



Summary of Benefits

WyoBlue Advantage Essential PPOSM

WyoBlue Advantage Enhanced PPOSM

WyoBlue Advantage Entrust PPOSM

January 1, 2026 – December 31, 2026

To join WyoBlue Advantage PPO, you must meet all of the following requirements:

- Have both Medicare Part A and Medicare Part B.
- Be a United States citizen or lawfully present in the United States.
- Live in our geographic service area. Incarcerated individuals are not considered living in the geographic service area even if they are physically located in it.

Our service area includes these counties in Wyoming: Albany, Big Horn, Campbell, Carbon, Converse, Crook, Fremont, Goshen, Hot Springs, Johnson, Laramie, Lincoln, Natrona, Niobrara, Park, Platte, Sublette, Sweetwater, Teton, Uinta, Washakie, and Weston.

WyoBlue Advantage PPO has a network of doctors, hospitals, pharmacies, and other providers. If you use the providers in our network, you may pay less for your covered services. But if you want to, you can also use providers that are not in our network. For more detailed information about our providers, you can call Customer Service (phone numbers are printed on the back cover of this booklet) or visit our website at www.WyoBlueAdvantage.com.

Out-of-network/non-contracted providers are under no obligation to treat WyoBlue Advantage PPO members, except in emergency situations. Please call our Customer Service number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services.



An independent licensee of the Blue Cross Blue Shield Association

www.WyoBlueAdvantage.com

Premium/Cost-sharing Table

You must continue to pay your Medicare Part B premium.

Monthly plan premiums, deductibles and limits on how much you pay for covered services	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Premium	\$59	\$159	\$0
Deductible	<p>This plan has a \$200 deductible for hospital and medical services.</p> <p>No deductible on Part D prescription drugs in Tier 1. \$615 deductible for Part D prescription drugs in Tiers 2, 3, 4, and 5. Deductible does not apply to insulins.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>No deductible on Part D prescription drugs in Tier 1. \$615 deductible for Part D prescription drugs in Tiers 2, 3, 4, and 5. Deductible does not apply to insulins.</p>	<p>This plan does not have a deductible for hospital and medical services.</p> <p>This plan does not include Part D prescription drug coverage.</p>
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	Combined In- and Out-of-Network \$9,250 annually	Combined In- and Out-of-Network \$6,750 annually	In-Network \$6,750 Combined In- and Out-of-Network \$10,000 annually
	<p>The most you pay for copayments, coinsurance and other costs for medical services for the year.</p> <p>If you reach the limit on out-of-pocket costs, you keep getting covered hospital and medical services and we will pay the full cost for the rest of the year.</p> <p>You will still need to pay your monthly plan premiums, Medicare Part B premiums, and cost sharing for your Part D drugs.</p>		

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Inpatient Hospital Coverage Our plan covers an unlimited number of days for an inpatient hospital stay.	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i> The copayments are based on benefit periods. A benefit period begins the day you're admitted as an inpatient and ends when you haven't received any inpatient care for 60 days in a row.		
	In- and Out-of-Network \$450 copayment, after deductible, per day for days 1 through 4 \$0 copayment, after deductible, for additional days	In- and Out-of-Network \$450 copayment per day for days 1 through 4 \$0 copayment for additional days	In- and Out-of-Network \$450 copayment per day for days 1 through 4 \$0 copayment for additional days
Outpatient Hospital Coverage	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i>		
	In- and Out-of-Network \$450 copayment, after deductible, for non-surgical and \$550 copayment, after deductible, for surgical outpatient hospital services	In- and Out-of-Network \$350 copayment for non-surgical and \$400 copayment for surgical outpatient hospital services	In- and Out-of-Network \$350 copayment for non-surgical and \$400 copayment for surgical outpatient hospital services
Ambulatory Surgical Center (ASC) Services	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i>		
	In- and Out-of-Network \$350 copayment, after deductible	In- and Out-of-Network \$200 copayment	In- and Out-of-Network \$200 copayment
Doctor Visits <ul style="list-style-type: none"> Primary care providers Specialists 	In- and Out-of-Network \$0 copayment	In- and Out-of-Network \$0 copayment	In- and Out-of-Network \$0 copayment
	In- and Out-of-Network \$55 copayment	In- and Out-of-Network \$50 copayment	In- and Out-of-Network \$50 copayment

