

2022 Group and Individual & Family Plans





2022 ACA Small Group Plans



PY22 ACA Small Group POS Snapshot Grid

POS Networks Available

BSW Plus HMO Network

Small Group POS				Deductible Individual Family		MOOP Individual Family		Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)						
Plan Name	Medical Rider	HSA	Coins In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty		
Bronze	Bronze POS 100 8550	BSG22A06	No	0%/50%	\$8,550	\$17,100	\$8,550	\$25,650	\$0 copay/visit	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
					\$17,100	\$34,200	\$17,100	\$51,300												
	Bronze POS 100 8150	BSG22A05	No	0%/50%	\$8,150	\$16,300	\$8,150	\$24,450	\$0 copay/visit	\$40 copay for 1st visit, plus 0% AFD for subsequent visits	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
					\$16,300	\$32,600	\$16,300	\$48,900												
	Bronze POS 100 7900	BSG22A01	No	0%/50%	\$7,900	\$15,800	\$8,150	\$24,450	\$0 copay/visit	\$40 copay for 1st visit, plus 0% AFD for subsequent visits	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD	
					\$15,800	\$31,600	\$16,300	\$48,900												
Bronze POS 80 7900	BSG22A04	No	20%/50%	\$7,900	\$15,800	\$8,300	\$24,900	\$0 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$15,800	\$31,600	\$16,600	\$49,800													
Bronze POS 80 7250	BSG22A03	No	20%/50%	\$7,250	\$14,500	\$8,500	\$25,500	\$0 copay/visit	\$40 copay first 5 visits plus 20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD	
				\$14,500	\$29,000	\$17,000	\$51,000													
Bronze POS HSA 6900	BSG22A02	Yes	0%/50%	\$6,900	\$13,800	\$6,900	\$20,700	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
				\$13,800	\$27,600	\$13,800	\$41,400													

* For a covered dependent through the age of 18. Applies to all PCP office visits. ** 3x copay for 90-day maintenance eligible drug.

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PY22 ACA Small Group POS Snapshot Grid															POS Networks Available					
															BSW Plus HMO Network					
Small Group POS					Deductible Individual Family		MOOP Individual Family		Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)					
Metal	Plan Name	Medical Rider	HSA	Coins In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Silver	Silver POS 100 7300	SSG22A13	No	0%/50%	\$7,300	\$14,600	\$7,300	\$21,900	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$14,600	\$29,200	\$14,600	\$43,800												
	Silver POS 80 6900	SSG22A08	No	20%/50%	\$6,900	\$13,800	\$8,150	\$24,450	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$13,800	\$27,600	\$16,300	\$48,900												
	Silver POS 100 6200	SSG22A10	No	0%/50%	\$6,200	\$12,400	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$12,400	\$24,800	\$16,300	\$48,900												
	Silver POS 80 6000	SSG22A09	No	20%/50%	\$6,000	\$12,000	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$12,000	\$24,000	\$16,300	\$48,900												
	Silver POS 100 5700	SSG22A15	No	0%/50%	\$5,700	\$11,400	\$8,150	\$24,450	\$0 copay/visit	\$30 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$11,400	\$22,800	\$16,300	\$48,900												
	Silver POS HSA 5000	SSG22A07	Yes	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$10,000	\$20,000	\$10,000	\$30,000												
	Silver POS 80 4800	SSG22A11	No	20%/50%	\$4,800	\$9,600	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$9,600	\$19,200	\$16,300	\$48,900												
Silver POS HSA 4300	SSG22A14	Yes	0%/50%	\$4,300	\$8,600	\$4,300	\$12,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
				\$8,600	\$17,200	\$8,600	\$25,800													
Silver POS 70 4000	SSG22A12	No	30%/50%	\$4,000	\$8,000	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$8,000	\$16,000	\$16,300	\$48,900													
Silver POS 70 3100	SSG22A17	No	30%/50%	\$3,100	\$6,200	\$8,500	\$25,500	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$6,200	\$12,400	\$17,000	\$51,000													
Silver POS Copay 0	SSG22A16	No	10%/50%	\$0	\$4,275	\$8,550	\$25,650	\$0 copay/visit	\$40 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit	\$1,000 Copay per day (not to exceed \$5,000)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$0	\$8,550	\$17,100	\$51,300													

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PY22 ACA Small Group POS Snapshot Grid

