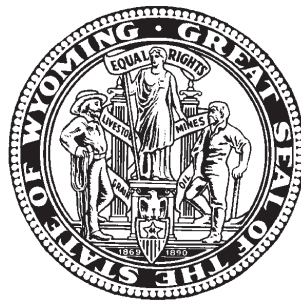




Medicare Disabled Health Care Coverage Plan

Purpose

The Wyoming Health Insurance Pool was created by the 1990 Wyoming Legislature to provide health insurance coverage to residents of Wyoming who are denied adequate health insurance. This plan is specially designed to meet the needs of those individuals who are unable to purchase health insurance for themselves because of existing health problems.



MATT MEAD
GOVERNOR

Benefits

The Wyoming Health Insurance Pool provides benefits designed to cover cost sharing amounts under Medicare Parts A and B. Benefits will be changed automatically to coincide with any changes in the applicable Medicare deductible amounts and coinsurance factors. Two options are available, The Brown Plan and The Gold Plan. The Pool pays secondary to Medicare Parts A and B.

Lifetime Maximum

The Wyoming Health Insurance Pool will pay benefits up to \$750,000 for the Brown Plan and \$1,000,000 for the Gold Plan during a member's lifetime.

Membership & Eligibility

1. Applicant must be a resident of the state of Wyoming and certify occupation of a dwelling in the state of Wyoming.
2. Applicant will be required to complete an application for coverage. Upon administrative approval, coverage will begin on the 1st or the 16th of the month.
3. Applicant must meet one of the following eligibility requirements and provide proof of eligibility.
 - a) Applicant has been refused coverage for health reasons by one insurer;
 - b) Applicant has health insurance coverage more restrictive than the Pool;
 - c) Applicant has health insurance coverage at a rate exceeding the Pool.
4. Individuals on Medicare Disability under the age of 65 are eligible.
5. Applicants will be assigned to the proper eligibility level (Level 1 or 2) based on Adjusted Gross Income and Filing Status as demonstrated on the applicant's most current year's Federal Income Tax filing Form 1040 **WHICH MUST ACCOMPANY THE APPLICATION FOR ENROLLMENT.** Level 1 Eligibility applies to applicants with an annual adjusted gross income equal to or greater than two hundred fifty percent (250%) of the Federal Poverty Guideline (FPG). Level 2 Eligibility applies to applicants with an annual adjusted gross income below two hundred fifty percent (250%) of the FPG. Failure to submit the required income documentation will result in Eligibility Level 1 enrollment.
6. The following persons ARE NOT eligible for coverage:
 - a) Any person who has coverage under health insurance or an insurance arrangement on the issue date of Pool coverage.
 - b) Persons who are eligible for group health insurance or a group health insurance arrangement provided in connection with a policy, plan or program sponsored by an employer and subject to regulation as a group health plan under federal or state law, even though the employer coverage is declined, **unless;**
 - The cost to insure the individual is offered at a rate to the individual or his employed family member exceeding the applicable pool rate by at least twelve and one-half percent (12.5%) for the coverage applied for under the Pool.
 - c) Any person who is, at the time of application, eligible for Medicaid health care benefits or Medicare by reason of age.
 - d) Any person who terminated coverage in the Pool unless twelve (12) months have elapsed from the termination date.
 - e) Any person on whose behalf the Pool has paid the lifetime maximum benefit under any Pool plan.
 - f) Any person who is an inmate of a public institution.

