

WYOMING 2017 EHB BENCHMARK PLAN

SUMMARY INFORMATION

Plan Type	Small Group Market
Issuer Name	Blue Cross Blue Shield of Wyoming
Product Name	BlueSelect PPO
Plan Name	BlueSelect Silver for Employer Groups
Supplemented Categories (Supplementary Plan Type)	None

BENEFITS AND LIMITS

A Benefit	B EHB	C Is the Benefit Covered?	D Quantitative Limit on Service?	E Limit Quantity	F Limit Unit	G Exclusions	H Explanations
Primary Care Visit to Treat an Injury or Illness	Yes	Covered	No				
Specialist Visit	Yes	Covered	No				No referral needed for a specialist.
Other Practitioner Office Visit (Nurse, Physician Assistant)	Yes	Covered	No				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Yes	Covered	No				
Outpatient Surgery Physician/Surgical Services	Yes	Covered	No				
Hospice Services	Yes	Covered	No			Inpatient Hospice Benefits are not Covered Services except when approved by Case Management.	Pre-Certification is required. The Participant must be diagnosed with a terminal illness for which the attending Physician's prognosis for life expectancy is estimated to be six (6) months or less.
Routine Dental Services (Adult)	No	Not Covered	No				
Infertility Treatment	No	Not Covered	No				Benefits will not be provided for artificial insemination, in vitro ("test tube") fertilization, or other artificial methods of conception.
Long-Term/Custodial Nursing Home Care	No	Not Covered	No				
Private-Duty Nursing	Yes	Covered	No			Outpatient Private Duty Nursing Services are not Covered Services.	Inpatient Private Duty Nursing Services are Covered Services only in certain circumstances such as: The Participant's Condition would ordinarily require that the Participant be placed in an intensive or coronary care unit, but the Hospital does not have such facilities.
Routine Eye Exam (Adult)	No	Not Covered	No				
Urgent Care Centers or Facilities	Yes	Covered	No				
Home Health Care Services	Yes	Covered	No			Inpatient Home Healthcare is not a Covered Service.	Pre-Certification is required. The need for Home Healthcare must be directly related to the Condition for which the Participant's hospitalization was required.
Emergency Room Services	Yes	Covered	No				
Emergency Transportation/Ambulance	Yes	Covered	No				
Inpatient Hospital Services (e.g., Hospital Stay)	Yes	Covered	No				Pre-admission Review before being admitted as an Inpatient to a Hospital for non-maternity or non-emergency Conditions.
Inpatient Physician and Surgical Services	Yes	Covered	No				Pre-admission Review before being admitted as an Inpatient to a Hospital for non-maternity or non-emergency Conditions.
Bariatric Surgery	Yes	Covered	Yes	1	Procedure(s) per Lifetime		Pre-certification is required. Surgery for obesity will be a Covered Service only when required due to morbid obesity. The participant meets the current NIH (National Institutes of Health) surgical criteria.
Cosmetic Surgery	No	Not Covered	No				
Skilled Nursing Facility	Yes	Covered	No				Pre-Certification Required and subject to approval by Case Benefit Management. Care must begin within 14 days after discharge from the hospital or skilled nursing facility.
Prenatal and Postnatal Care	Yes	Covered	No				
Delivery and All Inpatient Services for Maternity Care	Yes	Covered	No				