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
<p>Preventive Care</p> <p>Any additional preventive services approved by Medicare during the contract year will be covered.</p>	<p style="text-align: center;">In- and Out-of-Network \$0 copayment</p> <p>Our plan covers many preventive services, including:</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Alcohol misuse screening and counseling • Annual physical exam • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammogram) • Cardiovascular disease risk reduction visit • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screenings (colonoscopy, flexible sigmoidoscopy, guaiac-based fecal occult blood test, fecal immunochemical test, or DNA based colorectal screening) • Depression screening • Diabetes screening • Diabetes self-management training • Glaucoma screening • HIV screening • COVID-19, flu, Hepatitis B, and pneumonia immunizations • Intensive behavioral therapy for obesity • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Prostate cancer screenings • Screening for lung cancer with low dose computed tomography • Screening for sexually transmitted infections and counseling to prevent STIs • Tobacco use cessation counseling (counseling for people with no sign of tobacco-related disease) • “Welcome to Medicare” preventive visit (one-time) 		

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Emergency Care	Note: If you are admitted to the hospital within one day, you do not have to pay your share of the cost for emergency care. See the “Inpatient Hospital Care” section of this booklet for other costs.		
	In-Network \$115 copayment	In-Network \$110 copayment	In-Network \$125 copayment
	Outside the U.S. and its territories: You have coverage for worldwide emergency care. See Worldwide Emergency Coverage later in this chart.		
Urgently Needed Services	In-Network \$40 copayment	In-Network \$50 copayment	In-Network \$50 copayment
	In-Network \$0 copayment for urgent care services delivered through Teladoc Health®, an independent company and telemedicine service, visit www.TeladocHealth.com or call 1-800-Teladoc (835-2362) , available 24 hours a day, 7 days a week, 365 days a year. TTY users call 1-855-636-1578 .		
	Outside the U.S. and its territories You have coverage for worldwide urgently needed services. See Worldwide Emergency Coverage later in this chart.		

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Diagnostic Services/ Labs/Imaging	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i>		
Outpatient services, including: <ul style="list-style-type: none"> • Diagnostic mammograms • Diagnostic colonoscopies • Diagnostic tests and procedures • Lab services • High-tech Medicare-covered diagnostic radiological services, such as CT, MRI, MRA, and PET • X-rays and low-tech diagnostic radiological services, such as ultrasounds • Therapeutic radiological services 	In- and Out-of-Network \$0 copayment \$0 copayment \$350 copayment, after deductible \$25 copayment, after deductible \$500 copayment, after deductible \$40 copayment, after deductible 20% coinsurance, after deductible	In- and Out-of-Network \$0 copayment \$0 copayment \$200 copayment \$20 copayment \$400 copayment \$20 copayment 20% coinsurance	In- and Out-of-Network \$0 copayment \$0 copayment \$200 copayment \$20 copayment \$500 copayment \$30 copayment 20% coinsurance

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
<p>Hearing Services</p> <p>Original Medicare covers limited hearing services</p> <p>Hearing exam to diagnose and treat hearing and balance issues</p> <p>Enhanced hearing services, beyond Original Medicare</p> <ul style="list-style-type: none"> • Routine hearing exam once every year • Supplemental Benefit Flex Card that can be used toward hearing aids 	<p>In- and Out-of-Network</p> <p>\$0 copayment for primary care provider visit</p> <p>\$55 copayment for specialist visit</p> <p>In-Network</p> <p>\$0 copayment through NationsHearing</p> <p>Supplemental Benefit Flex Card Maximum Allowance</p> <p>Our plan provides up to \$600 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.</p>	<p>In- and Out-of-Network</p> <p>\$0 copayment for primary care provider visit</p> <p>\$50 copayment for specialist visit</p> <p>In-Network</p> <p>\$0 copayment through NationsHearing</p> <p>Supplemental Benefit Flex Card Maximum Allowance</p> <p>Our plan provides up to \$650 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.</p>	<p>In- and Out-of-Network</p> <p>\$0 copayment for primary care provider visit</p> <p>\$50 copayment for specialist visit</p> <p>In-Network</p> <p>\$0 copayment through NationsHearing</p> <p>Supplemental Benefit Flex Card Maximum Allowance</p> <p>Our plan provides up to \$650 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.</p>

