## **Large Employer**

# LOW DEDUCTIBLE PLANS 80/20 COINSURANCE



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I NETWORK			
Wember Deductible	\$500	\$1,000	
Family Deductible	\$1,000	\$2,000	
Coinsurance	\$1,000	Ψ2,000	
	80%	80%	
Blue Cross Blue Shield Pays			
Member Pays	20%	20%	
Member Out-of-Pocket Maximum  Deductible, Coinsurance & Copays including Prescriptions)	\$2,000	\$2,500	
Family Out-of-Pocket Maximum	\$4,000	\$5,000	
(Deductible, Coinsurance & Copays including Prescriptions)			
MDLive Visit Copay*	\$10*	\$10*	
Primary Care Visit Copay*	\$25*	\$25*	
Specialist/Urgent Care Office Visit Copay	\$50	\$50	
	*includes mental health services		
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provi		
Emergency Room Visit	After \$250 copay, subject to the deductible & coinsurance		
	Copay does not apply if	f admitted to the hospital	
RESCRIPTION DRUGS (retail & mail order)			
Tier 1: Generic drugs Copay	\$5	\$5 	
Tier 2: Preferred Brand drugs Copay	\$30	\$30	
Tier 3: Non-Preferred Brand drugs Copay	\$60	\$60	
Tier 4: Specialty drugs Copay	\$100	\$100	
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance		
	Each copay applies to 30-day supply		
UT OF NETWORK			
Member Deductible	\$2,000	\$2,000	
Family Deductible	\$4,000	\$4,000	
Coinsurance	Ψ-,,σσσ	Ψ <del>1</del> ,000	
	50%	50%	
Blue Cross Blue Shield Pays			
Member Pays	50%	50%	
Member Out-of-Pocket Maximum (Deductible & Coinsurance)	\$10,000	\$10,000	
Family Out-of-Pocket Maximum	\$20,000	\$20,000	
(Deductible & Coinsurance)	All convices are subject to the out of	of natwork deductible & coincurance	
	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.



## **WYOMING ACCESS**

### **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<sup>®</sup> 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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## **Large Employer**

# LOW DEDUCTIBLE PLANS 70/30 COINSURANCE



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N NETWORK	<b>*</b> F00	¢4.000	
Member Deductible	\$500	\$1,000	
Family Deductible	\$1,000	\$2,000	
Coinsurance			
Blue Cross Blue Shield Pays	70%	70%	
Member Pays	30%	30%	
Member Out-of-Pocket Maximum  (Deductible, Coinsurance & Copays including Prescriptions)	\$2,750	\$3,250	
Family Out-of-Pocket Maximum	\$5,500	\$6,500	
(Deductible, Coinsurance & Copays including Prescriptions)			
MDLive Visit Copay*	\$10*	\$10*	
Primary Care Visit Copay*	\$35*	\$35*	
Specialist/Urgent Care Office Visit Copay	\$60	\$60	
	*includes mental health services		
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provice		
Emarganay Boom Visit	After \$250 copay, subject to the deductible & coinsurance		
Emergency Room Visit	Copay does not apply i	f admitted to the hospital	
PRESCRIPTION DRUGS (retail & mail order)			
Tier 1: Generic drugs Copay	\$10	\$10	
Tier 2: Preferred Brand drugs Copay	\$40	\$40	
Tier 3: Non-Preferred Brand drugs Copay	\$80	\$80	
Tier 4: Specialty drugs Copay	\$150	\$150	
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance		
	Each copay applies to 30-day supply		
NIT OF NETWORK			
OUT OF NETWORK	¢2.000	¢2.000	
Member Deductible	\$2,000	\$2,000	
Family Deductible	\$4,000	\$4,000	
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	
Member Pays	50%	50%	
Member Out-of-Pocket Maximum  Deductible & Coinsurance)	\$10,000	\$10,000	
Family Out-of-Pocket Maximum (Deductible & Coinsurance)	\$20,000	\$20,000	
	All services are subject to the out-of-network deductible & coinsurance		
	Copays do not apply to the	ne 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.



## **WYOMING ACCESS**

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## **Large Employer**

# LOW DEDUCTIBLE PLANS 60/40 COINSURANCE



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NETWORK			
N NETWORK Member Deductible	\$500	\$1,000	
	·	\$1,000	
Family Deductible	\$1,000	\$2,000	
Coinsurance			
Blue Cross Blue Shield Pays	60%	60%	
Member Pays	40%	40%	
Member Out-of-Pocket Maximum  Deductible, Coinsurance & Copays including Prescriptions)	\$3,500	\$4,000	
Family Out-of-Pocket Maximum	\$7,000	\$8,000	
(Deductible, Coinsurance & Copays including Prescriptions)		·	
MDLive Visit Copay*	\$15*	\$15*	
Primary Care Visit Copay*	\$45*	\$45*	
Specialist/Urgent Care Office Visit Copay	\$70	\$70	
	*includes menta	al health services	
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provi		
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	
Tier 2: Preferred Brand drugs Copay	\$50	\$50	
Tier 3: Non-Preferred Brand drugs Copay	\$100	\$100	
Tier 4: Specialty drugs Copay	\$200	\$200	
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance		
	Each copay applies to 30-day supply		
UT OF NETWORK			
Member Deductible	\$2,000	\$2,000	
Family Deductible	\$4,000	\$4,000	
Coinsurance	ų 1,500	<del>ү т,ооо</del>	
Blue Cross Blue Shield Pays	50%	50%	
•			
Member Pays	50%	50%	
Member Out-of-Pocket Maximum (Deductible & Coinsurance)	\$10,000	\$10,000	
Family Out-of-Pocket Maximum (Deductible & Coinsurance)	\$20,000	\$20,000	
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