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Mental/Behavioral Health Outpatient Services	Yes	Covered	No			Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.	
Mental/Behavioral Health Inpatient Services	Yes	Covered	No			Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.	
Substance Abuse Disorder Outpatient Services	Yes	Covered	No			Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.	
Substance Abuse Disorder Inpatient Services	Yes	Covered	No			Benefits are not available for therapy or counseling services for marital dysfunction or family dysfunction. Benefits are not available for the treatment of codependency.	
Generic Drugs	Yes	Covered	No				
Preferred Brand Drugs	Yes	Covered	No				
Non-Preferred Brand Drugs	Yes	Covered	No				
Specialty Drugs	Yes	Covered	No				Must be pre-approved.
Outpatient Rehabilitation Services	Yes	Covered	Yes	20	Visit(s) per Year		Outpatient Rehabilitative Benefits are limited to a maximum of twenty (20) visits per calendar year per Participant.
Habilitation Services	Yes	Covered	Yes	20	Visit(s) per Year		Outpatient Habilitative Benefits are limited to a maximum of twenty (20) visits per calendar year per Participant.
Chiropractic Care	Yes	Covered	Yes	15	Visit(s) per Year		Limited to 15 visits per calendar year.
Durable Medical Equipment	Yes	Covered	No				Some items require Pre-Certification. The rental or the purchase of durable medical equipment, whichever is less expensive, is a Covered Service. When a purchase is authorized, Benefits will also be provided for repair, maintenance, replacement, and adjustment of the equipment.
Hearing Aids	No	Not Covered	No				
Imaging (CT/PET Scans, MRIs)	Yes	Covered	No				
Preventive Care/Screening/Immunization	Yes	Covered	No				
Routine Foot Care	No	Not Covered	No				
Acupuncture	No	Not Covered	No				
Weight Loss Programs	No	Not Covered	No				
Routine Eye Exam for Children	Yes	Covered	Yes	1	Exam(s) per Year		Covers one exam per calendar year subject to deductible and coinsurance.
Eye Glasses for Children	Yes	Covered	Yes	1	Item(s) per Year		Covers one pair of eyeglasses or 12 month supply of contacts per calendar year.
Dental Check-Up for Children	Yes	Covered	Yes	1	Visit(s) per 6 Months		Limited to one every six months.
Rehabilitative Speech Therapy	Yes	Covered	Yes	20	Visit(s) per Year		Outpatient is limited to 40 visits per calendar year for physical therapy and combined 20 visit per calendar year maximum for occupational therapy & speech therapy.

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Rehabilitative Occupational and Rehabilitative Physical Therapy	Yes	Covered	Yes	60	Visit(s) per Year		Outpatient is limited to 40 visits per calendar year for physical therapy and combined 20 visit per calendar year maximum for occupational therapy & speech therapy.
Well Baby Visits and Care	Yes	Covered	No				
Laboratory Outpatient and Professional Services	Yes	Covered	No			Laboratory, pathology, X-ray, radiology and Magnetic Resonance Services which are not related to Participant's specific Condition are not Covered Services.	
X-rays and Diagnostic Imaging	Yes	Covered	No			Laboratory, pathology, X-ray, radiology and Magnetic Resonance Services which are not related to Participant's specific Condition are not Covered Services.	
Basic Dental Care - Child	Yes	Covered	No				
Orthodontia - Child	Yes	Covered	No				
Major Dental Care - Child	Yes	Covered	No				
Basic Dental Care - Adult	No	Not Covered	No				
Orthodontia - Adult	No	Not Covered	No				
Major Dental Care – Adult	No	Not Covered	No				
Abortion for Which Public Funding is Prohibited	No	Covered	No				Therapeutic or elective termination of pregnancy prior to full term.
Transplant	Yes	Covered	No				Pre-Admission Review is required prior to obtaining non-maternity and non-emergency Inpatient Human Organ Transplant services.
Accidental Dental	Yes	Covered	No				Pediatric only - Restorations of the mouth, tooth, or jaw which are necessary due to an accidental injury are limited to those services, supplies, and appliances appropriate for dental needs. These are not pediatric only benefits. The section refers to some excluded services that are covered under Pediatric Dental but this section applies to all enrollees under the product.
Dialysis	Yes	Covered	No				
Allergy Testing	No	Not Covered	No				
Chemotherapy	Yes	Covered	No				
Radiation	Yes	Covered	No				
Diabetes Education	Yes	Covered	Yes	1	Item(s) per Lifetime	Inpatient diabetes services are not covered.	Covered Outpatient self-management training and education are limited to a one-time evaluation and training program when Medically Necessary, within one (1) year of diagnosis.
Prosthetic Devices	Yes	Covered	No				Some items require Pre-Certification.
Infusion Therapy	No	Not Covered	No				
Treatment for Temporomandibular Joint Disorders	No	Not Covered	No				
Nutritional Counseling	No	Not Covered	No				
Reconstructive Surgery	Yes	Covered	No				Pre-Certification Required. Reconstructive procedures which correct deformities of the jaw. Reconstructive Surgery is a Covered Service only where Participant's Surgery is required as the result of a birth defect, accidental injury, or a malignant disease process or its treatment.

