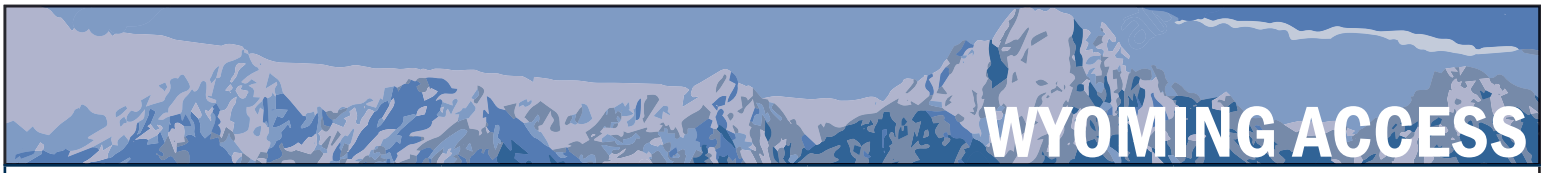
Large Employer

MODERATE DEDUCTIBLE PLANS
70/30 COINSURANCE

WYOMING

An independent licensee of the Blue Cross and Blue Shield Association



IN NETWORK			
Member Deductible	$2,000	$2,500	$3,000
Family Deductible	$4,000	$5,000	$6,000
Coinsurance			
Blue Cross Blue Shield Pays	70%	70%	70%
Member Pays	30%	30%	30%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$5,000	$6,250	$7,550
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$10,000	$12,500	$15,000
MDLive Visit Copay	$15*	$15*	$20*
Primary Care Visit Copay	$45*	$45*	$55*
Specialist/Urgent Care Office Visit Copay	$70	$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	$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 Medical deductible & coinsurance		
	Each copay applies to 30-day supply, mail order subject to retail copay		
OUT OF NETWORK			
Member Deductible	$5,000	$5,000	$8,000
Family Deductible	$10,000	$10,000	$16,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$15,000	$15,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$30,000	$30,000	$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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Digital Tools & Resources

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Specialty Health Programs & Screenings

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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.

Your Service Team

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WYOMING

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Large Employer

MODERATE DEDUCTIBLE PLANS
60/40 COINSURANCE

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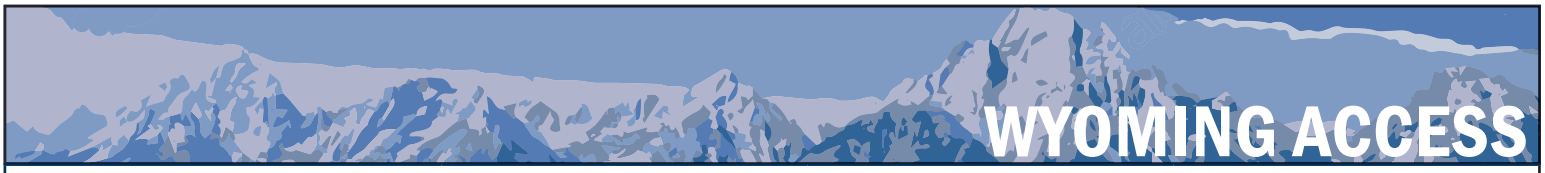

IN NETWORK			
Member Deductible	$2,000	$2,500	$3,000
Family Deductible	$4,000	$5,000	$6,000
Coinsurance			
Blue Cross Blue Shield Pays	60%	60%	60%
Member Pays	40%	40%	40%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$6,000	$7,500	$9,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$12,000	$15,000	$18,000
MDLive Visit Copay	$20*	$20*	$20*
Primary Care Visit Copay	$55*	$55*	$55*
Specialist/Urgent Care Office Visit Copay	$80	$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	$20
Tier 2: Preferred Brand drugs Copay	$60	$60	$70
Tier 3: Non-Preferred Brand drugs Copay	$120	$120	$140
Tier 4: Specialty drugs Copay	$250	$250	$300
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	$5,000	$5,000	$8,000
Family Deductible	$10,000	$10,000	$16,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$15,000	$15,000	$20,000
Family Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$30,000	$30,000	$40,000
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Large Employer

MODERATE DEDUCTIBLE PLANS
80/20 COINSURANCE

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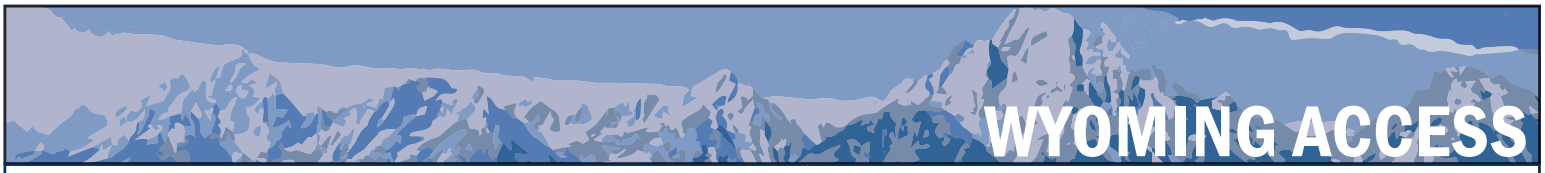

IN NETWORK			
Member Deductible	$2,000	$2,500	$3,000
Family Deductible	$4,000	$5,000	$6,000
Coinsurance			
Blue Cross Blue Shield Pays	80%	80%	80%
Member Pays	20%	20%	20%
Member Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$4,000	$5,000	$6,000
Family Out-of-Pocket Maximum *(Deductible, Coinsurance & Copays including Prescriptions)*	$8,000	$10,000	$12,000
MDLive Visit Copay	$10*	$10*	$15*
Primary Care Visit Copay	$35*	$35*	$45*
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	Deductible waived for these services. *includes mental health services		
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PRESCRIPTION DRUGS *(retail & mail order)*			
Tier 1: Generic drugs Copay	$5	$5	$10
Tier 2: Preferred Brand drugs Copay	$40	$40	$50
Tier 3: Non-Preferred Brand drugs Copay	$80	$80	$100
Tier 4: Specialty drugs Copay	$150	$150	$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	$5,000	$5,000	$5,000
Family Deductible	$10,000	$10,000	$10,000
Coinsurance			
Blue Cross Blue Shield Pays	50%	50%	50%
Member Pays	50%	50%	50%
Member Out-of-Pocket Maximum *(Deductible & Coinsurance)*	$15,000	$15,000	$15,000
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