Summary of Brown* and Gold Benefits 2017

Medicare Part A Services	Medicare Pays	WHIP Gold Plan Pays	You Pay
Hospitalization**			
Semi-private room & board, general nursing and miscellaneous services and supplies			
First 60 days	All but \$1,316	\$1,316 (Part A Deductible)	\$0
61st thru 90th day	All but \$329 a day	\$329 a day	\$0
91st day and after:			
--While using 60 lifetime reserve days	All but \$658 a day	\$658 a day	\$0
--Once lifetime reserve days are used			
-Additional 365 days	\$0	100% of Medicare Eligible Expenses	\$0***
-Beyond the additional 365 days	\$0	\$0	All costs
Skilled Nursing Facility Care**			
You must meet Medicare's requirements, including having been in a hospital for at least three days and entered a Medicare-approved facility within 30 days after leaving the hospital			
First 20 days	All approved amounts	\$0	\$0
21st thru 100th day	All but \$164.50 a day	Up to \$164.50 a day	\$0
101st day and after	\$0	\$0	All costs
Blood			
First 3 pints	\$0	3 pints	\$0
Additional amounts	100%	\$0	\$0
Hospice Care			
You must meet Medicare's requirements, including a doctor's certification of terminal illness	All but very limited coinsurance for outpatient drugs & inpatient respite care	Medicare Coinsurance	\$0

*The Brown Plan pays the same or offers the same benefits as the Gold Plan after you have paid a calendar year \$2,200 deductible. Benefits from the high deductible Brown Plan will not begin until out-of-pocket expenses are \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

**A benefit period begins on the first day you receive service as an inpatient in a hospital and ends after you have been out of the hospital and have not received skilled care in any other facility for 60 days in a row.

***NOTICE: When your Medicare Part A hospital benefits are exhausted, the Wyoming Health Insurance Pool stands in the place of Medicare and will pay whatever amount Medicare would have paid for up to an additional 365 days as provided in the policy's "Core Benefits." During this time, the hospital is prohibited from billing you for the balance based on any difference between its billed charges and the amount Medicare would have paid.

As shown above, there are two Plan options available: The Brown Plan and The Gold Plan. Upon enrollment in the Wyoming Health Insurance Pool and receipt of premium payment, switching between Plan options is not permitted.

Summary of Brown* and Gold Benefits 2017

Medicare Part B Services	Medicare Pays	WHIP Gold Plan Pays	You Pay
<i>Medical Expenses</i> - IN OR OUT OF THE HOSPITAL & OUTPATIENT HOSPITAL TREATMENT, such as physician's services, inpatient & outpatient medical and surgical services & supplies, physical and speech therapy diagnostic tests, durable medical equipment First \$183 of Medicare-Approved Amounts** Remainder of Medicare-Approved Amounts	\$0 Generally 80%	\$183 (Part B Deductible) 20%	\$0 \$0
<i>Part B Excess Charges</i> (Above Medicare Approved Amounts)	\$0	100%	\$0
<i>Blood</i> First 3 pints Next \$183 of Medicare-Approved Amounts** Remainder of Medicare-Approved Amounts	\$0 \$0 Generally 80%	All costs \$183 (Part B Deductible) 20%	\$0 \$0 \$0
<i>Clinical Laboratory Services</i> TESTS FOR DIAGNOSTIC SERVICES	Generally 100%	\$0	\$0
PARTS A & B			
<i>Home Health Care</i> MEDICARE-APPROVED CARE - Medically necessary skilled care, services & medical supplies - Durable medical equipment First \$183 of Medicare-Approved Amounts** Remainder of Medicare-Approved Amounts	Generally 100% \$0 Generally 80%	\$0 \$183 (Part B Deductible) 20%	\$0 \$0 \$0
OTHER BENEFITS NOT COVERED BY MEDICARE			
<i>Foreign Travel</i> NOT COVERED BY MEDICARE Medically necessary emergency care services during the first 60 days of each trip outside the USA First \$250 each calendar year Remainder of charges	\$0 \$0	\$0 80% to a lifetime maximum benefit of \$50,000	\$250 20% & amounts over the \$50,000 lifetime maximum

*The Brown Plan pays the same or offers the same benefits as the Gold Plan after you have paid a calendar year \$2,200 deductible. Benefits from the high deductible Brown Plan will not begin until out-of-pocket expenses are \$2,200. Out-of-pocket expenses for this deductible are expenses that would ordinarily be paid by the policy. This includes the Medicare deductible for Part A and Part B, but does not include the plan's separate foreign travel emergency deductible.

