

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. For alternative forms of proof of Creditable Coverage, please contact the administrator at the phone number on the first page of the application.

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. NOTE: The foregoing does not apply to "Federally eligible individuals" with respect to which pre-existing condition exclusions may not be imposed.

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 \_\_\_\_\_

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

W7/09

**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



By: Tim J. Crilly, President and Chief Executive Officer

## Affiliated Physician Program

Blue Cross Blue Shield of Wyoming is committed to finding ways to keep health care costs at an affordable level. That's why they are working with a growing number of dedicated Wyoming physicians to provide the most affordable and highest quality health care possible.

As participants in the Affiliated Physician Program, all member physicians have agreed to send your claims directly to Blue Cross Blue Shield of Wyoming, who will see that payment is made directly to the physician. This significantly reduces your involvement in the time-consuming claims process.

Through Blue Cross Blue Shield of Wyoming, the Affiliated Physician Program is a benefit to WHIP members. We encourage you to choose an Affiliated Physician and start saving time today.

If you use non-affiliated physicians, you may have to submit your claims yourself. Always be sure to ask. **All claims should be sent to: Blue Cross Blue Shield of Wyoming; PO Box 2266; Cheyenne, WY 82003.**

## The BlueCard®

More than 85% of all hospitals and physicians throughout the United States contract with independent Blue Cross Blue Shield organizations. Your identification card -- The BlueCard® -- links these health care providers to an electronic data system that quickly delivers your benefit information anywhere in the country.

Just show your identification card to any Blue Cross Blue Shield participating hospital or physician across the USA and receive the same special treatment you're accustomed to receiving right here in Wyoming.

## 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, 2011.

## 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.

## Reasonable & Customary (R&C)

“Reasonable” is the fee which, in the opinion of Blue Cross Blue Shield of Wyoming, is justified in the special circumstances of the particular case in question. “Customary” is the range of fees charged for individual procedures by Wyoming providers as represented in files maintained by Blue Cross Blue Shield of Wyoming. Benefits are paid according to the Reasonable and Customary fees in the state of Wyoming.

## Federally Eligible Individual

A “Federally eligible individual” means an individual:

- a) Who has had at least 18 months of creditable coverage as of the date the individual seeks coverage under the Pool; and
- b) Whose most recent prior creditable coverage was under a group private, public health benefit, or church plan; and
- c) Who is not eligible for coverage under a group health plan, Part A or Part B of Title XVIII of the Social Security Act, or Medicaid, and who does not have other health insurance coverage; and
- d) Whose most recent creditable coverage was not terminated based on nonpayment of premiums or fraud; and
- e) Who, if offered, elected continuation coverage under a COBRA continuation provision or under a similar state program and exhausted such continuation coverage.

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  
 www.WHIPCoverage.com



# 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. The Wyoming Health Insurance Pool also provides coverage to “Federally eligible individuals” that choose to enroll.



**DAVE FREUDENTHAL**  
 GOVERNOR

## Benefits

Three options are available from the Wyoming Health Insurance Pool: The Brown Plan, The Gold Plan and The Catastrophic Plan. Coverage under all plans includes hospital, surgical-medical, adult and well child care, maternity care, prescription drugs and other covered services including therapeutic equipment, medical supplies and dressings, ambulance services (up to \$600 per ground trip, \$6,000 air ambulance), accident-related dental care to natural healthy teeth, physical therapy (limited to 20 visits per calendar year), spinal manipulations (limited to \$500 per member per calendar year), home health, hospice, high dose chemotherapy and/or radiation therapy with bone marrow transplant and/or peripheral stem cell support (limited to \$100,000 per member per lifetime), diabetes screening and diabetes education services.

## Out-of-Pocket Cost

The out-of-pocket cost includes the deductibles and coinsurance paid by a member. Once the out-of-pocket maximum has been met, the plan will pay 100% of Reasonable and Customary charges for covered services.

## Lifetime Maximum

The Wyoming Health Insurance Pool will pay benefits up to \$500,000 for the Brown Plan or the Catastrophic Plan and \$750,000 for the Gold Plan during a member's lifetime.

## Membership & Eligibility

- Applicant must be a resident of the state of Wyoming and certify occupation of a dwelling in the state of Wyoming.
- 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.
- Applicant must meet one of the following eligibility requirements and provide proof of eligibility.
  - Applicant has been refused coverage for health reasons by one insurer;
  - Applicant has health insurance coverage more restrictive than the Pool;
  - Applicant has health insurance coverage at a rate exceeding the Pool; or

- Applicant is a "Federally eligible individual".
  - Individuals on Medicare Disability under the age of 65 are eligible.
- 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.
  - The following persons ARE NOT eligible for coverage:
    - Any person who has coverage under health insurance or an insurance arrangement on the issue date of Pool coverage.
    - 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.
    - Any person who is, at the time of application, eligible for Medicaid health care benefits or Medicare by reason of age.
    - Any person who terminated coverage in the Pool unless twelve (12) months have elapsed from the termination date. NOTE: The foregoing does not apply to "Federally eligible individuals."
    - Any person on whose behalf the Pool has paid the lifetime maximum benefit under any Pool plan.
    - Any person who is an inmate of a public institution.

