HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
90/10 COINSURANCE

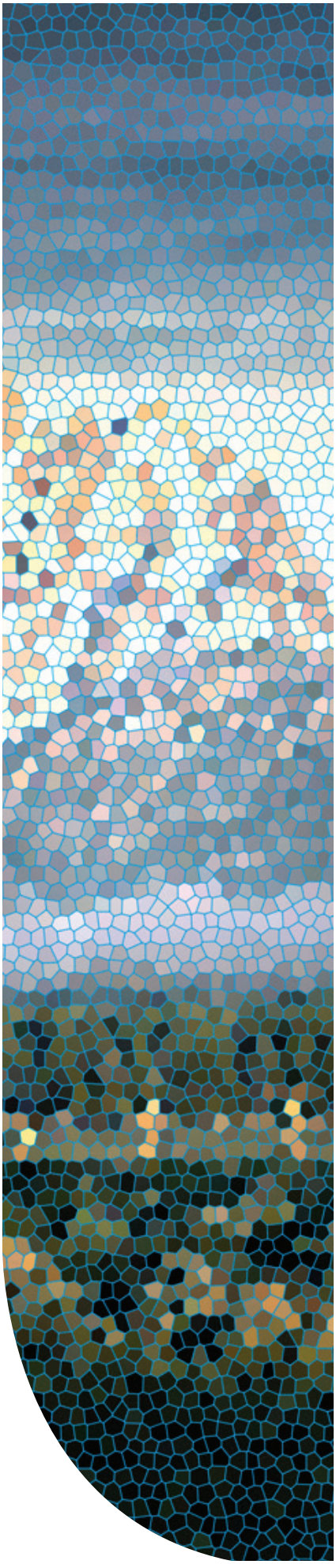
WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

WYOMING BLUELEVEL FUNDED

IN NETWORK	
Member Deductible	$6,000
Family Deductible	$12,000
Coinsurance	
Blue Cross Blue Shield Pays	90%
Member Pays	10%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$8,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$16,000
MDLive Visit Copay*	$15*
Primary Care Visit Copay*	$45*
Specialist/Urgent Care Office Visit Copay	$70
	Deductible does not apply to MDLive copay. *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	$250 copay per visit, after deductible maximum is met, subject to coinsurance Copay waived if admitted to the hospital
PRESCRIPTION DRUGS *(retail & mail order)*	
Tier 1: Generic drugs Copay	$10*
Tier 2: Preferred Brand drugs Copay	$50*
Tier 3: Non-Preferred Brand drugs Copay	$100*
Tier 4: Specialty drugs Copay	$200*
Tier 5: Oral Oncology drugs	Subject to the Medical deductible & coinsurance
	*Subject to deductible maximum, each copay applies to 30-day supply, mail order subject to retail 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

Wyoming BlueLevel Funded utilizes a select network of providers and reduced cost-share will occur if using a provider other than a PPO provider.



WYOMING BLUELEVEL FUNDED

Advantages

- Set monthly premium
- Access to to the BlueCard® Network
- Variable & 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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Digital Tools & Resources

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- ***Special Delivery* Maternity Support:** Provides members access to essential care services before, during, and after pregnancy.
- **Heart Health:** Helps members manage cardiovascular related health conditions like high cholesterol and blood pressure.
- **Nutrition & Sustainable Weightloss:** Supports qualifying members with managing prediabetes, Type II Diabetes, and weight loss.
- ***Freedom from Nicotine*:** Supports members through quitting nicotine with resources, guidance, and encouragement.
- **Preventive Screenings:** 100% coverage for in-network preventive screenings of chronic conditions and diseases like colorectal cancer, breast cancer, lung cancer, Type 2 Diabetes, osteoporosis, and heart disease.

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HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
85/15 COINSURANCE