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Dental Services Original Medicare covers limited dental services (This does not include services in connection with care, treatment, filling, removal, or replacement of teeth) Enhanced dental services (Preventive and Comprehensive) Our plan provides an allowance via the Flex Supplemental Benefit Card, which can be used toward dental services, eyewear, or hearing aids.	In- and Out-of-Network \$55 copayment for each Medicare-covered service Supplemental Benefit Flex Card Maximum Allowance Our plan provides up to \$600 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.	In- and Out-of-Network \$50 copayment for each Medicare-covered service Supplemental Benefit Flex Card Maximum Allowance Our plan provides up to \$650 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.	In- and Out-of-Network \$50 copayment for each Medicare-covered service Supplemental Benefit Flex Card Maximum Allowance Our plan provides up to \$650 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.
Vision Services Original Medicare covers limited vision services <ul style="list-style-type: none"> • Glaucoma screening, diabetic retinopathy screening, eyeglasses or contact lenses after cataract surgery • Exam to diagnose and treat diseases and conditions of the eye 	In- and Out-of-Network \$0 copayment In- and Out-of-Network \$55 copayment	In- and Out-of-Network \$0 copayment In- and Out-of-Network \$50 copayment	In- and Out-of-Network \$0 copayment In- and Out-of-Network \$50 copayment

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
<p>Enhanced vision benefits, beyond Original Medicare</p> <ul style="list-style-type: none"> • Routine eye exam every 12 months • Our plan provides an allowance via the Flex Supplemental Benefit Card, which can be used toward dental services, eyewear, or hearing aids. 	<p>In-Network \$0 copayment through a VSP provider</p> <p>Out-of-Network 50% coinsurance</p> <p>Supplemental Benefit Flex Card Maximum Allowance Our plan provides up to \$600 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.</p>	<p>In-Network \$0 copayment through a VSP provider</p> <p>Out-of-Network 50% coinsurance</p> <p>Supplemental Benefit Flex Card Maximum Allowance Our plan provides up to \$650 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.</p>	<p>In-Network \$0 copayment through a VSP provider</p> <p>Out-of-Network 50% coinsurance</p> <p>Supplemental Benefit Flex Card Maximum Allowance Our plan provides up to \$650 maximum benefit per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.</p>

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Mental Health Services (continued) <ul style="list-style-type: none"> • Telemedicine visit Online behavioral health support from licensed behavioral health providers such as therapists, counselors, and U.S. board-certified psychiatrists by appointment 7 days a week, 7 a.m. to 9 p.m. local time.	In-Network \$0 copayment for outpatient mental health care services delivered through Teladoc Health®, an independent company that provides telemedicine solutions for WyoBlue Advantage. For more information or to make an appointment, visit www.TeladocHealth.com or call 1-800-Teladoc (835-2362) , available 24 hours a day, 7 days a week, 365 days a year. TTY users call 1-855-636-1578 .	In-Network \$0 copayment for outpatient mental health care services delivered through Teladoc Health®, an independent company that provides telemedicine solutions for WyoBlue Advantage. For more information or to make an appointment, visit www.TeladocHealth.com or call 1-800-Teladoc (835-2362) , available 24 hours a day, 7 days a week, 365 days a year. TTY users call 1-855-636-1578 .	In-Network \$0 copayment for outpatient mental health care services delivered through Teladoc Health®, an independent company that provides telemedicine solutions for WyoBlue Advantage. For more information or to make an appointment, visit www.TeladocHealth.com or call 1-800-Teladoc (835-2362) , available 24 hours a day, 7 days a week, 365 days a year. TTY users call 1-855-636-1578 .
Skilled Nursing Facility (SNF) Our plan covers up to 100 days in a SNF.	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i>		
	In- and Out-of-Network \$0 copayment, after deductible, per day for days 1 through 20 \$218 copayment, after deductible, per day for days 21 through 100	In- and Out-of-Network \$0 copayment per day for days 1 through 20 \$200 copayment per day for days 21 through 55 \$0 copayment per day for days 56 through 100	In- and Out-of-Network \$0 copayment per day for days 1 through 20 \$218 copayment per day for days 21 through 100
Physical Therapy	In- and Out-of-Network \$55 copayment, after deductible	In- and Out-of-Network \$50 copayment	In- and Out-of-Network \$50 copayment

