

*Wyoming*  
**TOGETHER<sup>®</sup>**



**BlueSelect**

Individual and Family

FIND A PLAN
<b>HSA Eligible<sup>1</sup></b>
<b>In Network</b>
Participant deductible
Family deductible
Coinsurance: BCBS Pays   Participant Pays
Out-of-pocket maximum for participant <i>(deductibles, coinsurance &amp; copays)</i>
Out-of-pocket maximum for family <i>(deductibles, coinsurance &amp; copays)</i>
<b>Out of Network</b>
Participant deductible
Family deductible
Coinsurance: BCBS Pays   Participant Pays
Out-of-pocket for participant & family <i>(deductibles &amp; coinsurance)</i>
<b>Preventive Care</b>
<b>Primary Care</b>
Copay per visit/per participant
<b>Prescription Drugs <i>(retail and mail order)</i><sup>3</sup></b>
Tier 1: Generic drugs
Tier 1: HealthPlus Generic drugs
Tier 2: Preferred Brand drugs
Tier 2: HealthPlus Preferred Brand drugs
Tier 3: Non-Preferred Brand drugs
Tier 4: Specialty drugs

GOLD						
Classic	HealthPlus	Core		Balance		Standard <sup>5, ^</sup>
		Single Plan	Family Plan	Professional Services	Institutional Services <sup>2</sup>	
No	No	Yes	Yes	No		No
\$800	\$1,000	\$1,600	NA	\$500	\$1,500	\$1,500
\$1,600	\$2,000	NA	\$3,200	\$1,000	\$3,000	\$3,000
75%   25%	75%   25%	80%   20%	80%   20%	80%   20%	60%   40%	75%   25%
\$9,100	\$9,100	\$7,000	\$7,000	\$9,100		\$8,700
\$18,200	\$18,200	NA	\$14,000	\$18,200		\$17,400
\$20,000	\$20,000	\$20,000	NA	\$20,000		\$20,000
\$40,000	\$40,000	NA	\$40,000	\$40,000		\$40,000
50%   50%	50%   50%	50%   50%	50%   50%	50%   50%		50%   50%
No Maximum	No Maximum	No Maximum	No Maximum	No Maximum		No Maximum
\$30*	\$30**	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$30***	NA	\$30
\$5 copay	\$5 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$5 copay		\$15 copay
NA	\$0 copay	NA	NA	NA		NA
\$20 copay	\$20 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	\$50 copay		\$30 copay
NA	\$10 copay	NA	NA	NA		NA
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$60 copay
Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$250 copay

**Notes:**

\*After 3 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*After 6 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*\*After 4 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*\*\*After 2 visits, each subsequent visit is subject to the deductible & coinsurance

HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%.

All visits to out-of-network providers are subject to the deductible & coinsurance.

**Prescription Drugs:**

†Subject to a prescription drug (Rx) deductible of \$1,000 per participant/\$2,000 per family

‡Subject to a prescription drug (Rx) deductible of \$2,000 per participant/\$4,000 per family

Triple the copay amount will apply to a 90-day mail order. No coverage for prescription drugs from an out-of-network provider.

**Standard Plans:**

<sup>^</sup>Standard Plan Additional Copays per Visit are:  
 Specialist Office: \$60 (Gold), \$80 (Silver);  
 Urgent Care: \$45 (Gold), \$60 (Silver);  
 Mental Health/Substance Use Disorder Outpatient Office: \$30 (Gold), \$40 (Silver);  
 Physical, Speech & Occupational Therapies: \$30 (Gold), \$40 (Silver).

All other plans are subject to the deductible and coinsurance for these types of medical visits.

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This outline does not cover all information contained in the Benefit Booklet. Limitations and exclusions do exist. This outline is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.

<sup>1</sup>HSA Eligible plans can be used with a personal Health Savings Account (HSA). A single participant will be covered under a Single Plan and subject to the participant deductible. A Family, Two Adults, or an Adult with Dependents will be covered under a Family Plan and subject to the family deductible.