WYOMING

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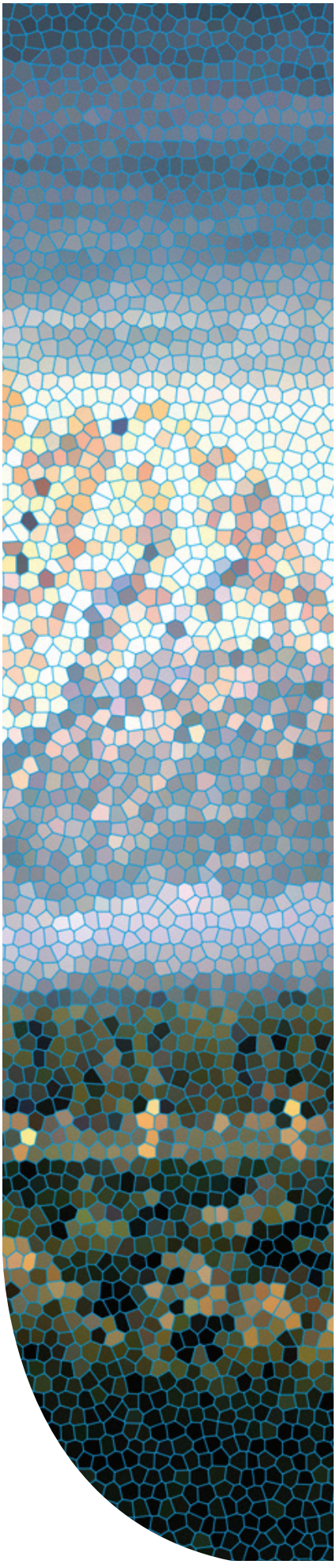
WYOMING BLUELEVEL FUNDED

IN NETWORK		
Member Deductible	$4,500	$5,000
Family Deductible	$9,000	$10,000
Coinsurance		
Blue Cross Blue Shield Pays	85%	85%
Member Pays	15%	15%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$8,000	$8,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$16,000	$16,000
MDLive Visit Copay*	$15*	$15*
Primary Care Visit Copay*	$45*	$45*
Specialist/Urgent Care Office Visit Copay	$70	$70
	Deductible does not apply to MDLive copay. *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	$250 copay per visit, after deductible maximum is met, subject to coinsurance Copay waived if admitted to the hospital	

PRESCRIPTION DRUGS *(retail & mail order)*		
Tier 1: Generic drugs Copay	$10*	$10*
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 Medical deductible & coinsurance	
	*Subject to deductible maximum, each copay applies to 30-day supply, mail order subject to retail copay	

OUT OF NETWORK		
Member Deductible	$8,000	$8,000
Family Deductible	$16,000	$16,000
Coinsurance		
Blue Cross Blue Shield Pays	50%	50%
Member Pays	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$20,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$40,000	$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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HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
80/20 COINSURANCE

WYOMING

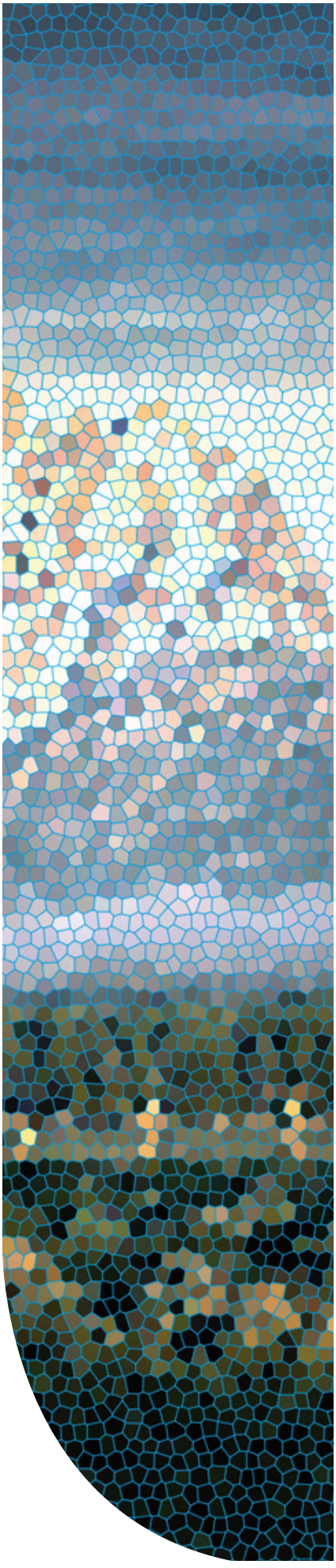
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WYOMING BLUELEVEL FUNDED

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	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	
	Deductible does not apply to MDLive copay. *includes mental health services					
Emergency Room Visit	$250 copay per visit, after deductible maximum is met, subject to coinsurance Copay waived 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 Medical deductible & coinsurance					
	Each copay applies to 30-day supply					
	*After the deductible maximum 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
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HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
75/25 COINSURANCE