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Ambulance	<p><i>Authorization rules may apply for non-emergency air ambulance.</i></p> <p>Copayment is for each one-way trip for Medicare-covered services.</p> <p>Medicare-covered non-emergency ambulance transport must be medically required.</p>		
	In- and Out-of-Network \$500 copayment for ground ambulance 20% coinsurance for air ambulance	In- and Out-of-Network \$400 copayment for ground ambulance 20% coinsurance for air ambulance	In- and Out-of-Network \$400 copayment for ground ambulance 20% coinsurance for air ambulance
	Outside the U.S. and its territories: You have coverage for worldwide emergency transportation. See Worldwide Emergency Coverage later in this chart.		
Transportation	Non-emergency transportation is not covered.		
Medicare Part B Drugs <ul style="list-style-type: none"> Part B Insulin drugs Chemotherapy drugs Other Part B drugs 	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i>		
	In- and Out-of-Network \$35 copayment maximum for a one-month supply of insulin 20% coinsurance for each Medicare-covered Part B chemotherapy drug and the administration In-Network 20% coinsurance for each Medicare-covered Part B drug Out-of-Network 35% coinsurance for each Medicare-covered Part B drug		
Medicare Part B Immunizations	In-Network 0% coinsurance for pneumonia, influenza, Hepatitis B, and COVID-19 vaccines. 0% coinsurance for other Medicare-covered Part B vaccines. Out-of-Network 35% coinsurance for other Medicare-covered Part B vaccines.		

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
<p>Flex Supplemental Benefit Card</p> <p>Our Plan provides a pre-paid debit card with an annual allowance to help offset out-of-pocket expenses on the following services not covered by Medicare:</p> <ul style="list-style-type: none"> • Dental services • Hearing aids • Eyewear <p>With WyoBlue Enhanced PPO and WyoBlue Entrust PPO, you also have an allowance to be used toward health fitness programs through your Flex Supplemental Benefit Card.</p>	<p>There is no coinsurance, copayment, or deductible for the Flex Supplemental Benefit Card.</p> <p>Combined Flex Supplemental Benefit Card Allowance</p> <p>Our plan provides up to \$600 per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear. You can choose how and where to spend your annual allowance for any combination of dental services, hearing aids, or eyewear.</p> <p>You can use your Flex Supplemental Benefit Card at participating locations. To see the full list of approved retail stores, visit WyoBlueAdvantage.NationsBenefits.com.</p>	<p>There is no coinsurance, copayment, or deductible for the Flex Supplemental Benefit Card.</p> <p>Combined Flex Supplemental Benefit Card Allowance</p> <p>Our plan provides up to \$650 per year for non-Medicare covered supplemental services related to dental services, hearing aids, or eyewear.</p> <p>You can choose how and where to spend your annual allowance for any combination of dental services, hearing aids, or eyewear. You also have an \$100 allowance to use at participating health fitness locations.</p> <p>You can use your Flex Supplemental Benefit Card at participating locations. To see the full list of approved retail stores, visit WyoBlueAdvantage.NationsBenefits.com.</p>	
<p>Health Fitness Program</p>	<p>Not offered</p>	<p>Our plan provides up to \$100 per year toward health fitness programs through your Flex Supplemental Benefit Card.</p> <p>See Flex Supplemental Benefit Card within this benefits chart for details.</p>	

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Rehabilitation Services <ul style="list-style-type: none"> • Cardiac rehabilitation • Intensive cardiac rehabilitation services • Pulmonary rehabilitation • Occupational therapy visit • Speech and language therapy 	In- and Out-of-Network \$30 copayment, after deductible In- and Out-of-Network \$40 copayment, after deductible In- and Out-of-Network \$25 copayment, after deductible In- and Out-of-Network \$35 copayment, after deductible In- and Out-of-Network \$55 copayment, after deductible	In- and Out-of-Network \$30 copayment In- and Out-of-Network \$45 copayment In- and Out-of-Network \$25 copayment In- and Out-of-Network \$40 copayment In- and Out-of-Network \$50 copayment	In- and Out-of-Network \$40 copayment In- and Out-of-Network \$50 copayment In- and Out-of-Network \$35 copayment In- and Out-of-Network \$50 copayment In- and Out-of-Network \$50 copayment
Foot Care (podiatry services) Foot exams and treatment if you have diabetes-related nerve damage and/or meet certain conditions	In- and Out-of-Network \$55 copayment, after deductible	In- and Out-of-Network \$50 copayment	In- and Out-of-Network \$50 copayment

