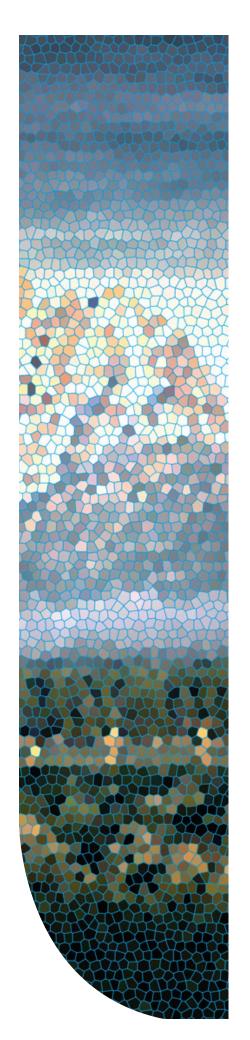
HIGH DEDUCTIBLE PLANS 85/15 COINSURANCE



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***	WYOMING BLUELEVEL FUNDED		
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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 provide		
Emergency Room Visit	After \$250 copay, subject to the deductible & coinsurance		
Lineigency Room visit	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		



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

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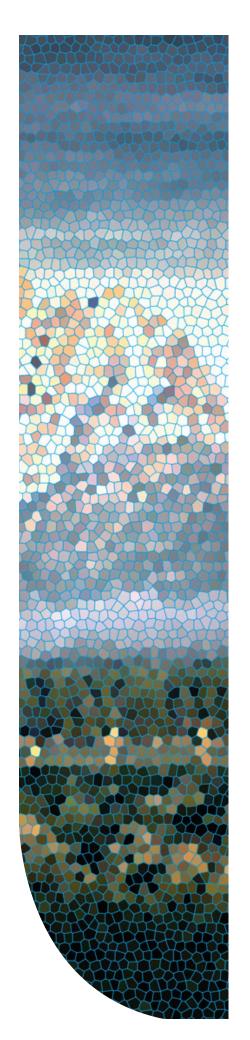


HIGH DEDUCTIBLE PLANS 80/20 COINSURANCE



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N 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 ar	mount at appropriate intervals when service	es 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	\$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	
	All services are	e subject to the out-of-network deductible &	& coinsurance	
	Сора	ays do not apply to the out-of-network servi	ces	



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

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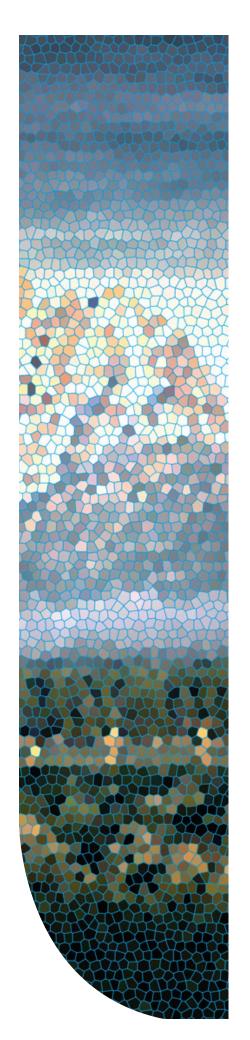


HIGH DEDUCTIBLE PLANS 70/30 COINSURANCE



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NETWORK			
Member Deductible	\$3,000	\$3,500	\$4,000
Family Deductible	\$6,000	\$7,000	\$8,000
Coinsurance	\$0,000	\$7,000	Ψ8,000
Blue Cross Blue Shield Pays	70%	70%	70%
•	30%	30%	30%
Member Pays			
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 a	mount at appropriate intervals when serv	ices are rendered by a network prov
Emergency Room Visit	After \$250 copay, subject to the deductible & coinsurance		
	Co	ppay does not apply if admitted to the hosp	oital
RESCRIPTION DRUGS (retail & mail order)			<u> </u>
Tier 1: Generic drugs Copay	\$15	\$15	\$15
Tier 2: Preferred Brand drugs Copay	\$60	\$60	\$60
Fier 3: Non-Preferred Brand drugs Copay	\$120	\$120	\$120
Fier 4: Specialty drugs Copay	\$250	\$250	\$250
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance		
		Each copay applies to 30-day supply	
UT OF NETWORK			
Member Deductible	\$8,000	\$8,000	\$8,000
Family Deductible	\$16,000	\$16,000	\$16,000
Coinsurance	Ψ10,000	Ψ±0,000	¥10,000
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Pays Member Out-of-Pocket Maximum	50%	JU%	JU%
Viember 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
	All services ar	e subject to the out-of-network deductible	& coinsurance
		ays do not apply to the out-of-network ser	



Advantages

- Set monthly premium
- Access to the BlueCard® Network
- Variable plan options
- Dual plan options

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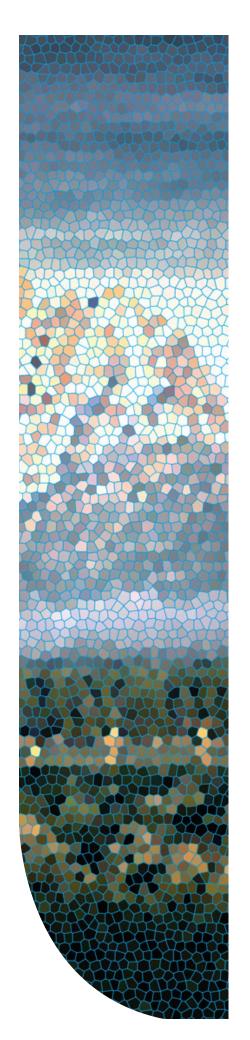


HIGH DEDUCTIBLE PLANS 60/40 COINSURANCE



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	MYON	IING BLUELEV	EEINDE	
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N NETWORK				
Member Deductible	\$3,000	\$3,500	\$4,000	
Family Deductible	\$6,000	\$7,000	\$8,000	
Coinsurance	40,000	\$1,000	40,000	
Blue Cross Blue Shield Pays	60%	60%	60%	
Member Pays	40%	40%	40%	
Member Out-of-Pocket Maximum	\$9,000	\$10,500	\$10,600	
(Deductible, Coinsurance & Copays including Prescriptions)	\$3,000	Ψ10,300	Ψ10,000	
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 a	amount at appropriate intervals when servic	es are rendered by a network prov	
Emergency Room Visit	After \$250 copay, subject to the deductible & coinsurance			
Emorgonoy Room visit	Copay does not apply if admitted to the hospital			
PRESCRIPTION DRUGS (retail & mail order)				
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	
	\$16.000	\$16,000	\$16,000	
Family Deductible Coinsurance	φ±0,000	910,000	φ10,000	
	E00/	F09/	E00/	
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	
	All services are subject to the out-of-network deductible & coinsurance			
	Cop	pays do not apply to the out-of-network servi	ces	



Advantages

- Set monthly premium
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