HIGH DEDUCTIBLE PLANS
85/15 COINSURANCE

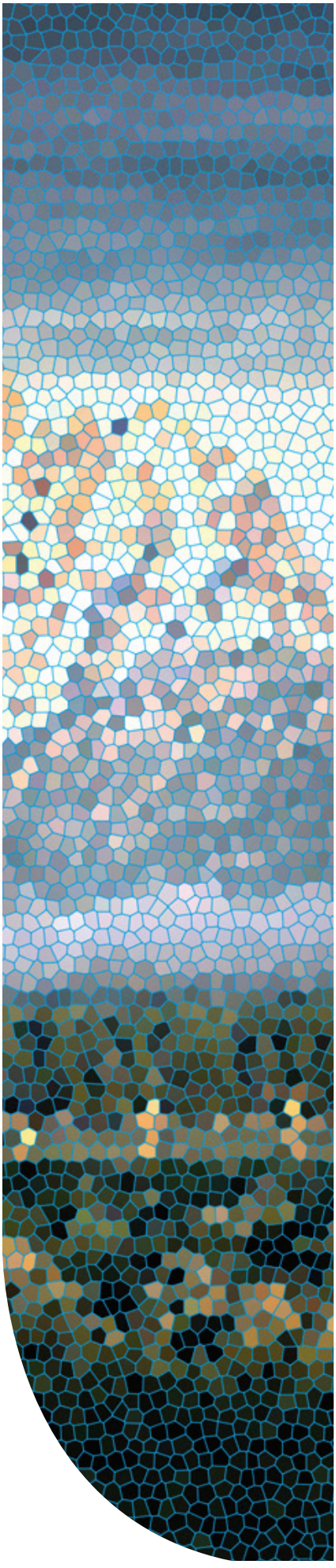
WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

WYOMING BLUELEVEL FUNDED

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
	Deductible waived for these services. *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 waived 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 Medical deductible & coinsurance
	Each copay applies to 30-day supply **Subject to coinsurance after copay, 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

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- **Nutrition & Sustainable Weightloss:** Supports qualifying members with managing prediabetes, Type II Diabetes, and weight loss.
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- **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 PLANS
80/20 COINSURANCE

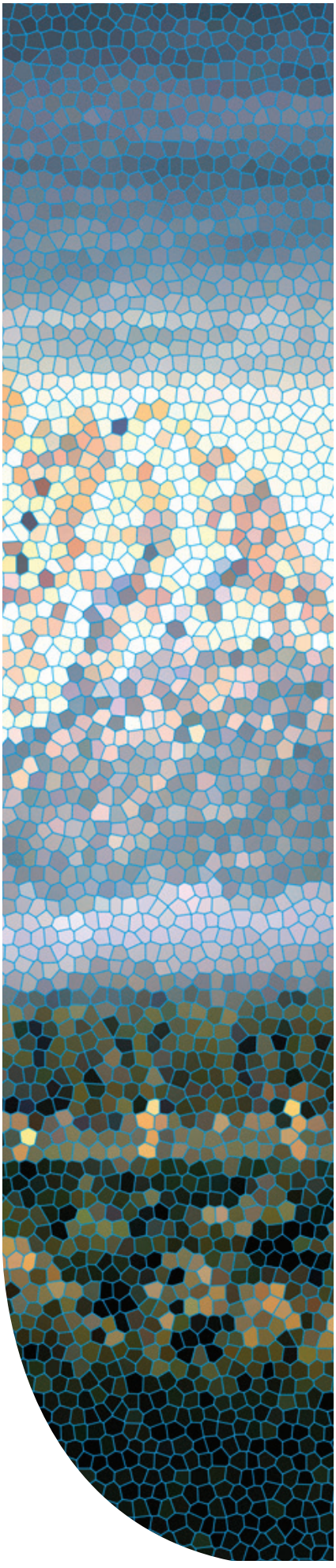
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WYOMING BLUELEVEL FUNDED