PRESCRIPTION DRUG EHB-BENCHMARK PLAN BENEFITS BY CATEGORY AND CLASS

CATEGORY	CLASS	SUBMISSION COUNT
Analgesics	Nonsteroidal Anti-inflammatory Drugs	20
Analgesics	Opioid Analgesics, Long-acting	10
Analgesics	Opioid Analgesics, Short-acting	12
Anesthetics	Local Anesthetics	3
Anti-Addiction/ Substance Abuse Treatment Agents	Alcohol Deterrents/Anti-craving	3
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Dependence Treatments	2
Anti-Addiction/ Substance Abuse Treatment Agents	Opioid Reversal Agents	1
Anti-Addiction/ Substance Abuse Treatment Agents	Smoking Cessation Agents	3
Antibacterials	Aminoglycosides	5
Antibacterials	Antibacterials, Other	17
Antibacterials	Beta-lactam, Cephalosporins	10
Antibacterials	Beta-lactam, Other	2
Antibacterials	Beta-lactam, Penicillins	5
Antibacterials	Macrolides	5
Antibacterials	Quinolones	10
Antibacterials	Sulfonamides	4
Antibacterials	Tetracyclines	4
Anticonvulsants	Anticonvulsants, Other	4
Anticonvulsants	Calcium Channel Modifying Agents	4
Anticonvulsants	Gamma-aminobutyric Acid (GABA) Augmenting Agents	4
Anticonvulsants	Glutamate Reducing Agents	3
Anticonvulsants	Sodium Channel Agents	7
Antidementia Agents	Antidementia Agents, Other	1
Antidementia Agents	Cholinesterase Inhibitors	3
Antidementia Agents	N-methyl-D-aspartate (NMDA) Receptor Antagonist	1
Antidepressants	Antidepressants, Other	8
Antidepressants	Monoamine Oxidase Inhibitors	4
Antidepressants	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	11
Antidepressants	Tricyclics	9
Antiemetics	Antiemetics, Other	10
Antiemetics	Emetogenic Therapy Adjuncts	6
Antifungals	No USP Class	20
Antigout Agents	No USP Class	6
Anti-inflammatory Agents	Glucocorticoids	26
Anti-inflammatory Agents	Nonsteroidal Anti-inflammatory Drugs	20

CATEGORY	CLASS	SUBMISSION COUNT
Antimigraine Agents	Ergot Alkaloids	2
Antimigraine Agents	Prophylactic	3
Antimigraine Agents	Serotonin (5-HT) 1b/1d Receptor Agonists	7
Antimyasthenic Agents	Parasympathomimetics	3
Antimycobacterials	Antimycobacterials, Other	2
Antimycobacterials	Antituberculars	10
Antineoplastics	Alkylating Agents	4
Antineoplastics	Antiandrogens	4
Antineoplastics	Antiangiogenic Agents	2
Antineoplastics	Antiestrogens/Modifiers	3
Antineoplastics	Antimetabolites	4
Antineoplastics	Antineoplastics, Other	4
Antineoplastics	Aromatase Inhibitors, 3rd Generation	3
Antineoplastics	Enzyme Inhibitors	3
Antineoplastics	Molecular Target Inhibitors	13
Antineoplastics	Monoclonal Antibodies	0
Antineoplastics	Retinoids	2
Antiparasitics	Anthelmintics	3
Antiparasitics	Antiprotozoals	11
Antiparasitics	Pediculicides/Scabicides	6
Antiparkinson Agents	Anticholinergics	3
Antiparkinson Agents	Antiparkinson Agents, Other	3
Antiparkinson Agents	Dopamine Agonists	4
Antiparkinson Agents	Dopamine Precursors/ L-Amino Acid Decarboxylase Inhibitors	2
Antiparkinson Agents	Monoamine Oxidase B (MAO-B) Inhibitors	2
Antipsychotics	1st Generation/Typical	10
Antipsychotics	2nd Generation/Atypical	9
Antipsychotics	Treatment-Resistant	1
Antispasticity Agents	No USP Class	4
Antivirals	Anti-cytomegalovirus (CMV) Agents	2
Antivirals	Anti-hepatitis B (HBV) Agents	7
Antivirals	Anti-hepatitis C (HCV) Agents	7
Antivirals	Antiherpetic Agents	5
Antivirals	Anti-HIV Agents, Integrase Inhibitors (INSTI)	2
Antivirals	Anti-HIV Agents, Non-nucleoside Reverse Transcriptase Inhibitors (NNRTI)	5
Antivirals	Anti-HIV Agents, Nucleoside and Nucleotide Reverse Transcriptase Inhibitors (NRTI)	12
Antivirals	Anti-HIV Agents, Other	3
Antivirals	Anti-HIV Agents, Protease Inhibitors	9

