Large Employer

HIGH DEDUCTIBLE PLANS
85/15 COINSURANCE

WYOMING

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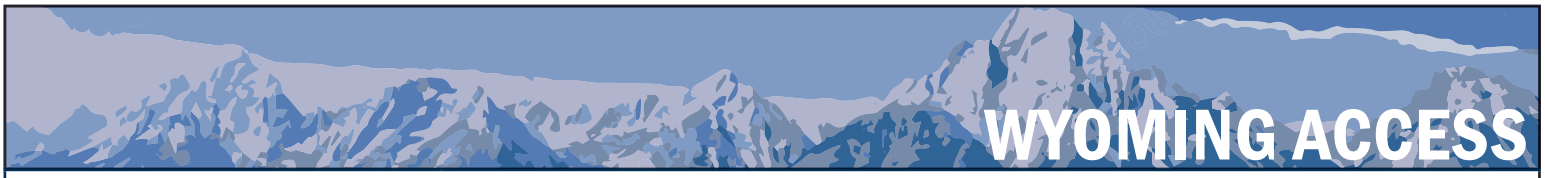

IN NETWORK	
Member Deductible	$5,500
Family Deductible	$11,000
Coinsurance	
Blue Cross Blue Shield Pays	85%
Member Pays	15%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$10,600
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$21,200
MDLive Visit Copay*	$20*
Primary Care Visit Copay*	$75*
Specialist/Urgent Care Office Visit Copay	$125
	*includes mental health services
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider
Emergency Room Visit	After $250 copay, subject to the deductible & coinsurance Copay does not apply if admitted to the hospital

PRESCRIPTION DRUGS *(retail & mail order)*	
Tier 1: Generic drugs Copay	$20
Tier 2: Preferred Brand drugs Copay	$80**
Tier 3: Non-Preferred Brand drugs Copay	$160**
Tier 4: Specialty drugs Copay	$350**
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance
	Each copay applies to 30-day supply **Subject to coinsurance after copay

OUT OF NETWORK	
Member Deductible	$8,000
Family Deductible	$16,000
Coinsurance	
Blue Cross Blue Shield Pays	50%
Member Pays	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$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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WYOMING ACCESS

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Large Employer

HIGH DEDUCTIBLE PLANS
80/20 COINSURANCE

WYOMING

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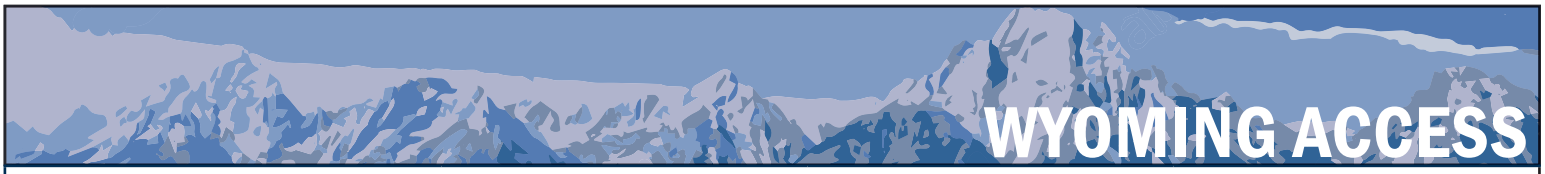

IN NETWORK			
Member Deductible	$3,000	$3,500	$4,000
Family Deductible	$6,000	$7,000	$8,000
Coinsurance			
Blue Cross Blue Shield Pays	80%	80%	80%
Member Pays	20%	20%	20%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$6,000	$7,000	$8,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$12,000	$14,000	$16,000
MDLive Visit Copay*	$15*	$15*	$15*
Primary Care Visit Copay*	$45*	$45*	$45*
Specialist/Urgent Care Office Visit Copay	$70	$70	$70
	*includes mental health services		
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider		
Emergency Room Visit	After $250 copay, subject to the deductible & coinsurance Copay does not apply if admitted to the hospital		
PRESCRIPTION DRUGS *(retail & mail order)*			
Tier 1: Generic drugs Copay	$10	$10	$10
Tier 2: Preferred Brand drugs Copay	$50	$50	$50
Tier 3: Non-Preferred Brand drugs Copay	$100	$100	$100
Tier 4: Specialty drugs Copay	$200	$200	$200
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance		
	Each copay applies to 30-day supply		
OUT OF NETWORK			
Member Deductible	$8,000	$8,000	$8,000
Family Deductible	$16,000	$16,000	$16,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$20,000	$20,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$40,000	$40,000	$40,000
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WYOMING