**Once you have been billed \$183 of Medicare-approved amounts for covered services (which are noted with asterisks), your Part B Deductible will have been met for the calendar year.

Certificate of Creditable Coverage

When coverage under the WHIP is terminated, Blue Cross Blue Shield of Wyoming will, within a reasonable period of time, issue a Certificate of Creditable Coverage to the affected member.

Certificates of Creditable Coverage may also be obtained from Blue Cross Blue Shield of Wyoming upon request within 24 months after coverage is terminated. Certificates of Creditable Coverage will only reflect continuous coverage provided through the Wyoming Health Insurance Pool.

Sunset

The Wyoming Health Insurance Pool is a State of Wyoming program and its continuance will be subject to legislative approval. Without legislative approval, this program will end on June 30, 2020.

Pre-existing Conditions

This program conforms to all Federal and State requirements regarding pre-existing condition exclusion periods including the definition of pre-existing conditions and the portability of pre-existing condition exclusion periods. Benefits will not be provided for pre-existing conditions for a period of twelve (12) months following the member's date of enrollment. Pre-existing conditions are those conditions for which medical advice, diagnosis, care or treatment was recommended or received in the six (6) months immediately preceding the enrollment date of coverage. Pregnancy existing on the enrollment date of coverage is considered a pre-existing condition.

In determining whether this pre-existing condition exclusion period applies to an eligible member, the Wyoming Health Insurance Pool will credit the time a member was previously covered by creditable coverage, provided there was not a significant break in coverage (90 days) from the previous creditable coverage. Waiting periods applicable under this individual health benefit plan shall not be considered in determining if a significant break in coverage has occurred, and will be credited toward any pre-existing condition exclusion period under this Agreement.

General Limitations and Exclusions

The Wyoming Health Insurance Pool will not pay for: cosmetic surgery, organ and tissue transplants including pre- and post-operative care and immunosuppressant drugs, and prescription drugs.

This sales outline is designed to present the Wyoming Health Insurance Pool's health care benefits in an easy-to-read format and does not cover all information contained in the Subscription Agreement. Limitations and Exclusions in addition to those presented in this brochure do exist. This brochure is not a contract. For exact benefits and limitations, please refer to the Subscription Agreement.

Administered by:



**BlueCross BlueShield
of Wyoming**

An independent licensee of the Blue
Cross and Blue Shield Association.

4000 House Avenue
PO Box 2419
Cheyenne, WY 82003-2419
1.888.557.2519 or 307.634.1393

I would like to enroll in the: Brown Plan Gold Plan

Enrollment may be delayed if application is not complete and accompanied by required documentation.



4000 House Avenue
P. O. Box 2419
Cheyenne, Wyoming 82003
1.888.557.2519 or
307.432.2828

Name _____ Male Female
Please Print

Address _____

City _____ Zip _____

Home Phone _____ Work Phone _____

Social Security Number _____ Date of Birth _____

Current Employer _____ Hrs Wkd Per Wk _____

For Office Use Only	
Completed App. Rec'd.	_____
Approval Date	_____
Effective Date	_____
Eligibility Level	_____
Group #	_____
P.E.	_____

Proof of eligibility and a copy of the most current year's Federal Income Tax return Form 1040 must be attached.

I am eligible for coverage under the Wyoming Health Insurance Pool because (you need only to mark one to be eligible for coverage):

- I am under the age of 65, on Medicare Parts A & B and have no other health insurance; **OR**
- I have individual health insurance coverage at a higher premium rate than the Pool rate; **OR**
- I have group health insurance coverage and the premium amount I pay is 12.5% higher than the Pool rate.

What medical condition prompted you to apply for coverage with the Wyoming Health Insurance Pool? _____

When were you last treated for this condition? _____

RESIDENCY REQUIREMENTS

I certify that I currently occupy a dwelling in the State of Wyoming, intend to make Wyoming my home and meet a **MINIMUM OF TWO** of the following four requirements. (In the case of a minor child, this criteria must be met by the custodial parent.)