CATEGORY	CLASS	SUBMISSION COUNT
Antivirals	Anti-influenza Agents	4
Anxiolytics	Anxiolytics, Other	4
Anxiolytics	Benzodiazepines	0
Anxiolytics	SSRIs/SNRIs (Selective Serotonin Reuptake Inhibitors/ Serotonin and Norepinephrine Reuptake Inhibitors)	5
Bipolar Agents	Bipolar Agents, Other	7
Bipolar Agents	Mood Stabilizers	5
Blood Glucose Regulators	Antidiabetic Agents	21
Blood Glucose Regulators	Glycemic Agents	1
Blood Glucose Regulators	Insulins	10
Blood Products/Modifiers/ Volume Expanders	Anticoagulants	7
Blood Products/Modifiers/ Volume Expanders	Blood Formation Modifiers	6
Blood Products/Modifiers/ Volume Expanders	Coagulants	0
Blood Products/Modifiers/ Volume Expanders	Platelet Modifying Agents	8
Cardiovascular Agents	Alpha-adrenergic Agonists	4
Cardiovascular Agents	Alpha-adrenergic Blocking Agents	4
Cardiovascular Agents	Angiotensin II Receptor Antagonists	8
Cardiovascular Agents	Angiotensin-converting Enzyme (ACE) Inhibitors	10
Cardiovascular Agents	Antiarrhythmics	10
Cardiovascular Agents	Beta-adrenergic Blocking Agents	13
Cardiovascular Agents	Calcium Channel Blocking Agents	9
Cardiovascular Agents	Cardiovascular Agents, Other	4
Cardiovascular Agents	Diuretics, Carbonic Anhydrase Inhibitors	2
Cardiovascular Agents	Diuretics, Loop	4
Cardiovascular Agents	Diuretics, Potassium-sparing	4
Cardiovascular Agents	Diuretics, Thiazide	6
Cardiovascular Agents	Dyslipidemics, Fibrin Acid Derivatives	2
Cardiovascular Agents	Dyslipidemics, HMG CoA Reductase Inhibitors	7
Cardiovascular Agents	Dyslipidemics, Other	7
Cardiovascular Agents	Vasodilators, Direct-acting Arterial	3
Cardiovascular Agents	Vasodilators, Direct-acting Arterial/Venous	3
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Non-amphetamines	4
Central Nervous System Agents	Attention Deficit Hyperactivity Disorder Agents, Amphetamines	4
Central Nervous System Agents	Central Nervous System, Other	7
Central Nervous System Agents	Fibromyalgia Agents	3
Central Nervous System Agents	Multiple Sclerosis Agents	6
Dental and Oral Agents	No USP Class	8
Dermatological Agents	No USP Class	83
Enzyme Replacement/ Modifiers	No USP Class	7

