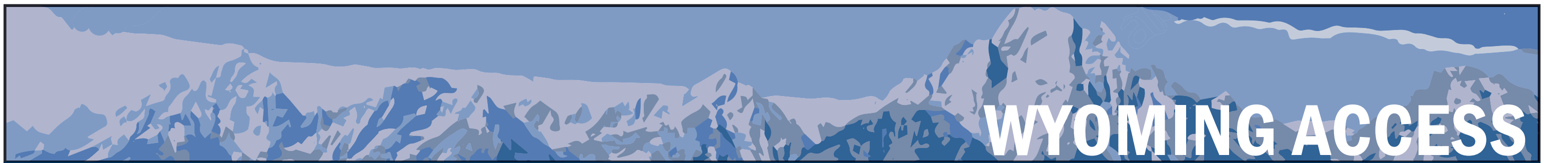
Large Employer

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
80/20 COINSURANCE

WYOMING

An independent licensee of the Blue Cross and Blue Shield Association



IN NETWORK	**Single Plan**	**Family Plan**	**Single Plan**	**Family Plan**	**Single Plan**	**Family Plan**
Member Deductible	$2,000	NA	$3,500	$3,500	$4,000	$4,000
Family Deductible	NA	$4,000	NA	$7,000	NA	$8,000
Coinsurance						
Blue Cross Blue Shield Pays	80%	80%	80%	80%	80%	80%
Member Pays	20%	20%	20%	20%	20%	20%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$4,000	$4,000	$6,500	$6,500	$8,000	$8,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	NA	$8,000	NA	$13,000	NA	$16,000
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
MDLive Visit Copay*^	$10^		$15^		$15^	
Primary Care Visit Copay*^	$35^		$45^		$45^	
Specialist/Urgent Care Office Visit Copay*	$60		$70		$70	
	^includes mental health services					
Emergency Room Visit*	After $250 copay, subject to coinsurance Copay does not apply if admitted to the hospital					
PRESCRIPTION DRUGS *(retail & mail order)*						
Tier 1: Generic drugs Copay*	$5		$10		$10	
Tier 2: Preferred Brand drugs Copay*	$40		$50		$50	
Tier 3: Non-Preferred Brand drugs Copay*	$80		$100		$100	
Tier 4: Specialty drugs Copay*	$150		$200		$200	
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance					
	Each copay applies to 30-day supply					
	*After the deductible has been met					
OUT OF NETWORK						
Member Deductible	$5,000	NA	$8,000	$8,000	$8,000	$8,000
Family Deductible	NA	$10,000	NA	$16,000	NA	$16,000
Coinsurance						
Blue Cross Blue Shield Pays	50%	50%	50%	50%	50%	50%
Member Pays	50%	50%	50%	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$15,000	$15,000	$20,000	$20,000	$20,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	NA	$30,000	NA	$40,000	NA	$40,000
	All services are subject to the out-of-network deductible & coinsurance Copays do not apply to the out-of-network services					

Wyoming Access utilizes a select network of providers and reduced benefits will occur if using a provider other than a participating provider.

A single member will be covered under a Single Plan and subject to the member deductible. A Family, Two Adults, or an Adult with Dependents will be covered under a Family Plan and subject to the family deductible.

WYOMING ACCESS

HDHP and Health Savings Account (HSA)

An HDHP is a health plan with a high deductible and low premium that works in conjunction with an HSA. Funded by you and/or your employees, an HSA is a tax-free savings account your employees can use to pay for eligible medical expenses and help offset out-of-pocket costs associated with an HDHP.

Here for You and Your Employees

Our mission is to help your employees and their families receive and pay for the health care they need to live healthy and productive lives.

Online Resources

At YourWyoBlue.com, members can sign up for online accounts to view benefits, see claims, find and compare providers and costs for care, get an ID card, search a library of wellness topics and more. Members can also complete a health assessment offered by WebMD and get recommendations to improve their health and wellbeing with personalized wellness programs, recipes, health tips, goal setting and tracking, and lifestyle changes.

About Our Networks

BCBSWY networks provide unmatched worldwide health care without sacrificing top quality local services. Members have access to the widest selection of local, national, and international provider networks available in the industry including:

- Access to more than 98% of Wyoming providers, including Wyoming hospitals.
- Access to more than 5,800 hospitals and facilities (96%) and more than 670,000 (95%) participating physicians nationwide.
- Access to doctors and hospitals in more than 170 countries and territories worldwide.
- Access to Blue Distinction® Specialty Centers.
- Access to over 55,000 retail pharmacies in Wyoming and nationwide.

Blue Distinction® Specialty Care

Blue Distinction® Centers are in 1,900 locations nationwide that specialize in the areas of bariatric surgery, cardiac care, knee and hip replacement, spine surgery, transplants, and substance use treatment, along with others. Earning national designation by Blue Cross and Blue Shield companies, these medical facilities have demonstrated better quality and improved outcomes for patients, giving your employees another tool to make better informed health care decisions.

