

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs) 80/20 COINSURANCE



WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

WYOMING BLUELEVEL FUNDED

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 <i>(Deductible, Coinsurance & Copays including Prescriptions)</i>	\$4,000	\$4,000	\$6,500	\$6,500	\$8,000	\$8,000
Family Out-of-Pocket Maximum <i>(Deductible, Coinsurance & Copays including Prescriptions)</i>	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 <i>(retail & mail order)</i>						
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 <i>(Deductible & Coinsurance)</i>	\$15,000	\$15,000	\$20,000	\$20,000	\$20,000	\$20,000
Family Out-of-Pocket Maximum <i>(Deductible & Coinsurance)</i>	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 BlueLevel Funded 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 BLUELEVEL FUNDED

Advantages

- Set monthly premium
- Access to the BlueCard® Network
- Variable plan options
- Dual plan options
- Monthly reporting
- If there's a claims funding surplus, the employer will receive a credit upon renewal

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

This outline is designed to present BlueLevel Funded benefits in an easy-to-read format and does not cover all information contained in the Benefit Booklet. Limitations and exclusions in addition to those presented in the outline do exist. This outline is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.

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

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs) 70/30 COINSURANCE



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WYOMING BLUELEVEL FUNDED

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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WYOMING BLUELEVEL FUNDED

Advantages

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- Dual plan options
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WYOMING

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs) 60/40 COINSURANCE



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WYOMING BLUELEVEL FUNDED

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	60%	60%	60%	60%	60%	60%
Member Pays	40%	40%	40%	40%	40%	40%
Member Out-of-Pocket Maximum <i>(Deductible, Coinsurance & Copays including Prescriptions)</i>	\$6,000	\$6,000	\$8,500	\$8,500	\$8,500	\$8,500
Family Out-of-Pocket Maximum <i>(Deductible, Coinsurance & Copays including Prescriptions)</i>	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^	
Primary Care Visit Copay**	\$55^		\$65^		\$65^	
Specialist/Urgent Care Office Visit Copay*	\$80		\$90		\$90	
	^includes mental health services					
Emergency Room Visit*	After \$250 copay, subject to coinsurance Copay does not apply if admitted to the hospital					
PRESCRIPTION DRUGS <i>(retail & mail order)</i>						
Tier 1: Generic drugs Copay*	\$15		\$20		\$20	
Tier 2: Preferred Brand drugs Copay*	\$60		\$70		\$70	
Tier 3: Non-Preferred Brand drugs Copay*	\$120		\$140		\$140	
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					
	*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 <i>(Deductible & Coinsurance)</i>	\$15,000	\$15,000	\$20,000	\$20,000	\$20,000	\$20,000
Family Out-of-Pocket Maximum <i>(Deductible & Coinsurance)</i>	NA	\$30,000	NA	\$40,000	NA	\$40,000
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