IN NETWORK		
Member Deductible	$3,500	$4,000
Family Deductible	$7,000	$8,000
Coinsurance		
Blue Cross Blue Shield Pays	80%	80%
Member Pays	20%	20%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$7,000	$8,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$14,000	$16,000
MDLive Visit Copay	$15*	$15*
Primary Care Visit Copay	$45*	$45*
Specialist/Urgent Care Office Visit Copay	$70	$70
	Deductible waived for these services. *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 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 Medical deductible & coinsurance	
	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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WYOMING BLUELEVEL FUNDED

Advantages

- Set monthly premium
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- Monthly reporting
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HIGH DEDUCTIBLE PLANS
75/25 COINSURANCE

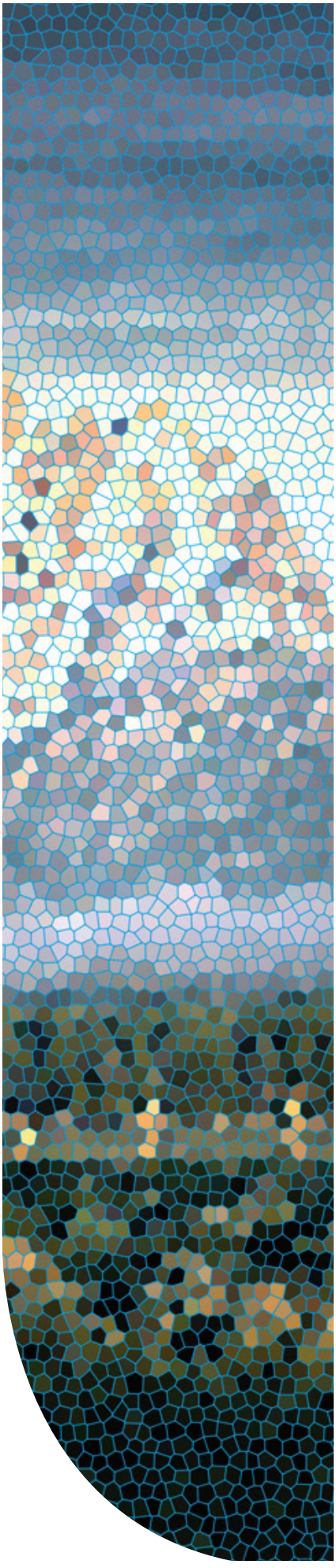
WYOMING

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WYOMING BLUELEVEL FUNDED

IN NETWORK	
Member Deductible	$5,500
Family Deductible	$11,000
Coinsurance	
Blue Cross Blue Shield Pays	75%
Member Pays	25%
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
	Deductible does not apply to these services. *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 waived 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 Medical deductible & coinsurance
	Each copay applies to 30-day supply. **Subject to coinsurance after copay, 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
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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

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WYOMING

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HIGH DEDUCTIBLE PLANS
70/30 COINSURANCE

WYOMING

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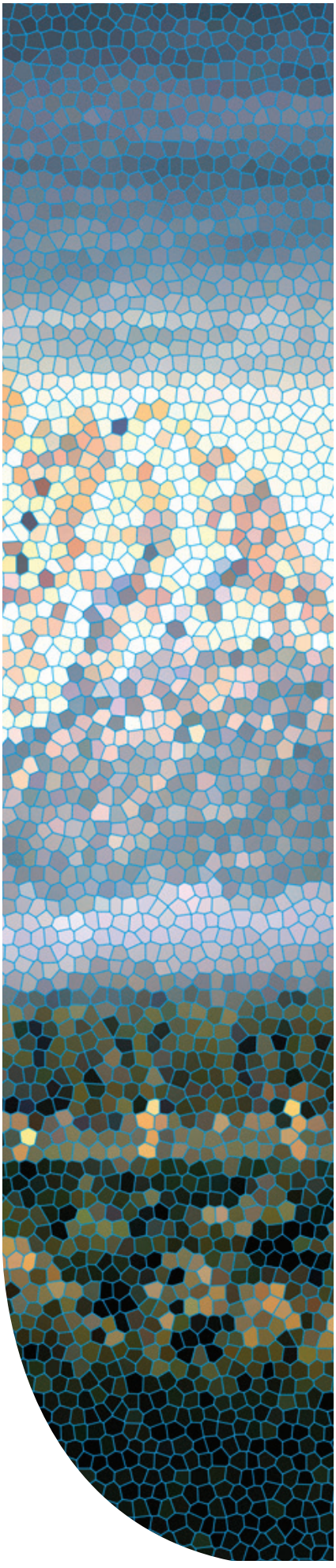
WYOMING BLUELEVEL FUNDED

