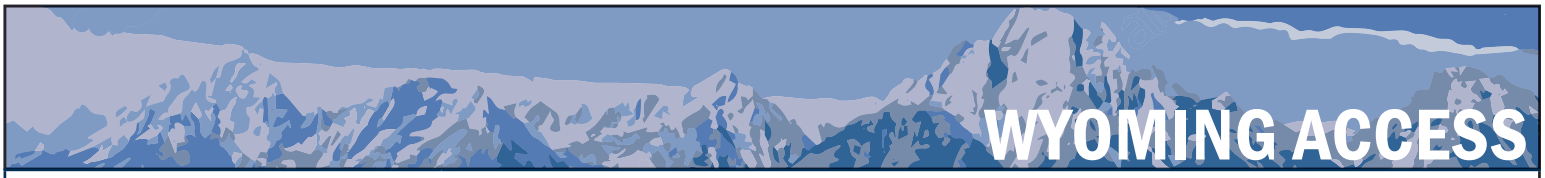
Large Employer

HIGH DEDUCTIBLE PLANS
85/15 COINSURANCE

WYOMING

An independent licensee of the Blue Cross and Blue Shield Association



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



WYOMING ACCESS

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- **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.
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Large Employer
HIGH DEDUCTIBLE PLANS
80/20 COINSURANCE

WYOMING

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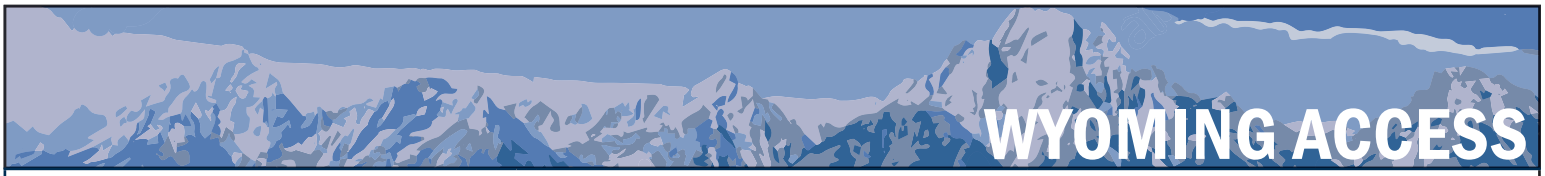

IN NETWORK		
Member Deductible	$3,500	$4,000
Family Deductible	$7,000	$8,000
Coinsurance		
Blue Cross Blue Shield Pays	80%	80%
Member Pays	20%	20%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$7,000	$8,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & 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

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Large Employer

HIGH DEDUCTIBLE PLANS
75/25 COINSURANCE

WYOMING

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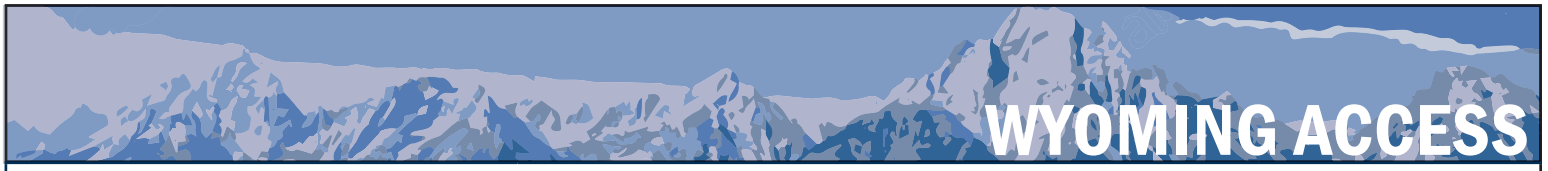

IN NETWORK	
Member Deductible	$5,500
Family Deductible	$11,000
Coinsurance	
Blue Cross Blue Shield Pays	75%
Member Pays	25%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$10,600
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$21,200
MDLive Visit Copay*	$20*
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	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
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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
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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 ACCESS

HDHP and Health Savings Account (HSA)

An HDHP is a health plan with a high deductible and low premium that works with an HSA. Funded by you and/or your employees, an HSA is a tax-free account employees can use for eligible medical expenses and to help cover out-of-pocket costs.

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Large Employer

HIGH DEDUCTIBLE PLANS
70/30 COINSURANCE

WYOMING

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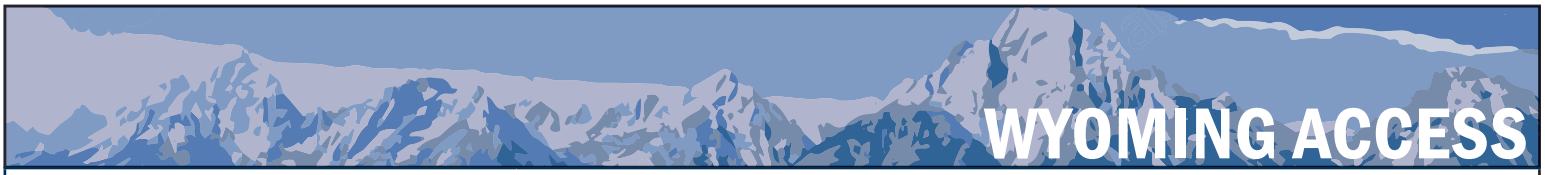

IN NETWORK		
Member Deductible	$3,500	$4,000
Family Deductible	$7,000	$8,000
Coinsurance		
Blue Cross Blue Shield Pays	70%	70%
Member Pays	30%	30%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$8,750	$10,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & 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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Large Employer

HIGH DEDUCTIBLE PLANS
60/40 COINSURANCE

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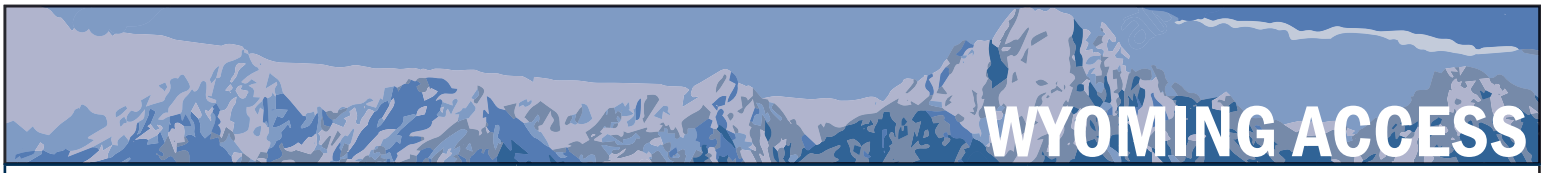

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Blue Cross Blue Shield Pays	60%	60%
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MDLive Visit Copay	$20*	$20*
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Tier 4: Specialty drugs Copay	$300	$300
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance	
	Each copay applies to 30-day supply	
OUT OF NETWORK		
Member Deductible	$8,000	$8,000
Family Deductible	$16,000	$16,000
Coinsurance		
Blue Cross Blue Shield Pays	50%	50%
Member Pays	50%	50%
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