income.

**If your income meets the following guidelines**, please refer to the back of this page to see what your out-of-pocket costs could be for our Silver plans. **If your income does not meet these guidelines**, it is possible you may still qualify for out-of-pocket cost assistance based on the Silver87 or Silver73 guidelines. Please call us for more information.

| **Silver94** Guidelines | Number of people in your household | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 |
| You may qualify for **cost assistance to reduce your out-of-pocket costs** if your yearly household income is between... | $15,960 - $23,940 | $21,640 - $32,460 | $27,320 - $40,980 | $33,000 - $49,500 | $38,680 - $58,020 | $44,360 - $66,540 | $50,040 - $75,060 | $55,720 - $83,580 |

The income ranges shown here are based on 2026 numbers and may be slightly different in 2027.

Estimate your 2026 income using your household's adjusted gross income or add up the following items for all the people in your household:

- Wages, salaries, tips
- Net income from any self-employment or business
- Unemployment compensation
- Social Security payments
- Other income: rental income, interest, dividends, capital gains, annuities, alimony, and some retirement and pensions

This supplemental document is being provided to expand upon the information found in the BlueSelect Individual and Family brochure and does not include all information available in the brochure. Please refer to the brochure for additional information.

The information provided here does not guarantee cost assistance. Cost assistance will be determined by the Health Insurance Marketplace when enrolling on the Marketplace website. Cost assistance is not determined by Blue Cross Blue Shield of Wyoming.

| SILVER94 | Classic[3] | HealthPlus[3] | Standard |
|---|---|---|---|
| | | | |
| HSA Eligible[1] | No | No | No |
| In Network | | | |
| Participant deductible | $0 | $125 | $0 |
| Family deductible | $0 | $250 | $0 |
| Coinsurance: BCBS Pays \| Participant Pays | 60% \| 40% | 75% \| 25% | 75% \| 25% |
| Out-of-pocket maximum for participant *(deductibles, coinsurance & copays)* | $1,900 | $2,250 | $3,500 |
| Out-of-pocket maximum for family *(deductibles, coinsurance & copays)* | $3,800 | $4,500 | $7,000 |
| 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 | $15 | $10 | $0 |
| | HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%<br>All visits to out-of-network providers are subject to the deductible & coinsurance | | |
| Prescription Drugs *(retail and mail order)*[2] | | | |
| Tier 1: Generic drugs | $1 copay | $2 copay | $0 copay |
| Tier 1: Value Based drugs | $0 copay | $1 copay | NA |
| Tier 2: Preferred Brand drugs | $10 copay | $25 copay | $15 copay |
| Tier 2: Value Based drugs | $5 copay | $10 copay | NA |
| Tier 3: Non-Preferred Brand drugs | Subject to the deductible & coinsurance | Subject to the deductible & coinsurance | $50 copay |
| Tier 4: Specialty drugs | Subject to the deductible & coinsurance | Subject to the deductible & coinsurance | $150 copay |
| | Triple the copay amount will apply to a 90-day mail order<br>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. This outline is not a Medicare Supplement policy or contract. If you are eligible for Medicare, review the Guide to Health Insurance for People with Medicare available from BCBSWY.

[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] Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx27 for specific drug details.
[3] This plan is available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace. Standard Plan does not include kid's dental coverage.

Additional copays per visit for Mental Health/Substance Use Disorder Outpatient Office $15 (Classic), $10 (HealthPlus), $0 (Standard).
For non-standard plans, if there is a copay, the deductible does not apply.
MDLIVE copay for Urgent Care and Behavioral Health visits for non-Standard plans: $10 (Classic), $10 (HealthPlus).
Out-of-State and Out-of-Network benefits are excluded.