LOW DEDUCTIBLE PLANS
80/20 COINSURANCE

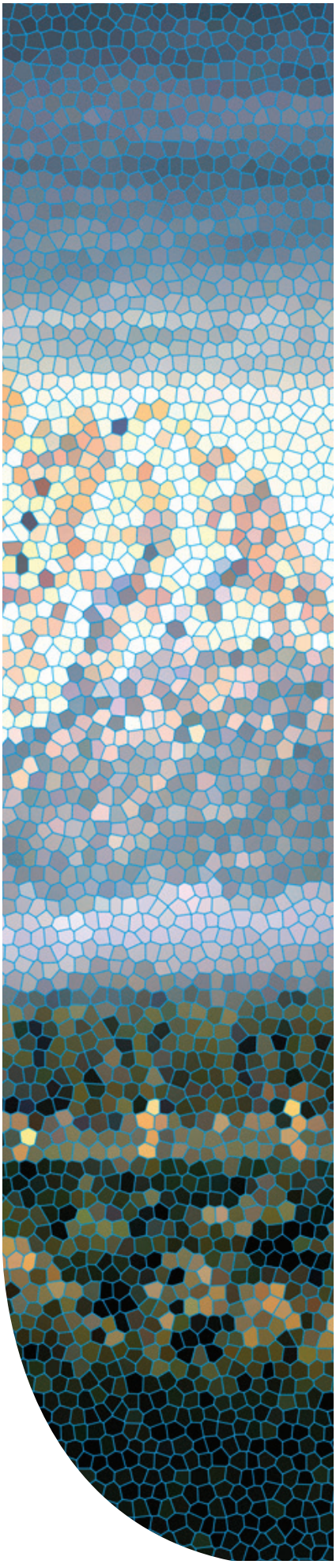
WYOMING

An independent licensee of the Blue Cross and Blue Shield Association

WYOMING BLUELEVEL FUNDED

IN NETWORK			
Member Deductible	$500	$1,000	$1,500
Family Deductible	$1,000	$2,000	$3,000
Coinsurance			
Blue Cross Blue Shield Pays	80%	80%	80%
Member Pays	20%	20%	20%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$2,000	$2,500	$3,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$4,000	$5,000	$6,000
MDLive Visit Copay	$10*	$10*	$10*
Primary Care Visit Copay	$25*	$25*	$35*
Specialist/Urgent Care Office Visit Copay	$50	$50	$60
	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 per visit, subject to the deductible & coinsurance Copay waived if admitted to the hospital		
PRESCRIPTION DRUGS *(retail & mail order)*			
Tier 1: Generic drugs Copay	$5	$5	$5
Tier 2: Preferred Brand drugs Copay	$30	$30	$40
Tier 3: Non-Preferred Brand drugs Copay	$60	$60	$80
Tier 4: Specialty drugs Copay	$100	$100	$150
Tier 5: Oral Oncology drugs	Subject to the Medical deductible & coinsurance		
	Each copay applies to 30-day supply, mail order subject to retail copay		
OUT OF NETWORK			
Member Deductible	$2,000	$2,000	$5,000
Family Deductible	$4,000	$4,000	$10,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$10,000	$10,000	$15,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$20,000	$20,000	$30,000
	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

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.

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About Our Networks

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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.

Your Service Team

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LOW DEDUCTIBLE PLANS
70/30 COINSURANCE

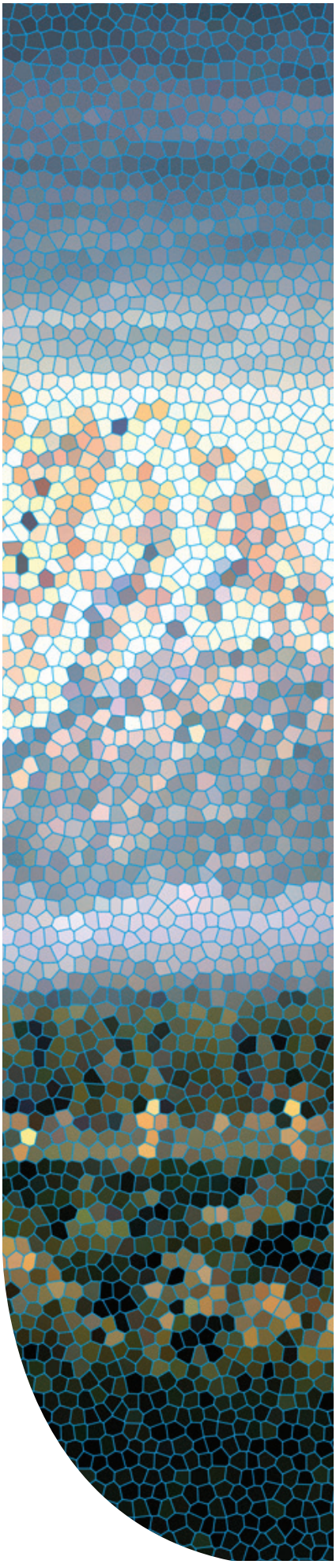
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WYOMING BLUELEVEL FUNDED