IN NETWORK		
Member Deductible	$3,500	$4,000
Family Deductible	$7,000	$8,000
Coinsurance		
Blue Cross Blue Shield Pays	70%	70%
Member Pays	30%	30%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$8,750	$10,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$17,500	$20,000
MDLive Visit Copay*	$20*	$20*
Primary Care Visit Copay*	$55*	$55*
Specialist/Urgent Care Office Visit Copay	$80	$80
	Deductible waived for these services. *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 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	$60
Tier 3: Non-Preferred Brand drugs Copay	$120	$120
Tier 4: Specialty drugs Copay	$250	$250
Tier 5: Oral Oncology drugs	Subject to Medical deductible & coinsurance	
	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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HIGH DEDUCTIBLE PLANS
60/40 COINSURANCE

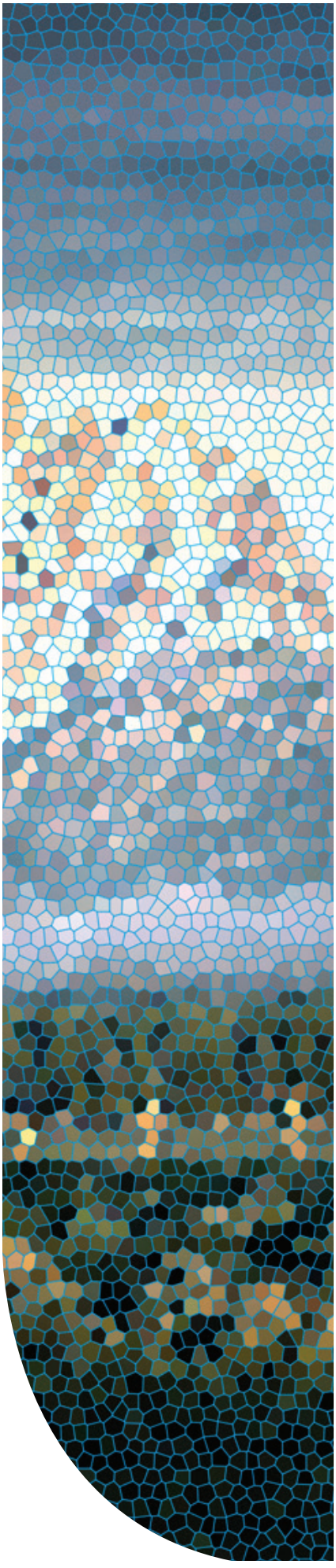
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Coinsurance		
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Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$21,000	$21,200
MDLive Visit Copay	$20*	$20*
Primary Care Visit Copay	$65*	$65*
Specialist/Urgent Care Office Visit Copay	$90*	$90
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Tier 4: Specialty drugs Copay	$300	$300
Tier 5: Oral Oncology drugs	Subject to Medical deductible & coinsurance	
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Family Deductible	$16,000	$16,000
Coinsurance		
Blue Cross Blue Shield Pays	50%	50%
Member Pays	50%	50%
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