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Medical Equipment/Supplies <ul style="list-style-type: none"> Durable medical equipment (for example, wheelchairs, oxygen) Medical supplies (for example, bandages and catheter tips) 	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i>		
	<p>In-Network 20% coinsurance, after deductible, for Medicare-covered durable medical equipment</p> <p>Out-of-Network 35% coinsurance, after deductible, for Medicare-covered durable medical equipment</p> <p>In-Network 20% coinsurance, after deductible, of the cost for Medicare-covered medical supplies</p> <p>Out-of-Network 50% coinsurance, after deductible, of the cost for Medicare-covered medical supplies</p>	<p>In-Network 20% coinsurance for Medicare-covered durable medical equipment</p> <p>Out-of-Network 30% coinsurance for Medicare-covered durable medical equipment</p> <p>In-Network 20% coinsurance of the cost for Medicare-covered medical supplies</p> <p>Out-of-Network 30% coinsurance of the cost for Medicare-covered medical supplies</p>	<p>In-Network 20% coinsurance for Medicare-covered durable medical equipment</p> <p>Out-of-Network 35% coinsurance for Medicare-covered durable medical equipment</p> <p>In-Network 20% coinsurance of the cost for Medicare-covered medical supplies</p> <p>Out-of-Network 50% coinsurance of the cost for Medicare-covered medical supplies</p>

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Medical Equipment/Supplies (continued) <ul style="list-style-type: none"> Prosthetics (for example, braces, artificial limbs) Diabetic monitoring supplies 	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed. Non-preferred diabetic supplies require prior authorization.</i>		
	In-Network 20% coinsurance, after deductible, of the approved amount for Medicare-covered prosthetic devices and related supplies Out-of-Network 35% coinsurance, after deductible, of the approved amount for Medicare-covered prosthetic devices and related supplies In-Network \$0 copayment for select Medicare-covered continuous glucose monitors at an in-network pharmacy. 20% coinsurance, after deductible, for Medicare-covered insulin infusion pumps, tubing, and continuous glucose monitors at a DME provider	In-Network 20% coinsurance of the approved amount for Medicare-covered prosthetic devices and related supplies Out-of-Network 30% coinsurance of the approved amount for Medicare-covered prosthetic devices and related supplies In-Network \$0 copayment for select Medicare-covered continuous glucose monitors at an in-network pharmacy. 20% coinsurance for Medicare-covered insulin infusion pumps, tubing, and continuous glucose monitors at a DME provider	In-Network 20% coinsurance of the approved amount for Medicare-covered prosthetic devices and related supplies Out-of-Network 35% coinsurance of the approved amount for Medicare-covered prosthetic devices and related supplies In-Network \$0 copayment for select Medicare-covered continuous glucose monitors at an in-network pharmacy. 20% coinsurance for Medicare-covered insulin infusion pumps, tubing, and continuous glucose monitors at a DME provider