IN NETWORK			
Member Deductible	$500	$1,000	$1,500
Family Deductible	$1,000	$2,000	$3,000
Coinsurance			
Blue Cross Blue Shield Pays	70%	70%	70%
Member Pays	30%	30%	30%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$2,750	$3,250	$3,750
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$5,500	$6,500	$7,500
MDLive Visit Copay	$10*	$10*	$15*
Primary Care Visit Copay	$35*	$35*	$45*
Specialist/Urgent Care Office Visit Copay	$60	$60	$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 per visit, subject to the deductible & coinsurance Copay waived if admitted to the hospital		
PRESCRIPTION DRUGS *(retail & mail order)*			
Tier 1: Generic drugs Copay	$10	$10	$10
Tier 2: Preferred Brand drugs Copay	$40	$35	$50
Tier 3: Non-Preferred Brand drugs Copay	$80	$60	$100
Tier 4: Specialty drugs Copay	$150	$150	$200
Tier 5: Oral Oncology drugs	Subject to the Medical deductible & coinsurance		
	Each copay applies to 30-day supply, mail order subject to retail copay		
OUT OF NETWORK			
Member Deductible	$2,000	$2,000	$5,000
Family Deductible	$4,000	$4,000	$10,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$10,000	$10,000	$15,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$20,000	$20,000	$30,000
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WYOMING BLUELEVEL FUNDED

Advantages

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LOW DEDUCTIBLE PLANS
60/40 COINSURANCE

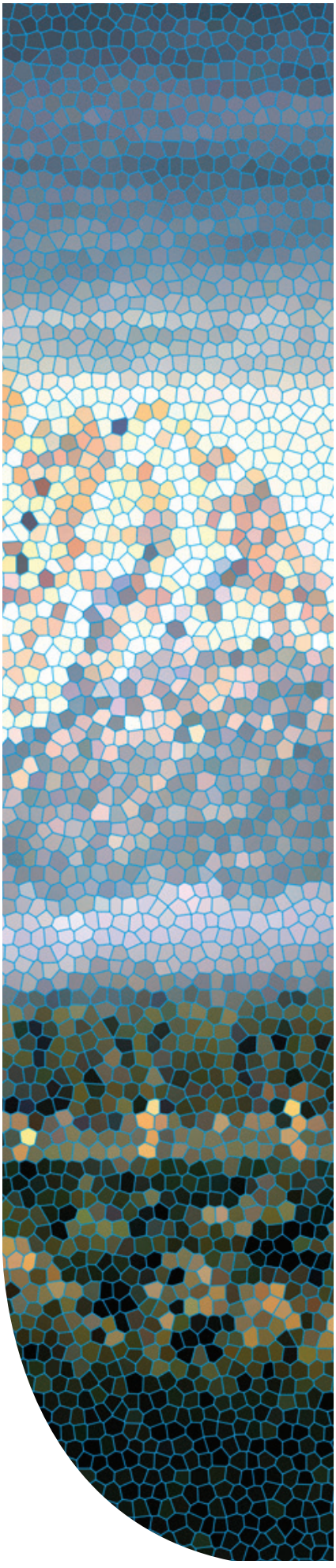
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WYOMING BLUELEVEL FUNDED

IN NETWORK			
Member Deductible	$500	$1,000	$1,500
Family Deductible	$1,000	$2,000	$3,000
Coinsurance			
Blue Cross Blue Shield Pays	60%	60%	60%
Member Pays	40%	40%	40%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$3,500	$4,000	$4,500
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$7,000	$8,000	$9,000
MDLive Visit Copay	$15*	$15*	$15*
Primary Care Visit Copay	$45*	$45 *	$45 *
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	Deductible waived for these services. *includes mental health services		
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Tier 1: Generic drugs Copay	$15	$15	$15
Tier 2: Preferred Brand drugs Copay	$50	$50	$60
Tier 3: Non-Preferred Brand drugs Copay	$100	$100	$120
Tier 4: Specialty drugs Copay	$200	$200	$250
Tier 5: Oral Oncology drugs	Subject to the Medical deductible & coinsurance		
	Each copay applies to 30-day supply, mail order subject to retail copay		
OUT OF NETWORK			
Member Deductible	$2,000	$2,000	$5,000
Family Deductible	$4,000	$4,000	$10,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$10,000	$10,000	$15,000
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