POS Networks Available

BSW Plus HMO Network

Small Group POS					Deductible Individual Family		MOOP Individual Family		Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)				
Metal	Plan Name	Medical Rider	HSA	Coins In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty
Gold	Gold POS HSA 4000	GSG22A18	Yes	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$8,000	\$16,000	\$8,000	\$24,000											
	Gold POS 100 3500	GSG22A19	No	0%/50%	\$3,500	\$7,000	\$7,900	\$23,700	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$7,000	\$14,000	\$15,800	\$47,400											
	Gold POS 100 3000	GSG22A27	No	0%/50%	\$3,000	\$6,000	\$3,500	\$10,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$6,000	\$12,000	\$7,000	\$21,000											
	Gold POS HSA 3000	GSG22A20	Yes	0%/50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$6,000	\$12,000	\$6,000	\$18,000											
	Gold POS 100 2100	GSG22A26	No	0%/50%	\$2,100	\$4,200	\$6,500	\$19,500	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$4,200	\$8,400	\$13,000	\$39,000											
	Gold POS 90 2000	GSG22A25	No	10%/50%	\$2,000	\$4,000	\$4,500	\$13,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$4,000	\$8,000	\$9,000	\$27,000											
	Gold POS 90 1800	GSG22A28	No	10%/50%	\$1,800	\$3,600	\$6,500	\$19,500	\$0 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$3,600	\$7,200	\$13,000	\$39,000											
	Gold POS 80 1500	GSG22A23	No	20%/50%	\$1,500	\$3,000	\$5,500	\$16,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$3,000	\$6,000	\$11,000	\$33,000											
Gold POS 80 1000	GSG22A24	No	20%/50%	\$1,000	\$2,000	\$6,500	\$19,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
				\$2,000	\$4,000	\$13,000	\$39,000												
Gold POS Copay 0 7000	GSG22A21	No	10%/50%	\$0	\$3,500	\$7,000	\$21,000	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
				\$0	\$7,000	\$14,000	\$42,000												
Gold POS Copay 0 5500	GSG22A22	No	10%/50%	\$0	\$2,750	\$5,500	\$16,500	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
				\$0	\$5,500	\$11,000	\$33,000												

* For a covered dependent through the age of 18. Applies to all PCP office visits. ** 3x copay for 90-day maintenance eligible drug.

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PY22 ACA Small Group PPO Snapshot Grid

PPO Networks Available

BSW Plus PPO Network

Small Group PPO				Deductible Individual Family		MOOP Individual Family		Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)				
Plan Name	Medical Rider	HSA	Coins In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty
Bronze PPO 100 8550	BPG22D06	No	0%/50%	\$8,550	\$17,100	\$8,550	\$25,650	\$0 copay/visit	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
				\$17,100	\$34,200	\$17,100	\$51,300											
Bronze PPO 100 8150	BPG22D05	No	0%/50%	\$8,150	\$16,300	\$8,150	\$24,450	\$0 copay/visit	\$40 copay for 1st visit, plus 0% AFD for subsequent visits	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
				\$16,300	\$32,600	\$16,300	\$48,900											
Bronze PPO 100 7900	BPG22D01	No	0%/50%	\$7,900	\$15,800	\$8,150	\$24,450	\$0 copay/visit	\$40 copay for 1st visit, plus 0% AFD for subsequent visits	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD
				\$15,800	\$31,600	\$16,300	\$48,900											
Bronze PPO 80 7900	BPG22D04	No	20%/50%	\$7,900	\$15,800	\$8,300	\$24,900	\$0 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	20% AFD	20% AFD	20% AFD	20% AFD
				\$15,800	\$31,600	\$16,600	\$49,800											
Bronze PPO 80 7250	BPG22D03	No	20%/50%	\$7,250	\$14,500	\$8,500	\$25,500	\$0 copay/visit	\$40 copay first 5 visits plus 20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD
				\$14,500	\$29,000	\$17,000	\$51,000											
Bronze PPO HSA 6900	BPG22D02	Yes	0%/50%	\$6,900	\$13,800	\$6,900	\$20,700	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,800	\$27,600	\$13,800	\$41,400											