## WYOMING HEALTH INSURANCE POOL BENEFIT OPTIONS

### \*Brown Plan

Calendar Year Deductible	\$5,000
After The Deductible is Met	Wyoming Health Insurance Pool Pays 100% - Member Pays 0%
Maximum Out of Pocket Expenses	\$5,000
Adult Wellness	\$150 per member per calendar year
Well Child Care	At appropriate intervals as specified in the Subscription Agreement
Maternity	As any other illness
Lifetime Maximum	\$500,000
Prescription Drugs	Subject to \$5,000 deductible (utilizing drug network discounts)

### Gold Plan

Calendar Year Deductible	\$1,000
After The Deductible is Met	Wyoming Health Insurance Pool Pays 80% - Member Pays 20%
Maximum Out of Pocket Expenses	\$2,000
Adult Wellness	\$150 per member per calendar year
Accidental Injury Protection	\$1,500 per member per calendar year
Well Child Care	At appropriate intervals as specified in the Subscription Agreement
Maternity	As any other illness
Lifetime Maximum	\$750,000
Prescription Drugs	RxCare Wyoming™ Retail and Mail Order Pharmacy Program
	Tier 1 – Generic Drugs \$5 copayment and 20% coinsurance
	Tier 2 – Preferred Brand Drugs \$10 copayment and 20% coinsurance
	Tier 3 – Non-Preferred Drugs \$20 copayment and 50% coinsurance
	Calendar Year Out of Pocket Maximum \$2,500

### Catastrophic Plan

<b>This option is only available to applicants with annual adjusted gross incomes below 400% of the Federal Poverty Guideline</b>	
Calendar Year Deductible	\$25,000
After The Deductible is Met	Wyoming Health Insurance Pool Pays 100% - Member Pays 0%
Maximum Out of Pocket Expenses	\$25,000
Adult Wellness	\$150 per member per calendar year
Well Child Care	At appropriate intervals as specified in the Subscription Agreement
Maternity	As any other illness
Lifetime Maximum	\$500,000
Prescription Drugs	Subject to \$25,000 deductible (utilizing drug network discounts)

\*This plan meets the criteria of a Qualified High Deductible Health Plan and is HSA eligible.

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

## Managed Care Program

The Managed Care features of the Pool's health care coverage plan are designed to help control the cost of your health care without reducing your benefits. By using the features listed here, you can be assured of receiving quality health care in the most cost effective setting.

- Pre-admission Authorization.** This is required on all non-emergency, non-maternity hospital admissions. It ensures that your hospitalization care is medically necessary and performed in the appropriate setting. It also allows you to confirm coverage prior to treatment.

If pre-admission authorization is not obtained, benefits will be reduced by \$200 after the deductible.

- Pre-admission Testing.** Laboratory and radiology tests can generally be performed prior to the time you enter the hospital.

- Office Surgery.** Surgery performed in a physician's office not only reduces out-of-pocket costs but may also be more convenient for you.

- Generic Drugs.** A generic drug is a generally accepted substitute for a name-brand drug which may be more costly. You can generally recognize significant savings without sacrificing quality.

- Second Surgical Opinion.** It is suggested that a second surgical opinion be sought to determine whether a recommended surgery is the best course of treatment.

## 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.

Notwithstanding the foregoing, no preexisting condition exclusion or affiliation period shall be imposed with respect to a "Federally eligible individual."

## General Limitations and Exclusions

We will not pay for: Acupuncture, artificial conception, autopsies, biofeedback services, birth control pills and devices, complications of non-benefit services, convalescent care, cosmetic surgery, custodial care, diagnostic admissions, domiciliary care, experimental or investigative procedures, eye care, genetic counseling, obesity and weight loss, hair loss, hypnosis, tobacco dependency, orthognathic surgery, eye examinations, foot care services, hearing examinations, organ and tissue transplants including pre- and post-operative care and immunosuppressant drugs, sex change operations, subluxation, temporomandibular joint dysfunction, non-medical therapies, travel expenses and services or supplies covered under Worker's Compensation or provided by a government facility or institution.

I would like to enroll in the:  Brown Plan  Gold Plan  Catastrophic 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 \_\_\_\_\_

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

<p><b>Proof of eligibility and a copy of the most current year's Federal Income Tax return Form 1040 must be attached.</b></p> <p>I am eligible for coverage under the Wyoming Health Insurance Pool because (you need only to mark one to be eligible for coverage):</p> <p><input type="checkbox"/> I have been refused health insurance for health reasons by one health insurance company; <b>OR</b></p> <p><input type="checkbox"/> I have health insurance coverage that is more restrictive than Pool coverage; <b>OR</b></p> <p><input type="checkbox"/> I have individual health insurance coverage at a higher premium than the Pool rate; <b>OR</b></p> <p><input type="checkbox"/> I am a "Federally eligible individual" (see the attached brochure for the definition of a "Federally eligible individual".); <b>OR</b></p> <p><input type="checkbox"/> I have group health insurance coverage and the premium amount I pay is 12.5% higher than the Pool rate.</p> <p>What medical condition prompted you to apply for coverage with the Wyoming Health Insurance Pool? _____</p> <p>_____</p> <p>When were you last treated for this condition? _____</p>
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### 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 child(ren) 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 or deposit slip in order to ensure correct account handling.