2026

Large Employer

HIGH DEDUCTIBLE PLANS
70/30 COINSURANCE

WYOMING

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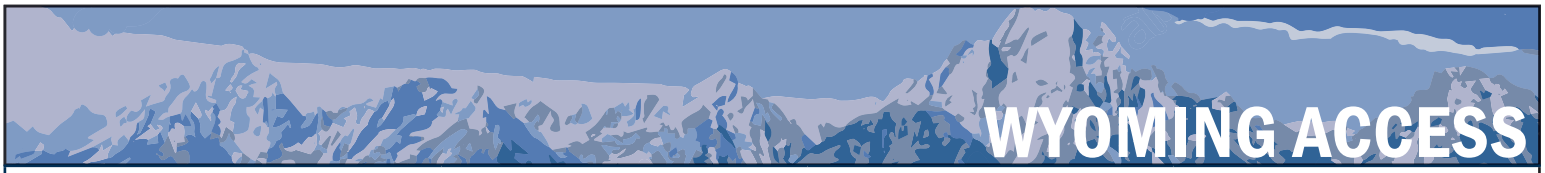

IN NETWORK			
Member Deductible	$3,000	$3,500	$4,000
Family Deductible	$6,000	$7,000	$8,000
Coinsurance			
Blue Cross Blue Shield Pays	70%	70%	70%
Member Pays	30%	30%	30%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$7,500	$8,750	$10,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$15,000	$17,500	$20,000
MDLive Visit Copay*	$20*	$20*	$20*
Primary Care Visit Copay*	$55*	$55*	$55*
Specialist/Urgent Care Office Visit Copay	$80	$80	$80
	*includes mental health services		
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider		
Emergency Room Visit	After $250 copay, subject to the deductible & coinsurance Copay does not apply if admitted to the hospital		
PRESCRIPTION DRUGS *(retail & mail order)*			
Tier 1: Generic drugs Copay	$15	$15	$15
Tier 2: Preferred Brand drugs Copay	$60	$60	$60
Tier 3: Non-Preferred Brand drugs Copay	$120	$120	$120
Tier 4: Specialty drugs Copay	$250	$250	$250
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance		
	Each copay applies to 30-day supply		
OUT OF NETWORK			
Member Deductible	$8,000	$8,000	$8,000
Family Deductible	$16,000	$16,000	$16,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$20,000	$20,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$40,000	$40,000	$40,000
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Large Employer

HIGH DEDUCTIBLE PLANS
60/40 COINSURANCE

WYOMING

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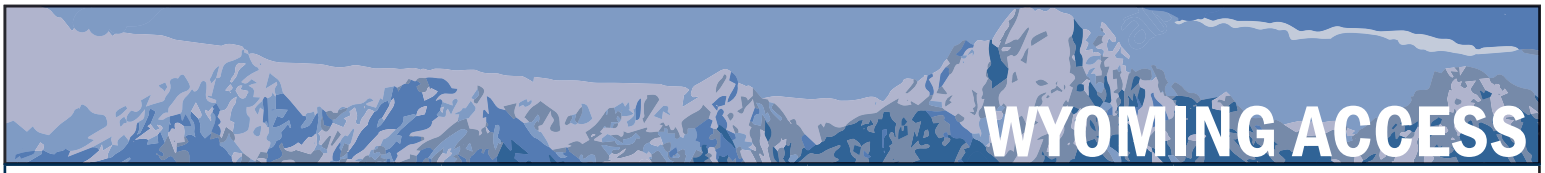

IN NETWORK			
Member Deductible	$3,000	$3,500	$4,000
Family Deductible	$6,000	$7,000	$8,000
Coinsurance			
Blue Cross Blue Shield Pays	60%	60%	60%
Member Pays	40%	40%	40%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$9,000	$10,500	$10,600
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$18,000	$21,000	$21,200
MDLive Visit Copay*	$20*	$20*	$20*
Primary Care Visit Copay*	$65*	$65*	$65*
Specialist/Urgent Care Office Visit Copay	$90	$90	$90
	*includes mental health services		
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider		
Emergency Room Visit	After $250 copay, subject to the deductible & coinsurance Copay does not apply if admitted to the hospital		
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Tier 1: Generic drugs Copay	$20	$20	$20
Tier 2: Preferred Brand drugs Copay	$70	$70	$70
Tier 3: Non-Preferred Brand drugs Copay	$140	$140	$140
Tier 4: Specialty drugs Copay	$300	$300	$300
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance		
	Each copay applies to 30-day supply		
OUT OF NETWORK			
Member Deductible	$8,000	$8,000	$8,000
Family Deductible	$16,000	$16,000	$16,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
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