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PPO Networks Available

BSW Plus PPO Network

Small Group PPO					Deductible Individual Family		MOOP Individual Family		Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)					
Metal	Plan Name	Medical Rider	HSA	Coins In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Silver	Silver PPO 100 7300	SPG22D13	No	0%/50%	\$7,300	\$14,600	\$7,300	\$21,900	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$14,600	\$29,200	\$14,600	\$43,800												
	Silver PPO 80 6900	SPG22D08	No	20%/50%	\$6,900	\$13,800	\$8,150	\$24,450	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$13,800	\$27,600	\$16,300	\$48,900												
	Silver PPO 100 6200	SPG22D10	No	0%/50%	\$6,200	\$12,400	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$12,400	\$24,800	\$16,300	\$48,900												
	Silver PPO 80 6000	SPG22D09	No	20%/50%	\$6,000	\$12,000	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$12,000	\$24,000	\$16,300	\$48,900												
	Silver PPO 100 5700	SPG22D15	No	0%/50%	\$5,700	\$11,400	\$8,150	\$24,450	\$0 copay/visit	\$30 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$11,400	\$22,800	\$16,300	\$48,900												
	Silver PPO HSA 5000	SPG22D07	Yes	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$10,000	\$20,000	\$10,000	\$30,000												
	Silver PPO 80 4800	SPG22D11	No	20%/50%	\$4,800	\$9,600	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$9,600	\$19,200	\$16,300	\$48,900												
Silver PPO HSA 4300	SPG22D14	Yes	0%/50%	\$4,300	\$8,600	\$4,300	\$12,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
				\$8,600	\$17,200	\$8,600	\$25,800													
Silver PPO 70 4000	SPG22D12	No	30%/50%	\$4,000	\$8,000	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$8,000	\$16,000	\$16,300	\$48,900													
Silver PPO 70 3100	SPG22D17	No	30%/50%	\$3,100	\$6,200	\$8,500	\$25,500	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$6,200	\$12,400	\$17,000	\$51,000													
Silver PPO Copay 0	SPG22D16	No	10%/50%	\$0	\$4,275	\$8,550	\$25,650	\$0 copay/visit	\$40 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit	\$1,000 Copay per day (not to exceed \$5,000)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$0	\$8,550	\$17,100	\$51,300													

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Metal	Plan Name	Medical Rider	HSA	Coins In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Gold	Gold PPO HSA 4000	GPG22D18	Yes	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$8,000	\$16,000	\$8,000	\$24,000												
	Gold PPO 100 3500	GPG22D19	No	0%/50%	\$3,500	\$7,000	\$7,900	\$23,700	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$7,000	\$14,000	\$15,800	\$47,400												
	Gold PPO 100 3000	GPG22D27	No	0%/50%	\$3,000	\$6,000	\$3,500	\$10,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$6,000	\$12,000	\$7,000	\$21,000												
	Gold PPO HSA 3000	GPG22D20	Yes	0%/50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
					\$6,000	\$12,000	\$6,000	\$18,000												
	Gold PPO 100 2100	GPG22D26	No	0%/50%	\$2,100	\$4,200	\$6,500	\$19,500	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$4,200	\$8,400	\$13,000	\$39,000												
	Gold PPO 90 2000	GPG22D25	No	10%/50%	\$2,000	\$4,000	\$4,500	\$13,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$4,000	\$8,000	\$9,000	\$27,000												
	Gold PPO 90 1800	GPG22D28	No	10%/50%	\$1,800	\$3,600	\$6,500	\$19,500	\$0 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$3,600	\$7,200	\$13,000	\$39,000												
Gold PPO 80 1500	GPG22D23	No	20%/50%	\$1,500	\$3,000	\$5,500	\$16,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$3,000	\$6,000	\$11,000	\$33,000													
Gold PPO 80 1000	GPG22D24	No	20%/50%	\$1,000	\$2,000	\$6,500	\$19,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$2,000	\$4,000	\$13,000	\$39,000													
Gold PPO Copay 0 7000	GPG22D21	No	10%/50%	\$0	\$3,500	\$7,000	\$21,000	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$0	\$7,000	\$14,000	\$42,000													
Gold PPO Copay 0 5500	GPG22D22	No	10%/50%	\$0	\$2,750	\$5,500	\$16,500	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$0	\$5,500	\$11,000	\$33,000													

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This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

Subject to regulatory approval.