Your Service Team

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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 required by the Wyoming Insurance Code.

WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

WebMD Health Services is an independent company providing wellbeing solutions for Blue Cross Blue Shield of Wyoming clients and members.

2026

Large Employer

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
70/30 COINSURANCE

WYOMING

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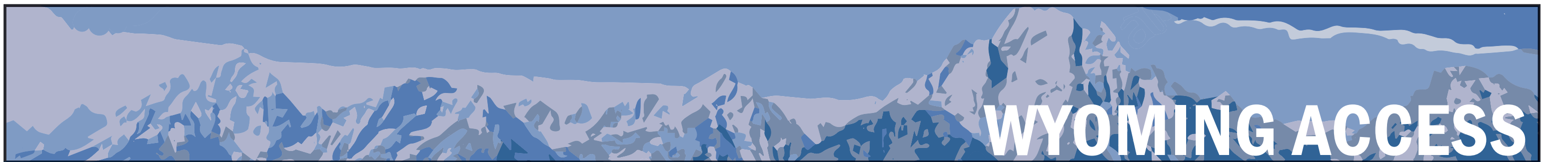

IN NETWORK	Single Plan	Family Plan	Single Plan	Family Plan	Single Plan	Family Plan
Member Deductible	$2,000	NA	$3,500	$3,500	$4,000	$4,000
Family Deductible	NA	$4,000	NA	$7,000	NA	$8,000
Coinsurance						
Blue Cross Blue Shield Pays	70%	70%	70%	70%	70%	70%
Member Pays	30%	30%	30%	30%	30%	30%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$5,000	$5,000	$8,000	$8,000	$8,500	$8,500
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	NA	$10,000	NA	$16,000	NA	$17,000
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
MDLive Visit Copay*^	$15^		$20^		$20^	
Primary Care Visit Copay*^	$45^		$55^		$55^	
Specialist/Urgent Care Office Visit Copay*	$70		$80		$80	
	^includes mental health services					
Emergency Room Visit*	After $250 copay, subject to coinsurance Copay does not apply if admitted to the hospital					
PRESCRIPTION DRUGS *(retail & mail order)*						
Tier 1: Generic drugs Copay*	$10		$15		$15	
Tier 2: Preferred Brand drugs Copay*	$50		$60		$60	
Tier 3: Non-Preferred Brand drugs Copay*	$100		$120		$120	
Tier 4: Specialty drugs Copay*	$200		$250		$250	
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance					
	Each copay applies to 30-day supply					
	*After the deductible has been met					
OUT OF NETWORK						
Member Deductible	$5,000	NA	$8,000	$8,000	$8,000	$8,000
Family Deductible	NA	$10,000	NA	$16,000	NA	$16,000
Coinsurance						
Blue Cross Blue Shield Pays	50%	50%	50%	50%	50%	50%
Member Pays	50%	50%	50%	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$15,000	$15,000	$20,000	$20,000	$20,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	NA	$30,000	NA	$40,000	NA	$40,000
	All services are subject to the out-of-network deductible & coinsurance Copays do not apply to the out-of-network services					

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2026

WYOMING ACCESS

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Large Employer

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
60/40 COINSURANCE

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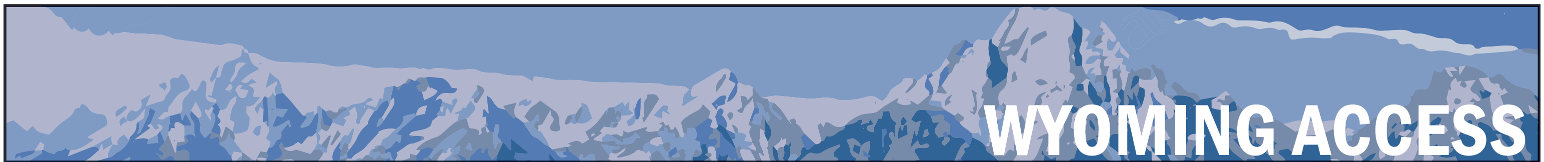

IN NETWORK	**Single Plan**	**Family Plan**	**Single Plan**	**Family Plan**	**Single Plan**	**Family Plan**
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Family Deductible	NA	$4,000	NA	$7,000	NA	$8,000
Coinsurance						
Blue Cross Blue Shield Pays	60%	60%	60%	60%	60%	60%
Member Pays	40%	40%	40%	40%	40%	40%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$6,000	$6,000	$8,500	$8,500	$8,500	$8,500
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	NA	$12,000	NA	$17,000	NA	$17,000
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
MDLive Visit Copay*^	$20^		$20^		$20^	
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Tier 4: Specialty drugs Copay*	$250		$300		$300	
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance					
	Each copay applies to 30-day supply					
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OUT OF NETWORK						
Member Deductible	$5,000	NA	$8,000	$8,000	$8,000	$8,000
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