WYOMING

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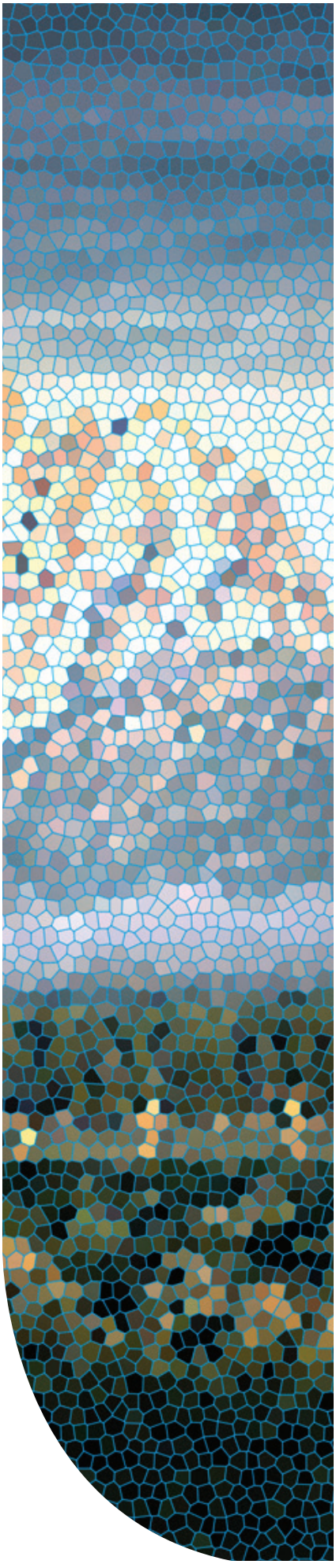
WYOMING BLUELEVEL FUNDED

IN NETWORK		
Member Deductible	$4,500	$5,000
Family Deductible	$9,000	$10,000
Coinsurance		
Blue Cross Blue Shield Pays	75%	75%
Member Pays	25%	25%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$8,500	$8,500
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$17,000	$17,000
MDLive Visit Copay*	$20*	$20*
Primary Care Visit Copay*	$55*	$55*
Specialist/Urgent Care Office Visit Copay	$80	$80
	Deductible does not apply to MDLive copay. *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	$250 copay per visit, after deductible maximum is met, subject to coinsurance Copay waived if admitted to the hospital	

PRESCRIPTION DRUGS *(retail & mail order)*		
Tier 1: Generic drugs Copay	$15*	$15*
Tier 2: Preferred Brand drugs Copay	$60*	$06*
Tier 3: Non-Preferred Brand drugs Copay	$120*	$120*
Tier 4: Specialty drugs Copay	$250*	$250*
Tier 5: Oral Oncology drugs	Subject to the Medical deductible & coinsurance	
	*Subject to deductible maximum, each copay applies to 30-day supply, mail order subject to retail copay	

OUT OF NETWORK		
Member Deductible	$8,000	$8,000
Family Deductible	$16,000	$16,000
Coinsurance		
Blue Cross Blue Shield Pays	50%	50%
Member Pays	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$20,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$40,000	$40,000
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HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
70/30 COINSURANCE

WYOMING

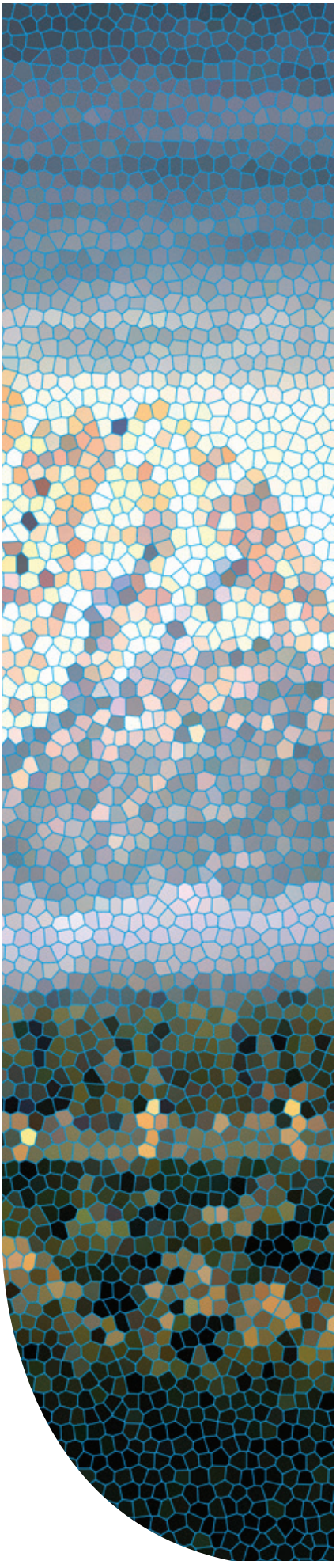
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WYOMING BLUELEVEL FUNDED