PY22 ACA Small Group HMO Snapshot Grid														HMO Networks Available					
														BSW Preferred HMO Network BSW Plus HMO Network					
Small Group HMO						Deductible Individual Family	MOOP Individual Family	Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)					
Metal	Plan Name	BSW Preferred HMO	BSW Plus HMO	HSA	CoIns	INN	INN	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Bronze	Bronze HMO 100 8550	BHG22B06	BHG22A06	No	0%	\$8,550	\$8,550	\$0 copay/visit	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
						\$17,100	\$17,100												
	Bronze HMO 100 8150	BHG22B05	BHG22A05	No	0%	\$8,150	\$8,150	\$0 copay/visit	\$40 copay for 1st visit, plus 0% AFD for subsequent visits	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$16,300	\$16,300												
	Bronze HMO 100 7900	BHG22B01	BHG22A01	No	0%	\$7,900	\$8,150	\$0 copay/visit	\$40 copay for 1st visit, plus 0% AFD for subsequent visits	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD	
						\$15,800	\$16,300												
	Bronze HMO 80 7900	BHG22B04	BHG22A04	No	20%	\$7,900	\$8,300	\$0 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	20% AFD	20% AFD	20% AFD	20% AFD
						\$15,800	\$16,600												
	Bronze HMO 80 7250	BHG22B03	BHG22A03	No	20%	\$7,250	\$8,500	\$0 copay/visit	\$40 copay first 5 visits plus 20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD
						\$14,500	\$17,000												
	Bronze HMO HSA 6900	BHG22B02	BHG22A02	Yes	0%	\$6,900	\$6,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
						\$13,800	\$13,800												

* For a covered dependent through the age of 18. Applies to all PCP office visits. ** 3x copay for 90-day maintenance eligible drug.
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Subject to regulatory approval.



PY22 ACA Small Group HMO Snapshot Grid														HMO Networks Available					
														BSW Preferred HMO Network BSW Plus HMO Network					
Small Group HMO						Deductible Individual Family	MOOP Individual Family	Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)					
Metal	Plan Name	BSW Preferred HMO	BSW Plus HMO	HSA	CoIns	INN	INN	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Silver	Silver HMO 100 7300	SHG22B13	SHG22A13	No	0%	\$7,300	\$7,300	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$14,600	\$14,600												
	Silver HMO 80 6900	SHG22B08	SHG22A08	No	20%	\$6,900	\$8,150	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$13,800	\$16,300												
	Silver HMO 100 6200	SHG22B10	SHG22A10	No	0%	\$6,200	\$8,150	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$12,400	\$16,300												
	Silver HMO 80 6000	SHG22B09	SHG22A09	No	20%	\$6,000	\$8,150	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$12,000	\$16,300												
	Silver HMO 100 5700	SHG22B15	SHG22A15	No	0%	\$5,700	\$8,150	\$0 copay/visit	\$30 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$11,400	\$16,300												
	Silver HMO HSA 5000	SHG22B07	SHG22A07	Yes	0%	\$5,000	\$5,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
						\$10,000	\$10,000												
Silver HMO 80 4800	SHG22B11	SHG22A11	No	20%	\$4,800	\$8,150	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$9,600	\$16,300													
Silver HMO HSA 4300	SHG22B14	SHG22A14	Yes	0%	\$4,300	\$4,300	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
					\$8,600	\$8,600													
Silver HMO 70 4000	SHG22B12	SHG22A12	No	30%	\$4,000	\$8,150	\$0 copay/visit	\$35 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$8,000	\$16,300													
Silver HMO 70 3100	SHG22B17	SHG22A17	No	30%	\$3,100	\$8,500	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$6,200	\$17,000													
Silver HMO Copay 0	SHG22B16	SHG22A16	No	10%	\$0	\$8,550	\$0 copay/visit	\$40 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit	\$1,000 Copay per day (not to exceed \$5,000)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$0	\$17,100													

* For a covered dependent through the age of 18. Applies to all PCP office visits. ** 3x copay for 90-day maintenance eligible drug. This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



