

## Silver94 Cost Assistance Guidelines

Deductible as low as \$0 Prescriptions as low as \$1

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 Silver87 or Silver73 guidelines. Please call us for more information.

Silver94 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...	\$12,880 \$19,320	\$17,420 – \$26,130	\$21,960 – \$32,940	\$26,500 – \$39,750	\$31,040 – \$46,560	\$35,580 – \$53,370	\$40,120 – \$60,180	\$44,660 – \$66,990

The income ranges shown here are based on 2021 numbers and may be slightly different in 2022.

Estimate your 2022 income using your household’s adjusted gross income or add up the following items for all the people in your household:

- Wages, salaries, tips
- Net income from any self-employment or business
- Unemployment compensation
- Social Security payments
- Other income: rental income, interest, dividends, capital gains, annuities, alimony, and some retirement and pensions

This supplemental document is being provided to expand upon the 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 when enrolling on the Marketplace website. Cost assistance is not determined by Blue Cross Blue Shield of Wyoming.

SILVER94	Classic <sup>4</sup>	Value	HealthPlus	Balance <sup>4</sup>	
				Professional Services	Institutional Services <sup>2</sup>
HSA Eligible <sup>1</sup>	No	No	No	No	
In Network					
Participant deductible	\$0	\$150	\$100	\$0	\$0
Family deductible	\$0	\$300	\$200	\$0	\$0
Coinsurance: BCBS Pays   Participant Pays	60%   40%	80%   20%	75%   25%	90%   10%	70%   30%
Out-of-pocket maximum for participant <i>(deductibles, coinsurance &amp; copays)</i>	\$1,000	\$1,100	\$1,100	\$1,700	
Out-of-pocket maximum for family <i>(deductibles, coinsurance &amp; copays)</i>	\$2,000	\$2,200	\$2,200	\$3,400	
Out of Network					
Participant deductible	\$20,000	\$20,000	\$20,000	\$20,000	
Family deductible	\$40,000	\$40,000	\$40,000	\$40,000	
Coinsurance: BCBS Pays   Participant Pays	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	
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	\$10*	\$5**	\$5**	\$10***	NA
	*After 2 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 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 <i>(retail and mail order)</i> <sup>3</sup>					
Tier 1: Generic drugs	\$1 copay	\$2 copay	\$2 copay	\$1 copay	
Tier 1: HealthPlus Generic drugs	NA	NA	\$0 copay	NA	
Tier 2: Preferred Brand drugs	\$10 copay	\$25 copay†	\$25 copay	\$20 copay	
Tier 2: HealthPlus Preferred Brand drugs	NA	NA	\$10 copay	NA	
Tier 3: Non-Preferred Brand drugs	Subject to the deductible & coinsurance	Subject to the Rx deductible & 20% coinsurance†	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
Tier 4: Specialty drugs	Subject to the deductible & coinsurance	20% coinsurance	Subject to the deductible & coinsurance	Subject to the professional services deductible & coinsurance	
	†Subject to a prescription drug (Rx) deductible of \$50 per participant/\$100 per family Twice the copay amount will apply to a 90-day mail order No coverage for prescription drugs from an out-of-network provider				

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 \$250.

<sup>3</sup> Most drugs are categorized by tier as indicated. Some exceptions apply. Please refer to BCBSWY.com/rx22 for specific drug details.

<sup>4</sup> This plan is available with or without kid's dental coverage through the Health Insurance Marketplace. If purchased directly from BCBSWY, this plan will include kid's dental coverage.