HIGH DEDUCTIBLE HEALTH PLANS (HDHPs) 80/20 COINSURANCE



An independent licensee of the Blue Cross and Blue Shield Association

MY	OMING RI		EINDED	
***************************************			LIGINAL	
Single Plan	Family Plan	Single Plan	Family Plan	
\$2,000	NA NA	\$3,200	\$3,200	
NA	\$4,000	NA	\$6,400	
80%	80%	80%	80%	
20%	20%	20%	20%	
\$4,000	\$4,000	\$6,200	\$6,200	
NA	\$8,000	NA	\$12,400	
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network p				
\$35		\$45		
\$60		\$70		
After \$250 copay, subject to coinsurance Copay does not apply if admitted to the hospital				
\$5		\$10		
\$40		\$50		
\$80		\$100		
\$150 \$20		200		
Subject to the deductible & coinsurance				
Each copay applies to 30-day supply				
*After the deductible has been met				
\$5,000	NA	\$8,000	\$8,000	
NA	\$10,000	NA	\$16,000	
50%	50%	50%	50%	
50%	50%	50%	50%	
	\$15,000	\$20,000	\$20,000	
\$15,000	Ψ10,000			
\$15,000 NA	\$30,000	NA	\$40,000	
	Single Plan \$2,000 NA 80% 20% \$4,000 NA Paid at 100% of maximum at the second	Single Plan	\$2,000	

Wyoming BlueLevel Funded utilizes a select network of providers and reduced benefits will occur if using a provider other than an innetwork 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.

HIGH DEDUCTIBLE HEALTH PLANS (HDHPs) 70/30 COINSURANCE



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			TOTAL BLAST STATE OF THE STATE	Appen III	
		OMINGBL	UELEVEL		
I NETWORK	Single Plan	Family Plan	Single Plan	Family Plan	
Member Deductible	\$2,000	NA NA	\$3,200	\$3,200	
Family Deductible	NA	\$4,000	NA	\$6,400	
Coinsurance					
Blue Cross Blue Shield Pays	70%	70%	70%	70%	
Member Pays	30%	30%	30%	30%	
Member Out-of-Pocket Maximum (Deductible, Coinsurance & Copays including Prescriptions)	\$5,000	\$5,000	\$7,700	\$7,700	
Family Out-of-Pocket Maximum Deductible, Coinsurance & Copays including Prescriptions)	NA	\$10,000	NA	\$15,400	
Preventive Care	Paid at 100% of maximum a	Illowable amount at appropriat	e intervals when services are re	ndered by a network provi	
Primary Care Visit Copay*	\$	45	\$55		
Specialist/Urgent Care Office Visit Copay*	\$70		\$80		
Emergency Room Visit*	After \$250 copay, subject to coinsurance Copay does not apply if admitted to the hospital				
RESCRIPTION DRUGS (retail & mail order)					
Tier 1: Generic drugs Copay*	\$10		\$15		
Tier 2: Preferred Brand drugs Copay*	\$50		\$60		
Tier 3: Non-Preferred Brand drugs Copay*	\$100		\$120		
Fig. 5. 0. 1.0. days Copay*	\$200 \$250			50	
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance				
	Each copay applies to 30-day supply *After the deductible has been met				
	Arter the deductible has been met				
OUT OF NETWORK					
Member Deductible	\$5,000	NA NA	\$8,000	\$8,000	
Family Deductible	NA	\$10,000	NA	\$16,000	
Coinsurance					
Blue Cross Blue Shield Pays	50%	50%	50%	50%	
Member Pays	50%	50%	50%	50%	
Member Out-of-Pocket Maximum (Deductible & Coinsurance)	\$15,000	\$15,000	\$20,000	\$20,000	
Family Out-of-Pocket Maximum (Deductible & Coinsurance)	NA	\$30,000	NA	\$40,000	
	All services are subject to the out-of-network deductible & coinsurance				
	Copays do not apply to the out-of-network services				