PY22 ACA Small Group HMO Snapshot Grid

HMO Networks Available

BSW Preferred HMO Network
BSW Plus HMO Network

Small Group HMO						Deductible Individual Family	MOOP Individual Family	Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)					
Metal	Plan Name	BSW Preferred HMO	BSW Plus HMO	HSA	CoIns	INN	INN	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Gold	Gold HMO HSA 4000	GHG22B18	GHG22A18	Yes	0%	\$4,000	\$4,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
						\$8,000	\$8,000												
	Gold HMO 100 3500	GHG22B19	GHG22A19	No	0%	\$3,500	\$7,900	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$7,000	\$15,800												
	Gold HMO 100 3000	GHG22B27	GHG22A27	No	0%	\$3,000	\$3,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$6,000	\$7,000												
	Gold HMO HSA 3000	GHG22B20	GHG22A20	Yes	0%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
						\$6,000	\$6,000												
	Gold HMO 100 2100	GHG22B26	GHG22A26	No	0%	\$2,100	\$6,500	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$4,200	\$13,000												
	Gold HMO 90 2000	GHG22B25	GHG22A25	No	10%	\$2,000	\$4,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$4,000	\$9,000												
	Gold HMO 90 1800	GHG22B28	GHG22A28	No	10%	\$1,800	\$6,500	\$0 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
						\$3,600	\$13,000												
Gold HMO 80 1500	GHG22B23	GHG22A23	No	20%	\$1,500	\$5,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$3,000	\$11,000													
Gold HMO 80 1000	GHG22B24	GHG22A24	No	20%	\$1,000	\$6,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$2,000	\$13,000													
Gold HMO SM 0 8550	GHG22B29	GHG22A29	No	20%	\$0	\$8,550	\$0 copay/visit	\$45 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit	20% of charges	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$0	\$17,100													
Gold HMO Copay 0 7000	GHG22B21	GHG22A21	No	10%	\$0	\$7,000	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$0	\$14,000													
Gold HMO Copay 0 5500	GHG22B22	GHG22A22	No	10%	\$0	\$5,500	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
					\$0	\$11,000													

* For a covered dependent through the age of 18. Applies to all PCP office visits. ** 3x copay for 90-day maintenance eligible drug. This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



PY22 ACA Small Group UHC PPO Snapshot Grid															UHC PPO Networks Available						
															BSW Access PPO						
Small Group PPO					Deductible Indv / Fam		MOOP Individual / Family		Office Visit (In Network)			Benefits (In Network)					Drugs (In-Network)				
	Plan Name	Medical Rider	HSA	Coins	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty		
Bronze	Bronze PPO 100 7900	UHC22F01	No	0%/50%	\$7,900	\$15,800	\$8,150	\$24,450	\$0 copay/visit	\$40 copay for 1st visit, plus 0% AFD for subsequent visits	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD		
					\$15,800	\$31,600	\$16,300	\$48,900													
	Bronze PPO 80 7900	UHC22F04	No	20%/50%	\$7,900	\$15,800	\$8,300	\$24,900	\$0 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	
					\$15,800	\$31,600	\$16,600	\$49,800													
	Bronze PPO 80 7250	UHC22F03	No	20%/50%	\$7,250	\$14,500	\$8,500	\$25,500	\$0 copay/visit	\$40 copay first 5 visits plus 20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription, AFD	\$150 copay/prescription, AFD	\$500 copay/prescription, AFD		
					\$14,500	\$29,000	\$17,000	\$51,000													
	Bronze PPO HSA 6900	UHC22F02	Yes	0%/50%	\$6,900	\$13,800	\$6,900	\$20,700	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
					\$13,800	\$27,600	\$13,800	\$41,400													

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PY22 ACA Small Group UHC PPO Snapshot Grid