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
<p>Medical Equipment/Supplies (continued)</p> <ul style="list-style-type: none"> Diabetic shoes and inserts Diabetic supplies <p>Preferred diabetic supplies brands are Accu-Chek and Contour.</p>	<p>Out-of-Network</p> <p>35% coinsurance for Medicare-covered diabetic monitoring supplies, including continuous glucose monitors at an out-of-network pharmacy.</p> <p>35% coinsurance, after deductible, for Medicare-covered diabetic monitoring supplies, including continuous glucose monitors from a DME provider.</p> <p>In- and Out-of-Network</p> <p>20% coinsurance, after deductible, for Medicare-covered diabetic shoes and inserts</p> <p>In-Network</p> <p>\$0 copayment for Medicare-covered preferred diabetic supplies</p> <p>Out-of-Network</p> <p>35% coinsurance for Medicare-covered preferred diabetic supplies</p>	<p>Out-of-Network</p> <p>20% coinsurance for Medicare-covered diabetic monitoring supplies, including continuous glucose monitors at an out-of-network pharmacy.</p> <p>30% coinsurance for Medicare-covered diabetic monitoring supplies, including continuous glucose monitors at a DME provider.</p> <p>In- and Out-of-Network</p> <p>20% coinsurance for Medicare-covered diabetic shoes and inserts</p> <p>In-Network</p> <p>\$0 copayment for Medicare-covered preferred diabetic supplies</p> <p>Out-of-Network</p> <p>20% coinsurance for Medicare-covered preferred diabetic supplies</p>	<p>Out-of-Network</p> <p>20% coinsurance for Medicare-covered diabetic monitoring supplies, including continuous glucose monitors at an out-of-network pharmacy.</p> <p>35% coinsurance for Medicare-covered diabetic monitoring supplies, including continuous glucose monitors from a DME provider.</p> <p>In- and Out-of-Network</p> <p>20% coinsurance for Medicare-covered diabetic shoes and inserts</p> <p>In-Network</p> <p>\$0 copayment for Medicare-covered preferred diabetic supplies</p> <p>Out-of-Network</p> <p>20% coinsurance for Medicare-covered preferred diabetic supplies</p>

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Chiropractic services Covered services include: <ul style="list-style-type: none"> • Unlimited manual manipulation of the spine to correct subluxation • Unlimited maintenance visits per year • One set of X-rays (up to 3 views) 	In- and Out-of-Network \$15 copayment, after deductible, for each Medicare-covered visit In- and Out-of-Network \$45 copayment for each maintenance visit In- and Out-of-Network \$0 copayment for one annual set of X-rays		In- and Out-of-Network \$15 copayment for each Medicare-covered visit In- and Out-of-Network \$45 copayment for each maintenance visit In- and Out-of-Network \$0 copayment for one annual set of X-rays
Home Health Care Includes medically necessary intermittent skilled nursing care, home health aide services and rehabilitation services. Custodial care is not a benefit.	<i>Authorization rules may apply; your plan provider will arrange for this authorization, if needed.</i>		
	In- and Out-of-Network \$0 copayment, after deductible		In- and Out-of-Network \$0 copayment
Nurse Advice Line	Speak to a nurse anytime day or night by calling our 24-hour Nurse Line at 1-800-638-4304 . TTY users call 711 . In- and Out-of-Network \$0 copayment		

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Telemedicine Use your smartphone, computer, or tablet anywhere in the United States to meet with doctors and behavioral health care providers when it's convenient for you. Prescriptions can be sent to your local pharmacy.	In-Network \$0 copayment for telemedicine visits through Teladoc Health®, an independent company and our plan-approved vendor. This service is separate from any telehealth care your personal doctor might offer. Get urgent general medical services from U.S. board-certified doctors without an appointment for: <ul style="list-style-type: none"> • Sore throat, coughs, fevers • Ear and sinus infections • Pink eye • Bronchitis • Allergies • Headache Online behavioral health support from licensed behavioral health providers such as therapists, counselors, and U.S. board-certified psychiatrists by appointment 7 days a week, 7 a.m. to 9 p.m. local time. Use Teladoc Health® to access telemedicine services at www.TeladocHealth.com for more information or call 1-800-Teladoc (835-2362) , available 24 hours a day, 7 days a week, 365 days a year. TTY users call 1-855-636-1578 . Providers will contact members directly. Appointments are not conducted through the numbers above.		
Outpatient Substance Use Disorder Services Individual or group therapy visit	In- and Out-of-Network \$55 copayment, after deductible	In- and Out-of-Network \$50 copayment	
Renal Dialysis	In- and Out-of-Network 20% coinsurance, after deductible	In- and Out-of-Network 20% coinsurance	