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HIGH DEDUCTIBLE HEALTH PLANS (HDHPs) 60/40 COINSURANCE

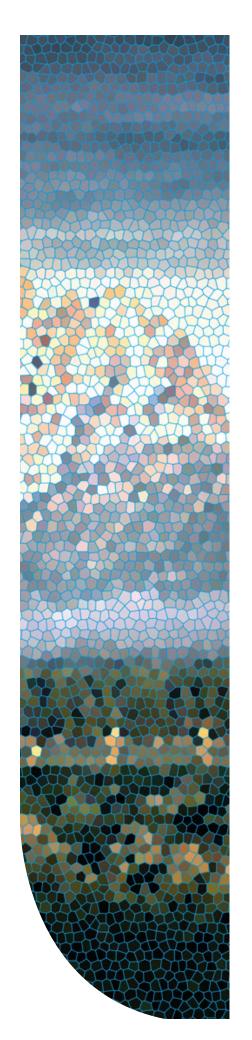


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		OMING PI	UELEVEL	EUNDED	
N NETWORK	Single Plan	Family Plan	Single Plan	Family Plan	
Member Deductible	\$2,000	NA NA	\$3,200	\$3,200	
Family Deductible	NA	\$4,000	NA	\$6,400	
Coinsurance					
Blue Cross Blue Shield Pays	60%	60%	60%	60%	
Member Pays	40%	40%	40%	40%	
Member Out-of-Pocket Maximum (Deductible, Coinsurance & Copays including Prescriptions)	\$6,000	\$6,000	\$8,050	\$8,050	
Family Out-of-Pocket Maximum (Deductible, Coinsurance & Copays including Prescriptions)	NA	\$12,000	NA	\$16,100	
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network pr				
Primary Care Visit Copay*	\$55		\$65		
Specialist/Urgent Care Office Visit Copay*	\$80		\$90		
Emergency Room Visit*	After \$250 copay, subject to coinsurance Copay does not apply if admitted to the hospital				
PRESCRIPTION DRUGS (retail & mail order)					
Tier 1: Generic drugs Copay*	\$15		\$20		
Tier 2: Preferred Brand drugs Copay*	\$60		\$70		
Tier 3: Non-Preferred Brand drugs Copay*	\$120		\$140		
Tier 4: Specialty drugs Copay*	\$250		\$300		
Tier 5: Oral Oncology drugs	Subject to the deductible & coinsurance				
	Each copay applies to 30-day supply				
	*After the deductible has been met				
OUT OF NETWORK					
Member Deductible	\$5,000	NA	\$8,000	\$8,000	
Family Deductible	NA	\$10,000	NA	\$16,000	
Coinsurance					
Blue Cross Blue Shield Pays	50%	50%	50%	50%	
Member Pays	50%	50%	50%	50%	
Member Out-of-Pocket Maximum Deductible & Coinsurance)	\$15,000	\$15,000	\$20,000	\$20,000	
Family Out-of-Pocket Maximum Deductible & Coinsurance)	NA	\$30,000	NA	\$40,000	
	All services are subject to the out-of-network deductible & coinsurance				
	Copays do not apply to the out-of-network services				

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WYOMING BLUELEVEL FUNDED

Advantages

- Set monthly amount
- Access to the BlueCard® Network
- Various plan options
- Dual plans available

- Monthly reporting
- If there's a claims funding surplus, the employer will receive a credit following renewal

Here for You and Your Employees

Our mission is to provide our members with access to local health insurance solutions that prioritize health, care, and well-being for those who call Wyoming home..

Online Resources

At YourWyoBlue.com, members can sign up for online accounts to view benefits, see claims, find and compare providers and costs for care, get an ID card, search a library of wellness topics and more. Members can also complete a health assessment offered by WebMD and get recommendations to improve their health and wellbeing with personalized wellness programs, recipes, health tips, goal setting and tracking, and lifestyle changes.

About Our Networks

BCBSWY networks provide unmatched worldwide health care without sacrificing top quality local services. Members have access to the widest selection of local, national, and international provider networks available in the industry including:

- Access to more than 98% of Wyoming providers, including 100% of Wyoming hospitals
- Access to more than 5,800 hospitals and facilities (97%) and more than 670,000 (83%) participating physicians nationwide
- Access to doctors and hospitals in more than 170 countries and territories worldwide
- Access to Blue Distinction[®] Specialty Centers
- Access to over 55,000 retail pharmacies in Wyoming and nationwide

Blue Distinction® Specialty Care

Blue Distinction® Centers are in 1,900 locations nationwide that specialize in the areas of bariatric surgery, cardiac care, knee and hip replacement, spine surgery, transplants, and substance use treatment, along with others. Earning national designation by Blue Cross and Blue Shield companies, these medical facilities have demonstrated better quality and improved outcomes for patients, giving your employees another tool to make better informed health care decisions.

Your Service Team

We are a not-for-profit local company dedicated to serving more than 100,000 members from right here in Wyoming. We will support you and your employees from our headquarters in Cheyenne and eight convenient Member Centers in Casper, Cheyenne, Cody, Gillette, Jackson, Laramie, Riverton, and Rock Springs.

WebMD Health Services is an independent company providing wellbeing solutions for Blue Cross Blue Shield of Wyoming clients and members.

This outline is designed to present Wyoming 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.