UHC PPO Networks Available

BSW Access PPO

Small Group PPO					Deductible Individual Family		MOOP Individual Family		Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)					
Plan Name	Medical Rider	HSA	Coins In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty		
Silver	Silver PPO 100 7300	UHC22F13	No	0%/50%	\$7,300	\$14,600	\$7,300	\$21,900	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$14,600	\$29,200	\$14,600	\$43,800												
	Silver PPO 80 6900	UHC22F08	No	20%/50%	\$6,900	\$13,800	\$8,150	\$24,450	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$13,800	\$27,600	\$16,300	\$48,900												
	Silver PPO 100 6200	UHC22F10	No	0%/50%	\$6,200	\$12,400	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$12,400	\$24,800	\$16,300	\$48,900												
	Silver PPO 80 6000	UHC22F09	No	20%/50%	\$6,000	\$12,000	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$12,000	\$24,000	\$16,300	\$48,900												
	Silver PPO 100 5700	UHC22F15	No	0%/50%	\$5,700	\$11,400	\$8,150	\$24,450	\$0 copay/visit	\$30 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
					\$11,400	\$22,800	\$16,300	\$48,900												
	Silver PPO HSA 5000	UHC22F07	Yes	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$10,000	\$20,000	\$10,000	\$30,000												
Silver PPO 80 4800	UHC22F11	No	20%/50%	\$4,800	\$9,600	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$9,600	\$19,200	\$16,300	\$48,900													
Silver PPO HSA 4300	UHC22F14	Yes	0%/50%	\$4,300	\$8,600	\$4,300	\$12,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD		
				\$8,600	\$17,200	\$8,600	\$25,800													
Silver PPO 70 4000	UHC22F12	No	30%/50%	\$4,000	\$8,000	\$8,150	\$24,450	\$0 copay/visit	\$35 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$8,000	\$16,000	\$16,300	\$48,900													
Silver PPO 70 3100	UHC22F17	No	30%/50%	\$3,100	\$6,200	\$8,500	\$25,500	\$0 copay/visit	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit, AFD	30% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$6,200	\$12,400	\$17,000	\$51,000													
Silver PPO Copay 0	UHC22F16	No	10%/50%	\$0	\$4,275	\$8,550	\$25,650	\$0 copay/visit	\$40 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit	\$1,000 Copay per day (not to exceed \$5,000)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription		
				\$0	\$8,550	\$17,100	\$51,300													

* For a covered dependent through the age of 18. Applies to all PCP office visits. ** 3x copay for 90-day maintenance eligible drug. This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

Subject to regulatory approval.



PY22 ACA Small Group UHC PPO Snapshot Grid

UHC PPO Networks Available

BSW Access PPO

Small Group PPO					Deductible Individual Family		MOOP Individual Family		Office Visit (In-Network)			Benefits (In-Network)			Drugs (In-Network)				
Metal	Plan Name	Medical Rider	HSA	CoIns In/Out	INN	OON	INN	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty
Gold	Gold PPO HSA 4000	UHC22F18	Yes	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$8,000	\$16,000	\$8,000	\$24,000											
	Gold PPO 100 3500	UHC22F19	No	0%/50%	\$3,500	\$7,000	\$7,900	\$23,700	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$7,000	\$14,000	\$15,800	\$47,400											
	Gold PPO 100 3000	UHC22F27	No	0%/50%	\$3,000	\$6,000	\$3,500	\$10,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$6,000	\$12,000	\$7,000	\$21,000											
	Gold PPO HSA 3000	UHC22F20	Yes	0%/50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD
					\$6,000	\$12,000	\$6,000	\$18,000											
	Gold PPO 100 2100	UHC22F26	No	0%/50%	\$2,100	\$4,200	\$6,500	\$19,500	\$0 copay/visit	\$0 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	0% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$4,200	\$8,400	\$13,000	\$39,000											
	Gold PPO 90 2000	UHC22F25	No	10%/50%	\$2,000	\$4,000	\$4,500	\$13,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$4,000	\$8,000	\$9,000	\$27,000											
	Gold PPO 90 1800	UHC22F28	No	10%/50%	\$1,800	\$3,600	\$6,500	\$19,500	\$0 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit, AFD	10% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription
					\$3,600	\$7,200	\$13,000	\$39,000											
Gold PPO 80 1500	UHC22F23	No	20%/50%	\$1,500	\$3,000	\$5,500	\$16,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
				\$3,000	\$6,000	\$11,000	\$33,000												
Gold PPO 80 1000	UHC22F24	No	20%/50%	\$1,000	\$2,000	\$6,500	\$19,500	\$0 copay/visit	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit, AFD	20% AFD	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
				\$2,000	\$4,000	\$13,000	\$39,000												
Gold PPO Copay 0 7000	UHC22F21	No	10%/50%	\$0	\$3,500	\$7,000	\$21,000	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
				\$0	\$7,000	\$14,000	\$42,000												
Gold PPO Copay 0 5500	UHC22F22	No	10%/50%	\$0	\$2,750	\$5,500	\$16,500	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 Copay per day (not to exceed \$2,500)	\$0 copay/prescription	\$15 copay/prescription	\$55 copay/prescription	\$150 copay/prescription	\$500 copay/prescription	
				\$0	\$5,500	\$11,000	\$33,000												

* For a covered dependent through the age of 18. Applies to all PCP office visits. ** 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

Subject to regulatory approval.