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Supervised Exercise Therapy (SET) SET is covered for members who have symptomatic peripheral artery disease (PAD). Up to 36 sessions over a 12-week period are covered if the SET program requirements are met.	In- and Out-of-Network \$20 copayment, after deductible, for each Medicare-covered service	In- and Out-of-Network \$25 copayment for each Medicare-covered service	
Over-the-Counter Items (from authorized vendor only) We offer certain drugs and health related products that do not need a prescription. More than 300 OTC items are available under this benefit. Covered items include but are not limited to antacids, cough drops, denture adhesive, eye drops, ibuprofen, toothpaste and first aid items.	Not covered	You get up to \$50 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.	You get up to \$50 every quarter to spend on certain approved non-prescription over-the-counter drugs and health-related items.
	<p>This benefit is built into the plan at no additional cost.</p> <p>Benefits are available each quarter (January, April, July, October). Unused OTC amounts do not roll over to the next quarter or to the next calendar year.</p> <p>There is a limit on the total dollar amount we contribute each quarter. However, you can order more than that amount, and you will be asked to pay the difference. All orders must be placed through the plan's approved vendor. Benefit can't be used on hearing aids. Items can't be obtained from any other vendor or retailer. Direct member reimbursement is not available.</p> <p>There are three ways to use your benefit:</p> <ol style="list-style-type: none"> 1. Online. Beginning Jan. 1, 2026, you can go to WyoBlueAdvantage.NationsBenefits.com and follow the prompts to place the order using the online catalog. 2. Phone. Select items using the online NationsOTC catalog and place an order by calling 1-877-336-6009, 8 a.m. to 8 p.m., 7 days a week. TTY users call 711. Items will be mailed to you. 3. Using the app. Download the Benefits Pro™ app and enjoy access to shopping benefit information, transaction history, and more. 		

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
<p>Personal Emergency Response Services (PERS)</p> <p>WyoBlue Enhanced, Empower, and Entrust PPO cover Personal Emergency Response Services (PERS) to give you added security and protection with a medical alert system that offers two-way connectivity to a live agent and around-the-clock monitoring. For more information, visit WyoBlueAdvantage.NationsBenefits.com/PERS or call 1-877-336-6009 8 a.m. to 8 p.m., 7 days a week. TTY users call 711.</p>	<p>This benefit is built into the plan at no additional cost.</p>	<p>This benefit is built into the plan at no additional cost.</p>	<p>This benefit is built into the plan at no additional cost.</p>

Benefits	WyoBlue Essential PPO Medical & Part D drug coverage	WyoBlue Enhanced PPO Medical & Part D drug coverage	WyoBlue Entrust PPO Medical coverage only
Worldwide Emergency Coverage <ul style="list-style-type: none"> Worldwide emergency medical coverage Worldwide emergency transportation (ambulance) Worldwide urgent coverage 	\$115 copayment \$115 copayment \$40 copayment	\$110 copayment \$110 copayment \$50 copayment	\$125 copayment \$125 copayment \$50 copayment
<p>If you need care when you're outside of the U.S. you have coverage for emergency medical care, emergency transportation and urgently needed services.</p> <p>You are responsible for the difference between the approved amount and the provider's charge.</p> <p>Emergency medical care, emergency transportation, and urgent care are subject to a combined \$50,000 lifetime maximum benefit outside the U.S. and its territories.</p>			

A complete list of services is found in the *Evidence of Coverage*. For a copy of the *Evidence of Coverage*, go to **www.WyoBlueAdvantage.com/member-resources** or contact Customer Service at **1-844-682-9966** from 8 a.m. to 8 p.m., local time, 7 days a week from October 1 through March 31; 8 a.m. to 8 p.m., local time, Monday through Friday from April 1 through September 30, for more information. TTY users call **711**.

WyoBlue Essential PPO

Stage 1: Deductible				
No deductible for Tier 1. \$615 total deductible per year for Tiers 2, 3, 4, and 5. Deductible does not apply to insulins.				
Stage 2: Initial Coverage	Standard retail one-month supply	Preferred retail cost sharing (in network) (up to a 30-day supply)	Mail-order one-month supply	Long-term care 31-day supply
Tier 1: Preferred Generic	\$9	\$4	\$4	\$4
Tier 2: Generic	\$14	\$9	\$9	\$9
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred	35%	35%	35%	35%
Tier 5: Specialty	25%	25%	25%	25%
Stage 2: Initial Coverage	Standard retail 100-day supply	Preferred retail 100-day supply	Mail-order 100-day supply	Long-term care 100-day supply
Tier 1: Preferred Generic	\$27	\$12	\$0	Not offered
Tier 2: Generic	\$42	\$27	\$22.50	Not offered
Tier 3: Preferred Brand	20%	20%	20%	Not offered
Tier 4: Non-Preferred	35%	35%	35%	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Stage 3: Catastrophic Coverage	Once your year-to-date out-of-pocket costs (your payments) total \$2,100, you move to Stage 3: Catastrophic Coverage. During this stage, you pay \$0.			