<sup>2</sup>Emergency room visits to a network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$500 (Gold), \$1,000 (Silver) or \$1,500 (Bronze).

<sup>3</sup>Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx24 for specific drug details.

<sup>4</sup>This plan is available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace.

<sup>5</sup>This plan does not include kid's dental coverage.

# FIND A PLAN

	SILVER					
	Classic <sup>4</sup>	Value	HealthPlus	Balance <sup>4</sup>		Standard <sup>5^</sup>
				Professional Services	Institutional Services <sup>2</sup>	
	No	No	No	No		No
<b>HSA Eligible<sup>1</sup></b>						
<b>In Network</b>						
Participant deductible	\$2,750	\$4,000	\$4,250	\$1,500	\$4,500	\$5,900
Family deductible	\$5,500	\$8,000	\$8,500	\$3,000	\$9,000	\$11,800
Coinsurance: BCBS Pays   Participant Pays	60%   40%	80%   20%	75%   25%	75%   25%	55%   45%	60%   40%
Out-of-pocket maximum for participant <i>(deductibles, coinsurance &amp; copays)</i>	\$9,100	\$9,100	\$9,100	\$9,100		\$9,100
Out-of-pocket maximum for family <i>(deductibles, coinsurance &amp; copays)</i>	\$18,200	\$18,200	\$18,200	\$18,200		\$18,200
<b>Out of Network</b>						
Participant deductible	\$20,000	\$20,000	\$20,000	\$20,000		\$20,000
Family deductible	\$40,000	\$40,000	\$40,000	\$40,000		\$40,000
Coinsurance: BCBS Pays   Participant Pays	50%   50%	50%   50%	50%   50%	50%   50%		50%   50%
Out-of-pocket for participant & family <i>(deductibles &amp; coinsurance)</i>	No Maximum	No Maximum	No Maximum	No Maximum		No Maximum
<b>Preventive Care</b>	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
<b>Primary Care</b>						
Copay per visit/per participant	\$45 <sup>****</sup>	\$40 <sup>**</sup>	\$45 <sup>**</sup>	\$40 <sup>***</sup>	NA	\$40
<b>Prescription Drugs <i>(retail and mail order)</i><sup>3</sup></b>						
Tier 1: Generic drugs	\$5 copay	\$5 copay	\$5 copay	\$5 copay		\$20 copay
Tier 1: HealthPlus Generic drugs	NA	NA	\$0 copay	NA		NA
Tier 2: Preferred Brand drugs	\$50 copay	\$50 copay <sup>†</sup>	\$50 copay	\$100 copay		\$40 copay
Tier 2: HealthPlus Preferred Brand drugs	NA	NA	\$25 copay	NA		NA
Tier 3: Non-Preferred Brand drugs	Subject to the deductible & coinsurance	Subject to the Rx deductible & 20% coinsurance <sup>†</sup>	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$80 copay subject to deductible
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance		\$350 copay subject to deductible

**Notes:**

\*After 3 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*After 6 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*\*After 4 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*\*\*After 2 visits, each subsequent visit is subject to the deductible & coinsurance

HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%.

All visits to out-of-network providers are subject to the deductible & coinsurance.

**Prescription Drugs:**

†Subject to a prescription drug (Rx) deductible of \$1,000 per participant/\$2,000 per family

‡Subject to a prescription drug (Rx) deductible of \$2,000 per participant/\$4,000 per family

Triple the copay amount will apply to a 90-day mail order. No coverage for prescription drugs from an out-of-network provider.

**Standard Plans:**

<sup>^</sup>Standard Plan Additional Copays per Visit are:  
 Specialist Office: \$60 (Gold), \$80 (Silver);  
 Urgent Care: \$45 (Gold), \$60 (Silver);  
 Mental Health/Substance Use Disorder Outpatient Office: \$30 (Gold), \$40 (Silver);  
 Physical, Speech & Occupational Therapies: \$30 (Gold), \$40 (Silver).