2022 Large Group Plans



PY22 PPO Large Group Snapshot Grid

Network Available: BSW Plus PPO

LG PPO \$500 - \$1,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PO22_500_01	Calendar Year	LC2PD2C2	20%/50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$4,000	\$3,000	\$9,000						
PO22_500_02	Calendar Year	LC2PD3C2	20%/50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$2,000	\$6,000	\$18,000						
PO22_750_01	Calendar Year	LC2PD1V2	20%/50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,500	\$3,000	\$4,500	\$13,500						
PO22_1000_01	Calendar Year	LC2PD1D2	10%/30%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
PO22_1000_02	Calendar Year	LC2PD2D2	20%/50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
PO22_1000_03	Calendar Year	LC2PD3D2	20%/50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$8,000	\$24,000						
PO22_1000_04	Calendar Year	LC2PD4D2	30%/50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$9,000	\$27,000						
PO22_1000_05	Calendar Year	LC2PD5D2	30%/50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$12,000	\$36,000						
PO22_1500_01	Calendar Year	LC2PD1E2	20%/50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$8,000	\$24,000						
PO22_1500_02	Calendar Year	LC2PD3E2	20%/50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$9,000	\$27,000						
PO22_1500_03	Calendar Year	LC2PD4E2	20%/50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$12,000	\$36,000						
PO22_1500_04	Calendar Year	LC2PD5E2	20%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						
PO22_1500_05	Calendar Year	LC2PD6E2	30%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details



PY22 PPO Large Group Snapshot Grid

Network Available: BSW Plus PPO

LG PPO \$2,000 - \$2,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PO22_2000_01	Calendar Year	LC2PD1F2	20%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PO22_2000_02	Calendar Year	LC2PD2F2	20%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
PO22_2000_03	Calendar Year	LC2PD3F2	30%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PO22_2000_04	Calendar Year	LC2PD4F2	10%/30%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PO22_2000_05	Calendar Year	LC2PD5F2	30%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
PO22_2500_01	Calendar Year	LC2PD1G2	10%/30%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PO22_2500_02	Calendar Year	LC2PD2G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PO22_2500_03	Calendar Year	LC2PD4G2	20%/50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$11,000	\$33,000						
PO22_2500_04	Calendar Year	LC2PD5G2	20%/50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$10,000	\$30,000						
PO22_2500_05	Calendar Year	LC2PD6G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PO22_2500_06	Calendar Year	LC2PD7G2	30%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PO22_2500_07	Calendar Year	LC2PD8G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 PPO Large Group Snapshot Grid

Network Available: BSW Plus PPO

LG PPO \$3,000 - \$4,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus PPO Network	CoIns In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PO22_3000_01	Calendar Year	LC2PD1H2	0%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PO22_3000_02	Calendar Year	LC2PD2H2	10%/30%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PO22_3000_03	Calendar Year	LC2PD3H2	20%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PO22_3000_04	Calendar Year	LC2PD4H2	30%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PO22_3000_05	Calendar Year	LC2PD5H2	30%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PO22_3000_06	Calendar Year	LC2PD6H2	50%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PO22_3500_01	Calendar Year	LC2PD1I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
PO22_3500_02	Calendar Year	LC2PD2I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
PO22_4000_01	Calendar Year	LC2PD1J2	0%/50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
PO22_4000_02	Calendar Year	LC2PD2J2	20%/50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$8,000	\$16,000	\$13,000	\$39,000						
PO22_4000_03	Calendar Year	LC2PD3J2	30%/50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$8,000	\$16,000	\$15,000	\$45,000						
PO22_4000_04	Calendar Year	LC2PD4J2	50%/50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
PO22_4500_01	Calendar Year	LC2PD1K2	20%/50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$9,000	\$18,000	\$14,000	\$42,000						

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* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 PPO Large Group Snapshot Grid

