BlueSelect Individual and Family

WYOMING

Silver87 Cost Assistance Guidelines

Deductible as low as $100 Prescriptions as low as $2

Assistance to Reduce Your Out-of-pocket Costs for deductibles, coinsurance and copayments may be available when you enroll in any one of our Silver plans on the Health Insurance Marketplace website. This cost assistance is based upon your household size and yearly household income.

If your income meets the following guidelines, please refer to the back of this page to see what your out-of-pocket costs could be for our Silver plans. **If your income does not meet these guidelines,** it is possible you may still qualify for out-of-pocket cost assistance based on the Silver94 or Silver73 guidelines. Please call us for more information.

Silver87 Guidelines	Number of people in your household							
	1	2	3	4	5	6	7	8
You may qualify for **cost assistance to reduce your out-of-pocket costs** if your yearly household income is between...	$17,506 - $23,340	$23,596 - $31,460	$29,686 - $39,580	$35,776 - $47,700	$41,866 - $55,820	$47,956 - $63,940	$54,046 - $72,060	$60,136 - $80,180

The income ranges shown here are based on 2014 numbers and may be slightly different in 2015.

This supplemental document is being provided to expand upon the cost assistance information found in the BlueSelect Individual and Family brochure and does not include all information available in the brochure. Please refer to the brochure for additional information.

The information provided here does not guarantee cost assistance. Cost assistance will be determined by the Health Insurance Marketplace (also known as the Federally Facilitated Marketplace) when enrolling on the Marketplace website. Cost assistance is not determined by Blue Cross Blue Shield of Wyoming.

Silver87	Basic	Classic	ValueOne	ValueTwo	HealthPlus	HSA[1]	
						Single Type	Family Type
In Network							
Participant deductible	$400	$100	$1,000	$1,250	$400	$200	NA
Family deductible	$800	$200	$2,000	$2,500	$800	NA	$400
Maximum participant out-of-pocket *(deductible, coinsurance & copays)*	$2,250	$2,250	$1,500	$1,500	$2,000	$2,250	NA
Maximum family out-of-pocket *(deductible, coinsurance & copays)*	$4,500	$4,500	$3,000	$3,000	$4,000	NA	$4,500
Coinsurance							
Blue Cross Blue Shield of Wyoming pays	75%	65%	80%	NA	75%	80%	80%
Participant pays *(coinsurance)*	25%	35%	20%	NA	25%	20%	20%
Out of Network							
Participant deductible	$5,000	$4,500	$7,000	$6,000	$5,000	$4,500	NA
Family deductible	$10,000	$6,500	$14,000	$12,000	$10,000	NA	$6,500
Maximum participant out-of-pocket *(deductible & coinsurance)*	$12,700	$8,750	$10,000	$13,200	$9,900	$9,700	NA
Maximum family out-of-pocket *(deductible & coinsurance)*	$25,400	$17,500	$20,000	$26,400	$19,800	NA	$19,400
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	$15*	$15**	$20*	$25*	$15*	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
	*After 6 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 *(retail and mail order)*							
Generic drugs (Tier 1)	$2 copay	$2 copay	$5 copay	$5 copay	$3 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Preferred Brand drugs (Tier 2)	$15 copay	$15 copay	$25 copay	$25 copay††	$35 copay	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Non-Preferred Brand drugs (Tier 3)	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & 20% coinsurance†	Subject to the deductible & 20% coinsurance††	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
Specialty drugs (Tier 4)	Covered as a benefit under Tiers 2 & 3	Subject to the deductible & coinsurance	20% coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance	Subject to the deductible & coinsurance
HealthPlus Generic drugs (Tier 1)	NA	NA	NA	NA	$0	NA	NA
HealthPlus Preferred Brand drugs (Tier 2)	NA	NA	NA	NA	$15 copay	NA	NA
	†Subject to a prescription drug deductible of $250 per participant/$500 per family ††Subject to a prescription drug deductible of $150 per participant/$300 per family Twice the copay amount will apply to a 90-day mail order HealthPlus prescription drugs include drugs to treat certain chronic or long-term conditions No coverage for prescription drugs from an out of network provider						
Pediatric Dental *(optional)*							
Our plans can be purchased with or without pediatric dental coverage	Preventive services are paid at 100% of maximum allowable amount at 6 month intervals. Other services are subject to the deductible & coinsurance.						

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

[1]Important information regarding HSA-Eligible plans: Federal law requires HSA-Eligible plans be either "Single Type" or "Family Type" plans. If you enroll as a single participant, you will be covered under a "Single Type" plan and must meet the individual deductible. If you enroll as Two Adult, Adult and Dependent or Family, you will be covered under a "Family Type" plan and must meet the family deductible.