All other plans are subject to the deductible and coinsurance for these types of medical visits.

This outline does not cover all information contained in the Benefit Booklet. Limitations and exclusions do exist. This outline is not a contract. For exact benefits and limitations, please request a copy of the Benefit Booklet.

<sup>1</sup>HSA Eligible plans can be used with a personal Health Savings Account (HSA). A single participant will be covered under a Single Plan and subject to the participant deductible. A Family, Two Adults, or an Adult with Dependents will be covered under a Family Plan and subject to the family deductible.

<sup>2</sup>Emergency room visits to a network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$500 (Gold), \$1,000 (Silver) or \$1,500 (Bronze).

<sup>3</sup>Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx24 for specific drug details.

<sup>4</sup>This plan is available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace.

<sup>5</sup>This plan does not include kid's dental coverage.

# FIND A PLAN

## BRONZE

	BRONZE					
	Value	Core		Basic	Balance	
		Single Plan	Family Plan		Professional Services	Institutional Services <sup>2</sup>
HSA Eligible <sup>1</sup>	No	Yes	Yes	No	No	
In Network						
Participant deductible	\$6,500	\$6,000	NA	\$9,100	\$4,000	\$8,000
Family deductible	\$13,000	NA	\$12,000	\$18,200	\$8,000	\$16,000
Coinsurance: BCBS Pays   Participant Pays	50%   50%	50%   50%	50%   50%	100%   0%	70%   30%	50%   50%
Out-of-pocket maximum for participant <i>(deductibles, coinsurance &amp; copays)</i>	\$9,100	\$7,150	\$7,150	\$9,100	\$9,100	
Out-of-pocket maximum for family <i>(deductibles, coinsurance &amp; copays)</i>	\$18,200	NA	\$14,300	\$18,200	\$18,200	
Out of Network						
Participant deductible	\$20,000	\$20,000	NA	\$20,000	\$20,000	
Family deductible	\$40,000	NA	\$40,000	\$40,000	\$40,000	
Coinsurance: BCBS Pays   Participant Pays	50%   50%	50%   50%	50%   50%	50%   50%	50%   50%	
Out-of-pocket for participant & family <i>(deductibles &amp; coinsurance)</i>	No Maximum	No Maximum	No Maximum	No Maximum	No Maximum	
Preventive Care	Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider					
Primary Care						
Copay per visit/per participant	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	NA
Prescription Drugs <i>(retail and mail order)</i> <sup>3</sup>						
Tier 1: Generic drugs	\$20 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 1: HealthPlus Generic drugs	NA	NA	NA	NA	NA	
Tier 2: Preferred Brand drugs	\$150 copay‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 2: HealthPlus Preferred Brand drugs	NA	NA	NA	NA	NA	
Tier 3: Non-Preferred Brand drugs	Subject to the Rx deductible & 50% coinsurance‡	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 4: Specialty drugs	50% coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	