CATEGORY	CLASS	SUBMISSION COUNT
Gastrointestinal Agents	Antispasmodics, Gastrointestinal	4
Gastrointestinal Agents	Gastrointestinal Agents, Other	9
Gastrointestinal Agents	Histamine2 (H2) Receptor Antagonists	4
Gastrointestinal Agents	Irritable Bowel Syndrome Agents	3
Gastrointestinal Agents	Laxatives	4
Gastrointestinal Agents	Protectants	2
Gastrointestinal Agents	Proton Pump Inhibitors	6
Genitourinary Agents	Antispasmodics, Urinary	7
Genitourinary Agents	Benign Prostatic Hypertrophy Agents	9
Genitourinary Agents	Genitourinary Agents, Other	6
Genitourinary Agents	Phosphate Binders	3
Hormonal Agents, Stimulant/ Replacement/ Modifying (Adrenal)	No USP Class	31
Hormonal Agents, Stimulant/ Replacement/ Modifying (Prostaglandins)	No USP Class	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Anabolic Steroids	1
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Androgens	4
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Estrogens	6
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progesterone Agonists/Antagonists	0
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Progestins	5
Hormonal Agents, Stimulant/ Replacement/ Modifying (Sex Hormones/ Modifiers)	Selective Estrogen Receptor Modifying Agents	1
Hormonal Agents, Stimulant/Replacement/ Modifying (Pituitary)	No USP Class	5
Hormonal Agents, Stimulant/Replacement/ Modifying (Thyroid)	No USP Class	3
Hormonal Agents, Suppressant (Adrenal)	No USP Class	2
Hormonal Agents, Suppressant (Parathyroid)	No USP Class	3
Hormonal Agents, Suppressant (Pituitary)	No USP Class	7
Hormonal Agents, Suppressant (Thyroid)	Antithyroid Agents	2
Immunological Agents	Angioedema (HAE) Agents	1
Immunological Agents	Immune Suppressants	18
Immunological Agents	Immunizing Agents, Passive	0
Immunological Agents	Immunomodulators	14
Inflammatory Bowel Disease Agents	Aminosaliclates	3
Inflammatory Bowel Disease Agents	Glucocorticoids	5
Inflammatory Bowel Disease Agents	Sulfonamides	1
Metabolic Bone Disease Agents	No USP Class	13
Ophthalmic Agents	Ophthalmic Prostaglandin and Prostanoid Analogs	3
Ophthalmic Agents	Ophthalmic Agents, Other	20
Ophthalmic Agents	Ophthalmic Anti-allergy Agents	9
Ophthalmic Agents	Ophthalmic Antiglaucoma Agents	17
Ophthalmic Agents	Ophthalmic Anti-inflammatories	11

CATEGORY	CLASS	SUBMISSION COUNT
Otic Agents	No USP Class	8
Respiratory Tract/ Pulmonary Agents	Antihistamines	11
Respiratory Tract/ Pulmonary Agents	Anti-inflammatories, Inhaled Corticosteroids	7
Respiratory Tract/ Pulmonary Agents	Antileukotrienes	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Anticholinergic	3
Respiratory Tract/ Pulmonary Agents	Bronchodilators, Sympathomimetic	10
Respiratory Tract/ Pulmonary Agents	Cystic Fibrosis Agents	3
Respiratory Tract/ Pulmonary Agents	Mast Cell Stabilizers	1
Respiratory Tract/ Pulmonary Agents	Phosphodiesterase Inhibitors, Airways Disease	5
Respiratory Tract/ Pulmonary Agents	Pulmonary Antihypertensives	6
Respiratory Tract/ Pulmonary Agents	Respiratory Tract Agents, Other	2
Skeletal Muscle Relaxants	No USP Class	6
Sleep Disorder Agents	GABA Receptor Modulators	3
Sleep Disorder Agents	Sleep Disorders, Other	5
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Modifiers	7
Therapeutic Nutrients/ Minerals/ Electrolytes	Electrolyte/Mineral Replacement	7
Therapeutic Nutrients/ Minerals/ Electrolytes	Vitamins	0