- I am registered to vote in the state of Wyoming.
- I have applied for or have received a Wyoming drivers license.
- My minor children attend school in the state of Wyoming. (If the applicant attends school, then he/she must attend school in the state of Wyoming).
- I have applied for or currently receive service in my name from a public utility at a dwelling within the state of Wyoming.

Please bill me: Monthly Quarterly Semi-annually Pre-authorized bank draft (Authorization Form below must be completed)

SEND NO MONEY NOW

Did you remember to enclose a copy of your most current year's Federal Income Tax Form 1040? Yes No

Sign Here: _____ Date: _____

DO NOT PRINT Applicant's Signature (or Custodial Parent's)

AUTHORIZATION FORM FOR BANK DRAFT

Account Number _____ Date _____

I hereby authorize the _____ of _____
(Name of Bank) (Town)

Wyoming, to deduct monthly from my account, by draft of Electronic Funds Transfer, the current membership charges for the Wyoming Health Insurance Pool by Blue Cross Blue Shield of Wyoming. This authorization shall continue in effect until revoked by me in writing.

Bank Account Holder's Signature: _____

PLEASE NOTE: In order to process this request, we require that you enclose a voided check in order to ensure correct account handling.

Please attach a Creditable Coverage Certificate for the individual applying for coverage on this application. List any health insurance plans that you have had or that have accepted you for coverage in the past 18 months.

1. Company name _____ Policy # _____
Effective date ____/____/____ (MM/DD/YYYY) Cancellation date ____/____/____ (MM/DD/YYYY)
Was this coverage [] Group [] Individual Was this coverage provided through your employer? [] Yes [] No
If group coverage, did you elect and exhaust COBRA Continuation of Coverage? [] Yes [] No

2. Company name _____ Policy # _____
Effective date ____/____/____ (MM/DD/YYYY) Cancellation date ____/____/____ (MM/DD/YYYY)
Was this coverage [] Group [] Individual Was this coverage provided through your employer? [] Yes [] No
If group coverage, did you elect and exhaust COBRA Continuation of Coverage? [] Yes [] No

If you or your spouse are currently employed, does the employer offer group health coverage? [] Yes [] No If yes, why are you not enrolled in this employer based plan? _____

Are you currently receiving Medicaid health care benefits? [] Yes [] No

Are you currently receiving both Medicare Part A and Part B benefits due to disability? [] Yes [] No

If so, list date of eligibility for Part A* _____ Part B* _____ *Please refer to your Medicare card

CERTIFICATIONS AND LIMITATIONS

PRE-EXISTING CONDITIONS -- This program conforms to all Federal and State requirements regarding pre-existing condition exclusion periods including the definition of pre-existing conditions and the portability of pre-existing condition exclusion periods. Benefits will not be provided for pre-existing conditions for a period of twelve (12) months following the member's date of enrollment. Pre-existing conditions are those conditions for which medical advice, diagnosis, care or treatment was recommended or received in the six (6) months immediately preceding the enrollment date of coverage. Pregnancy existing on the enrollment date of coverage is considered a pre-existing condition.

In determining whether this pre-existing condition exclusion period applies to an eligible member, the Wyoming Health Insurance Pool will credit the time a member was previously covered by creditable coverage, provided there was not a significant break in coverage (90 days) from the previous creditable coverage. Waiting periods applicable under this individual health benefit plan shall not be considered in determining if a significant break in coverage has occurred, and will be credited toward any pre-existing condition exclusion period under this Agreement.