### Notes:

- \*After 3 visits, each subsequent visit is subject to the deductible & coinsurance
- \*\*After 6 visits, each subsequent visit is subject to the deductible & coinsurance
- \*\*\*After 4 visits, each subsequent visit is subject to the deductible & coinsurance
- \*\*\*\*After 2 visits, each subsequent visit is subject to the deductible & coinsurance
- HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%.
- All visits to out-of-network providers are subject to the deductible & coinsurance.
- Prescription Drugs:**
  - †Subject to a prescription drug (Rx) deductible of \$1,000 per participant/\$2,000 per family
  - ‡Subject to a prescription drug (Rx) deductible of \$2,000 per participant/\$4,000 per family
- Triple the copay amount will apply to a 90-day mail order. No coverage for prescription drugs from an out-of-network provider.
- Standard Plans:**
  - ^Standard Plan Additional Copays per Visit are:
    - Specialist Office: \$60 (Gold), \$80 (Silver);
    - Urgent Care: \$45 (Gold), \$60 (Silver);
    - Mental Health/Substance Use Disorder Outpatient Office: \$30 (Gold), \$40 (Silver);
    - Physical, Speech & Occupational Therapies: \$30 (Gold), \$40 (Silver).
  - \*\*Expanded Standard Plan Additional Copays per Visit are:
    - Specialist Office \$100; Urgent Care \$75;
    - Mental Health/Substance Use Disorder Outpatient Office \$50;
    - Physical, Speech & Occupational Therapies \$50.
- All other plans are subject to the deductible and coinsurance for these types of medical visits.
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- <sup>1</sup>HSA Eligible plans can be used with a personal Health Savings Account (HSA). A single participant will be covered under a Single Plan and subject to the participant deductible. A Family, Two Adults, or an Adult with Dependents will be covered under a Family Plan and subject to the family deductible.
- <sup>2</sup>Emergency room visits to a network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$500 (Gold), \$1,000 (Silver) or \$1,500 (Bronze).
- <sup>3</sup>Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx24 for specific drug details.
- <sup>4</sup>This plan is available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace.
- <sup>5</sup>This plan does not include kid's dental coverage.

# FIND A PLAN

## BRONZE

### Expanded Standard<sup>5 ^^</sup>

HSA Eligible <sup>1</sup>
In Network
Participant deductible
Family deductible
Coinsurance: BCBS Pays   Participant Pays
Out-of-pocket maximum for participant <i>(deductibles, coinsurance &amp; copays)</i>
Out-of-pocket maximum for family <i>(deductibles, coinsurance &amp; copays)</i>
Out of Network
Participant deductible
Family deductible
Coinsurance: BCBS Pays   Participant Pays
Out-of-pocket for participant & family <i>(deductibles &amp; coinsurance)</i>
Preventive Care
Primary Care
Copay per visit/per participant
Prescription Drugs <i>(retail and mail order)</i> <sup>3</sup>
Tier 1: Generic drugs
Tier 1: HealthPlus Generic drugs
Tier 2: Preferred Brand drugs
Tier 2: HealthPlus Preferred Brand drugs
Tier 3: Non-Preferred Brand drugs
Tier 4: Specialty drugs

No
\$7,500
\$15,000
50%   50%
\$9,400
\$18,800
\$20,000
\$40,000
50%   50%
No Maximum
Paid at 100% of maximum allowable amount at appropriate intervals when services are rendered by a network provider
\$50
\$25 copay
NA
\$50 copay subject to deductible
NA
\$100 copay subject to deductible
\$500 copay subject to deductible

### Notes:

\*After 3 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*After 6 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*\*After 4 visits, each subsequent visit is subject to the deductible & coinsurance

\*\*\*\*After 2 visits, each subsequent visit is subject to the deductible & coinsurance

HealthPlus lab services for monitoring and treatment of certain chronic diseases are paid at 100%.

All visits to out-of-network providers are subject to the deductible & coinsurance.

### Prescription Drugs:

†Subject to a prescription drug (Rx) deductible of \$1,000 per participant/\$2,000 per family

‡Subject to a prescription drug (Rx) deductible of \$2,000 per participant/\$4,000 per family

Triple the copay amount will apply to a 90-day mail order.  
No coverage for prescription drugs from an out-of-network provider.

### Standard Plans:

^Standard Plan Additional Copays per Visit are:

Specialist Office: \$60 (Gold), \$80 (Silver);  
Urgent Care: \$45 (Gold), \$60 (Silver);  
Mental Health/Substance Use Disorder Outpatient Office: \$30 (Gold), \$40 (Silver);  
Physical, Speech & Occupational Therapies:  
\$30 (Gold), \$40 (Silver).