You won't pay more than \$35 for a one-month or \$105 for a 100-day supply of each insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **www.WyoBlueAdvantage.com/member-resources**.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website **www.WyoBlueAdvantage.com/formularies**.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website **www.WyoBlueAdvantage.com/pharmacies**.

WyoBlue Enhanced PPO

Stage 1: Deductible				
No deductible for Tier 1. \$615 total deductible per year for Tiers 2, 3, 4, and 5. Deductible does not apply to insulins.				
Stage 2: Initial Coverage	Standard retail one-month supply	Preferred retail cost sharing (in network) (up to a 30-day supply)	Mail-order one-month supply	Long-term care 31-day supply
Tier 1: Preferred Generic	\$9	\$4	\$4	\$4
Tier 2: Generic	\$14	\$9	\$9	\$9
Tier 3: Preferred Brand	20%	20%	20%	20%
Tier 4: Non-Preferred	35%	35%	35%	35%
Tier 5: Specialty	25%	25%	25%	25%
Stage 2: Initial Coverage	Standard retail 100-day supply	Preferred retail 100-day supply	Mail-order 100-day supply	Long-term care 100-day supply
Tier 1: Preferred Generic	\$27	\$12	\$0	Not offered
Tier 2: Generic	\$42	\$27	\$22.50	Not offered
Tier 3: Preferred Brand	20%	20%	20%	Not offered
Tier 4: Non-Preferred	35%	35%	35%	Not offered
Tier 5: Specialty	Not offered	Not offered	Not offered	Not offered
Stage 3: Catastrophic Coverage	Once your year-to-date out-of-pocket costs (your payments) total \$2,100, you move to Stage 3: Catastrophic Coverage. During this stage, you pay \$0.			

You won't pay more than \$35 for a one-month or \$105 for a 100-day supply of each insulin product regardless of the cost-sharing tier, even if you haven't paid your deductible.

Cost sharing may change depending on the pharmacy you choose and when you enter another phase of the Part D benefit. For more information on the additional pharmacy-specific cost sharing and the phases of the benefit, please call us or access our *Evidence of Coverage* online at **www.WyoBlueAdvantage.com/member-resources**.

Your plan requires prior authorization and has step therapy and quantity limit restrictions for certain drugs. Please refer to your formulary to determine if your drugs are subject to any limitations. You can see the most complete and current information about which drugs are covered on our website **www.WyoBlueAdvantage.com/formularies**.

You must generally use network pharmacies to fill your prescriptions for covered Part D drugs. You can see our plan's pharmacy directory at our website **www.WyoBlueAdvantage.com/pharmacies**.

WyoBlue Entrust PPO

Outpatient Prescription Drugs

This plan does not cover Part D prescription drugs.



**For more information, or to enroll online, visit us
at www.WyoBlueAdvantage.com.**

If you are not a member of this plan, call toll-free
1-888-468-0179. TTY: 711.

If you are a member of this plan, call toll-free
1-844-682-9966. TTY: 711.

From October 1 to March 31, you can call us 7 days
a week from 8 a.m. to 8 p.m. Mountain time.

From April 1 to September 30, you can call us Monday
through Friday from 8 a.m. to 8 p.m. Mountain time.

This document is available in other formats such as
audio CD and large print. This document may be available
in a non-English language. For additional information,
call us at 1-844-682-9966. TTY: 711.

You can order a copy of the “Medicare & You” handbook
at www.medicare.gov, or you can call Medicare at
1-800-MEDICARE (1-800-633-4227), 24 hours a day,
7 days a week. TTY: 1-877-486-2048.

WyoBlue Advantage is a PPO plan with a Medicare contract.
Enrollment in WyoBlue Advantage depends on contract renewal.

WyoBlue Advantage Inc. is an independent licensee of the Blue Cross Blue Shield Association.