- A. I understand upon acceptance of my application my coverage will become effective on the date established by the Wyoming Health Insurance Pool and that the Master Agreement, together with this application and attachments, if any, shall constitute my entire agreement with the Wyoming Health Insurance Pool.
B. I CERTIFY THAT THE STATEMENTS MADE ON THE APPLICATION ARE TRUE.
C. I REALIZE THAT ANY MISREPRESENTATION, FAILURE TO REVEAL MATERIAL INFORMATION ASKED FOR ON THIS APPLICATION, OR INCORRECT INFORMATION WILL RENDER THE CONTRACT NULL AND VOID, OR SUBJECT TO CANCELLATION, OR TO THE DISALLOWANCE OF COVERAGE FOR THE CONDITION OR THE PERSON ABOUT WHICH THE MISREPRESENTATION, OMISSION, OR INCORRECT INFORMATION OCCURRED AT THE SOLE DISCRETION OF THE WYOMING HEALTH INSURANCE POOL.
D. I hereby certify that I am not eligible for or enrolled in employer group health coverage under penalty of law.
E. I hereby apply for coverage with the Wyoming Health Insurance Pool under the terms and conditions stated in the Master Agreement, including the coordination of benefits provision.

THE FOREGOING HAS BEEN EXPLAINED AND I UNDERSTAND THE BENEFITS, LIMITATIONS AND EXCLUSIONS OF THE WYOMING HEALTH INSURANCE POOL.

Sign Here: _____ Date: _____
DO NOT PRINT Applicant's Signature (or Custodial Parent's)

FOR AGENT'S USE ONLY

You must attach a copy of your Wyoming Insurance license to receive referral fee.

Agent Name _____ Agent Signature _____
Tax ID # _____ Agent Phone Number _____
Agent Address _____
Date _____ Agent Email Address _____

A State of Wyoming program administered by Blue Cross Blue Shield of Wyoming

WD1/17

INDEMNIFICATION AGREEMENT

TO: The Bank Named on the Reverse Side.
In consideration of your participation in a plan which Blue Cross Blue Shield of Wyoming has put into effect by which amounts due on Wyoming Health Insurance Pool agreements are collected by checks drawn by Blue Cross Blue Shield of Wyoming on the accounts of persons who are responsible for these payments. BLUE CROSS BLUE SHIELD OF WYOMING DOES HEREBY AGREE THAT:

- (1) It will indemnify and hold you harmless from any liability to any person having an account with you arising out of the payment by you of any check drawn by Blue Cross Blue Shield of Wyoming on the account of such person, or arising out of the dishonor by you, whether with or without cause of intentionally or inadvertently, of any such check drawn by Blue Cross Blue Shield of Wyoming, whether or not such claim or liability asserted against you be based upon the forfeiture, or alleged forfeiture, of a Wyoming Health Insurance Pool contract the dues on which is sought to be collected by Blue Cross Blue Shield of Wyoming by any such check; and
(2) It will refund to you any amount erroneously paid by you on any such check if claim for the amount of such erroneous payments is made by you within twelve (12) months from the date of the check on which such erroneous payment was made.

BLUE CROSS BLUE SHIELD OF WYOMING

[Handwritten Signature]

By: Rick Schum, President and Chief Executive Officer



4000 House Avenue
P.O. Box 2419
Cheyenne, Wyoming 82003

WYOMING HEALTH INSURANCE POOL

Medicare Disabled Level 1 Member Rates

Current Monthly Rates

The Brown Plan

Male	Female
\$64.60	\$64.60

The Gold Plan

Male	Female
\$173.00	\$173.00





4000 House Avenue
P.O. Box 2419
Cheyenne, Wyoming 82003

WYOMING HEALTH INSURANCE POOL

Medicare Disabled Level 2 Member Rates

Current Monthly Rates

The Brown Plan

Male	Female
\$48.80	\$48.80

The Gold Plan

Male	Female
\$130.70	\$130.70



250% of the Federal Poverty Guidelines (FPG)

Income Guidelines as Published in the Federal Register on January 24, 2017

<u>Family Size</u>	<u>250% FPG Annual Income Limits*</u>
1	\$30,150.00
2	\$40,600.00
3	\$51,050.00
4	\$61,500.00
5	\$71,950.00
6	\$82,400.00
7	\$91,825.00
8	\$103,300

*Based on the previous year's Federal Income Tax Return
Using Adjusted Gross Income Figures