



Wyoming Individual Plans, 2024

***Catastrophic Plans only available on the Exchange for individuals under 30 years of age.**
AD = After Deductible
+ Established list of Prescriptions

1439 Stillwater Ave.
Cheyenne, WY 82009
www.mountainhealth.coop
855-447-2900

** For Internal Use Only **

Plan Name	HIGH PLAINS GOLD	HIGH PLAINS GOLD HDHP	HIGH PLAINS GOLD STANDARD	HIGH PLAINS SILVER	HIGH PLAINS SILVER STANDARD	HIGH PLAINS BRONZE HDHP	HIGH PLAINS BRONZE STANDARD EXPANDED
On/Off	Both	Both	Both	Both	Both	Both	Both
Ded Ind	\$1,000	\$3,500	\$1,500	\$7,500	\$5,900	\$7,500	\$7,500
Ded Family	\$2,000	\$7,000	\$3,000	\$15,000	\$11,800	\$15,000	\$15,000
OOP Max Ind	\$6,500	\$3,500	\$8,700	\$9,000	\$9,100	\$7,500	\$9,400
OOP Max Family	\$13,000	\$7,000	\$17,400	\$18,000	\$18,200	\$15,000	\$18,800
Co-insurance	30%	0%	25%	40%	40%	0%	50%
OON Ded Ind	\$2,250	\$15,000	\$6,000	\$19,500	\$17,400	\$21,000	\$22,500
OON Ded Family	\$4,500	\$30,000	\$12,000	\$39,000	\$34,800	\$42,000	\$45,000
OON OOP Max Ind	\$18,000	\$15,000	\$26,100	\$24,000	\$26,700	\$21,000	\$27,000
OON OOP Max Family	\$36,000	\$30,000	\$52,200	\$48,000	\$53,400	\$42,000	\$54,000
OON Coinsurance	50%	0%	45%	60%	60%	0%	70%
PCP Office Visit	\$30	0% AD	\$30	\$40	\$40	0% AD	\$50
Mental Health Office Visit	\$30 (first visit \$0)	0% AD	\$30	\$40 (first visit \$0)	\$40	0% AD	\$50
Specialist	\$50	0% AD	\$60	\$75	\$80	0% AD	\$100
Emergency Room	40% AD	0% AD	25% AD	50% AD	40% AD	0% AD	50% AD
Urgent Care	\$75	0% AD	\$45	\$110	\$60	0% AD	\$75
Pharmacy Tier 1 (Generic)	\$5	0% AD	\$15	\$5	\$20	0% AD	\$25
Pharmacy Tier 2 (Preferred Brand)	\$40	0% AD	\$30	\$40	\$40	0% AD	\$50 AD
Pharmacy Tier 3 (non-pref Brand)	\$100	0% AD	\$60	\$100	\$80 AD	0% AD	\$100 AD
Pharmacy Tier 4 (Specialty)	\$150	0% AD	\$250	\$150	\$350 AD	0% AD	\$500 AD
+ \$0 Out-of-Pocket Prescriptions	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$10	0% AD	\$10	\$10	\$10	0% AD	\$10
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	Deductible Applies	No Deductible	No Deductible	No Deductible	Deductible Applies	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

Visit us online at mountainhealth.coop to compare plans and discover the CO-OP difference today.

Your Signature Benefits

We are committed to helping you make the most of your health insurance plan. The CO-OP has added new and exciting benefits for you, and each is designed to promote wellness and protect your health. The benefits available include...

- \$100 Dental Exam Reimbursement*
- Hundreds of Medications for \$0 Out-of-Pocket
- \$60 Vision Exam Reimbursement*
- 24/7 Telehealth
- Travel Benefit

*Available with or without a standalone policy.



These benefits are easy to use - scan this code with your phone's camera and follow the link to learn more!





Wyoming Small Group Plans, 2024

AD = After Deductible
+ Established list of Prescriptions

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Plan Name	HIGH PLAINS GOLD	HIGH PLAINS GOLD HDHP	HIGH PLAINS SILVER	HIGH PLAINS SILVER HDHP	HIGH PLAINS BRONZE
On/Off	Both	Both	Both	Both	Both
Ded Ind	\$1,000	\$3,500	\$5,500	\$5,500	\$8,000
Ded Family	\$2,000	\$7,000	\$11,000	\$11,000	\$16,000
OOP Max Ind	\$6,500	\$3,500	\$9,000	\$5,500	\$9,400
OOP Max Family	\$13,000	\$7,000	\$18,000	\$11,000	\$18,800
Co-insurance	30%	0%	40%	0%	60%
OON Ded Ind	\$2,250	\$9,000	\$15,600	\$15,000	\$21,600
OON Ded Family	\$4,500	\$18,000	\$31,200	\$30,000	\$43,200
OON OOP Max Ind	\$18,000	\$9,000	\$24,450	\$15,000	\$24,450
OON OOP Max Family	\$36,000	\$18,000	\$48,900	\$30,000	\$48,900
OON Coinsurance	50%	0%	60%	0%	70%
PCP Office Visit	\$30	0% AD	\$40	0% AD	\$50
Mental Health Office Visit	\$30 (first visit \$0)	0% AD	\$40 (first visit \$0)	0% AD	\$50 (first visit \$0)
Specialist	\$50	0% AD	\$75	0% AD	\$100
Emergency Room	40% AD	0% AD	50% AD	0% AD	70% AD
Urgent Care	\$75	0% AD	\$110	0% AD	\$120
Pharmacy Tier 1 (Generic)	\$5	0% AD	\$10	0% AD	0% AD
Pharmacy Tier 2 (Preferred Brand)	\$40	0% AD	\$60	0% AD	0% AD
Pharmacy Tier 3 (non-pref Brand)	\$100	0% AD	\$150	0% AD	0% AD
Pharmacy Tier 4 (Specialty)	\$150	0% AD	\$200	0% AD	0% AD
+ \$0 Out-of-Pocket Prescriptions	Yes	Yes	Yes	Yes	Yes
Preventive Medical/Dental	No Charge	No Charge	No Charge	No Charge	No Charge
Doctor on Demand	\$10	0% AD	\$10	0% AD	\$10
Vision Reimbursement	Yes	Yes	Yes	Yes	Yes
Dental Exam and Cleaning	Yes	Yes	Yes	Yes	Yes
Center of Excellence	No Deductible	Deductible Applies	No Deductible	Deductible Applies	No Deductible
Travel Benefit	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000

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