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*	
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Coinsurance						
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Member Pays	50%	50%	50%	50%	50%	50%
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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

An independent licensee of the Blue Cross and Blue Shield Association

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs)
60/40 COINSURANCE

WYOMING

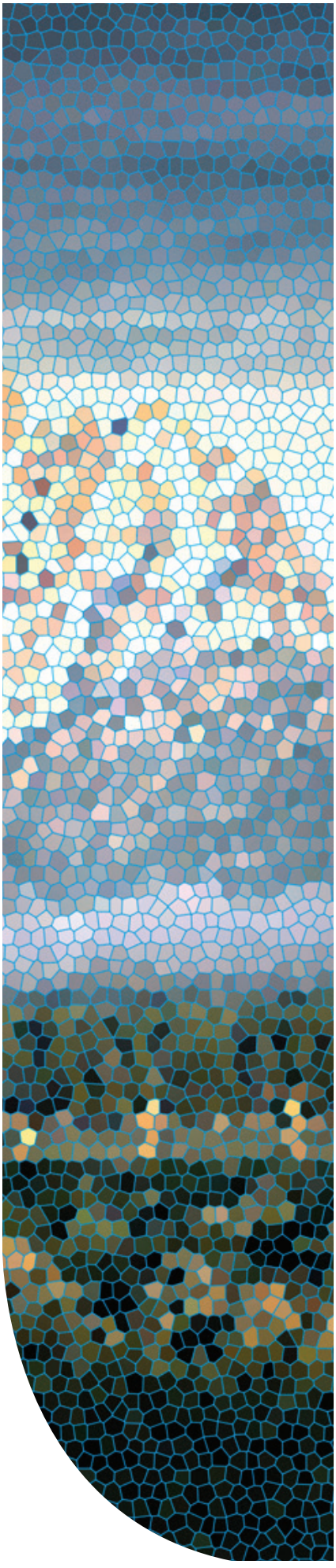
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WYOMING BLUELEVEL FUNDED

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 *(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*	
Primary Care Visit Copay	$55*		$65*		$65*	
Specialist/Urgent Care Office Visit Copay	$80		$90		$90	
	Deductible does not apply to MDLive copay. *includes mental health services					
Emergency Room Visit*	$250 copay per visit, after deductible maximum is met, subject to coinsurance Copay waived if admitted to the hospital					
PRESCRIPTION DRUGS *(retail & mail order)*						
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 Medical deductible & coinsurance					
	Each copay applies to 30-day supply					
	*After the deductible maximum 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 BlueLevel Funded utilizes a select network of providers and reduced cost-share will occur if using a provider other than a PPO 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 to the BlueCard® Network
- Variable & 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.

Digital Tools & Resources

YourWyoBlue Account

The YourWyoBlue member app provides members access to their benefits 24/7 from their smart device. Members can download ID cards, view benefits and claims information, find a provider and compare costs, access convenient live chat, secure messaging, and more.

Digital Health Assessment

YourWyoBlue also features an integrated health assessment designed to give members personalized health and wellbeing recommendations.

On-Demand 24/7 Virtual Telehealth

Our plans include virtual urgent care and online mental and behavioral health services.

About Our Networks

BCBSWY provides access to one of the industry's broadest local, national, and global provider networks, including:

- More than **98% of Wyoming providers** and **100% of Wyoming hospitals**.
- More than **97% of hospitals** and **80% of physicians nationwide**.
- Providers in more than **170 countries and territories worldwide.**
- **1,900 Blue Distinction® Specialty Centers** locations nationwide.
- **55,000 retail pharmacies nationwide**, home delivery, and specialty pharmacy services.

Specialty Health Programs & Screenings

We offer several specialty health programs designed to empower employees to take control of their health and well-being, including:

- ***Special Delivery* Maternity Support:** Provides members access to essential care services before, during, and after pregnancy.
- **Heart Health:** Helps members manage cardiovascular related health conditions like high cholesterol and blood pressure.
- **Nutrition & Sustainable Weightloss:** Supports qualifying members with managing prediabetes, Type II Diabetes, and weight loss.
- ***Freedom from Nicotine*:** Supports members through quitting nicotine with resources, guidance, and encouragement.
- **Preventive Screenings:** 100% coverage for in-network preventive screenings of chronic conditions and diseases like colorectal cancer, breast cancer, lung cancer, Type 2 Diabetes, osteoporosis, and heart disease.

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