^^Expanded Standard Plan Additional Copays per Visit are:

Specialist Office \$100; Urgent Care \$75;  
Mental Health/Substance Use Disorder Outpatient Office \$50;  
Physical, Speech & Occupational Therapies \$50.

All other plans are subject to the deductible and coinsurance for these types of medical visits.

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<sup>2</sup>Emergency room visits to a network provider are subject to the institutional services deductible & coinsurance after a copay per visit of \$500 (Gold), \$1,000 (Silver) or \$1,500 (Bronze).

<sup>3</sup>Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx24 for specific drug details.

<sup>4</sup>This plan is available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace.

<sup>5</sup>This plan does not include kid's dental coverage.

## What will my plan cover?

- Hospitalization: inpatient care
- Ambulatory services: outpatient care
- Emergency services
- Maternity and newborn care before and after your baby is born
- Prescription drugs
- Preventive and wellness services and chronic disease management
- Laboratory services
- Mental health and substance use disorder services, including behavioral health treatment
- Rehabilitative and habilitative services and devices to help you recover from an injury, disability or chronic condition
- Primary care: general medical services
- Kid's vision services for children to the end of the year in which they turn 19 years old
- Kid's dental coverage for children to the end of the year in which they turn 19 years old<sup>6</sup>
- Outpatient physical therapy
- Spinal manipulations
- Diabetes screening and education services

Ask us about additional covered services we provide for our members. A complete list, including any limitations, can be found in the Benefit Booklet.<sup>7</sup>

<sup>6</sup> The Silver Classic and Silver Balance plans are available with or without kid's dental coverage through both BCBSWY and the Health Insurance Marketplace. If purchased directly from BCBSWY, the Silver Classic and Silver Balance plans will include kid's dental coverage. All Standard Plans do not include kid's dental coverage.

<sup>7</sup> Some services are not covered by our plans like: acupuncture, alternative medicine, artificial conception, cosmetic surgery, cardiac rehabilitation, diagnostic admissions, educational programs, experimental or investigative procedures, hair loss, hypnosis, adult routine hearing exams, and temporomandibular joint dysfunction (TMJ). A complete list of services that have limits or are excluded from coverage can be found in the Benefit Booklet. Please ask us for a copy.

## Who is eligible for coverage?

- United States citizens who are not incarcerated, who meet state residency requirements and who meet other guidelines applicable by federal and state law.

## What about children?

- You can keep your adult children on your health insurance plan up to the end of the year in which they turn 26 years old.
- Kids can be on their own plan beginning at birth as long as they meet eligibility criteria.

## What else should I know about eligibility?

- Eligibility rules or variations in premiums will not be imposed based on factors such as health status, medical condition (including both physical and mental illnesses), claims experience, receipt of health care, medical history, genetic information, evidence of insurability (including conditions arising out of acts of domestic violence) and disability.
- Our plans are guaranteed renewable, as long as eligibility criteria are met, premiums are paid in a timely fashion and no fraud or material misrepresentation is made in the application or claims filing process.
- If you are a Native Tribe Member, please ask us about plan options and cost assistance available to you under the Affordable Care Act.

**Shop and sign up online**  
Find Summaries of Benefits and  
Coverage (SBC) online  
**[BCBSWY.com/shopping](https://www.bcbswy.com/shopping)**

**Questions? We're here to help.**  
Call us, Monday-Friday 8 a.m. – 5 p.m.  
**800-851-2227** 800-696-4710 (TDD)  
PO Box 2266, Cheyenne, WY 82003



**WYOMING**

An independent licensee of the Blue Cross and Blue Shield Association



**Blue Cross Blue Shield of Wyoming is a Qualified Health Plan issuer in the Health Insurance Marketplace.**

**This program contains expanded wellness benefits that meet the requirements of the Patient Protection and Affordable Care Act. The expanded benefits require the use of an in-network provider. The comprehensive adult wellness benefits provided do not meet the minimum standards as defined by the Wyoming Insurance Code.**