Network Available: BSW Plus PPO

LG PPO \$5,000 - \$7,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PO22_5000_01	Calendar Year	LC2PD1L2	0%/50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$10,000	\$20,000	\$12,000	\$36,000						
PO22_5000_02	Calendar Year	LC2PD2L2	20%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PO22_5000_03	Calendar Year	LC2PD3L2	30%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PO22_5000_04	Calendar Year	LC2PD4L2	50%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PO22_5500_01	Calendar Year	LC2PD1M2	20%/50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$11,000	\$22,000	\$14,000	\$42,000						
PO22_6000_01	Calendar Year	LC2PD1N2	30%/50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$12,000	\$24,000	\$15,000	\$45,000						
PO22_7150_01	Calendar Year	LC2PD1P2	0%/50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$14,300	\$28,600	\$15,000	\$45,000						
PO22_7500_01	Calendar Year	LC2PD1Q2	10%/30%	\$7,500	\$15,000	\$8,500	\$25,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$15,000	\$30,000	\$17,000	\$51,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 PPO Large Group Snapshot Grid - HDHP

Network Available: BSW Plus PPO

LG PPO HDHP

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
PO22_3000_01HD	Calendar Year	LE2PD1H2	0%/50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
PO22_3000_02HD	Calendar Year	LE2PD2H2	20%/50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
PO22_3500_01HD	Calendar Year	LE2PD1I2	0%/50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
PO22_4000_01HD	Calendar Year	LE2PD1J2	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
PO22_4500_01HD	Calendar Year	LE2PD1K2	30%/50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
PO22_5000_01HD	Calendar Year	LE2PD1L2	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
PO22_5000_02HD	Calendar Year	LE2PD2L2	20%/50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
PO22_6450_01HD	Calendar Year	LE2PD1O2	0%/50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
PO22_6550_01HD	Calendar Year	LE2PD1R2	0%/50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
PO22_7000_01HD	Calendar Year	LE2PD1S2	0%/50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 POS Large Group Snapshot Grid

Network Available: BSW Plus HMO

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus HMO Network	CoIns In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PS22_500_01	Calendar Year	LC2SA2C2	20%/50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$4,000	\$3,000	\$9,000						
PS22_500_02	Calendar Year	LC2SA3C2	20%/50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$2,000	\$6,000	\$18,000						
PS22_750_01	Calendar Year	LC2SA1V2	20%/50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,500	\$3,000	\$4,500	\$13,500						
PS22_1000_01	Calendar Year	LC2SA1D2	10%/30%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
PS22_1000_02	Calendar Year	LC2SA2D2	20%/50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
PS22_1000_03	Calendar Year	LC2SA3D2	20%/50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$8,000	\$24,000						
PS22_1000_04	Calendar Year	LC2SA4D2	30%/50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$9,000	\$27,000						
PS22_1000_05	Calendar Year	LC2SA5D2	30%/50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$12,000	\$36,000						
PS22_1500_01	Calendar Year	LC2SA1E2	20%/50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$8,000	\$24,000						
PS22_1500_02	Calendar Year	LC2SA3E2	20%/50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$9,000	\$27,000						
PS22_1500_03	Calendar Year	LC2SA4E2	20%/50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$12,000	\$36,000						
PS22_1500_04	Calendar Year	LC2SA5E2	20%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						
PS22_1500_05	Calendar Year	LC2SA6E2	30%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						

LG POS \$500 - \$1,500

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** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 POS Large Group Snapshot Grid

Network Available: BSW Plus HMO

LG POS \$2,000 - \$2,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus HMO Network	Colns In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PS22_2000_01	Calendar Year	LC2SA1F2	20%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PS22_2000_02	Calendar Year	LC2SA2F2	20%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
PS22_2000_03	Calendar Year	LC2SA3F2	30%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PS22_2000_04	Calendar Year	LC2SA4F2	10%/30%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PS22_2000_05	Calendar Year	LC2SA5F2	30%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
PS22_2500_01	Calendar Year	LC2SA1G2	10%/30%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PS22_2500_02	Calendar Year	LC2SA2G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PS22_2500_03	Calendar Year	LC2SA4G2	20%/50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$11,000	\$33,000						
PS22_2500_04	Calendar Year	LC2SA5G2	20%/50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$10,000	\$30,000						
PS22_2500_05	Calendar Year	LC2SA6G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PS22_2500_06	Calendar Year	LC2SA7G2	30%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PS22_2500_07	Calendar Year	LC2SA8G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 POS Large Group Snapshot Grid

Network Available: BSW Plus HMO

LG POS \$3,000 - \$4,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus HMO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PS22_3000_01	Calendar Year	LC2SA1H2	0%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PS22_3000_02	Calendar Year	LC2SA2H2	10%/30%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PS22_3000_03	Calendar Year	LC2SA3H2	20%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PS22_3000_04	Calendar Year	LC2SA4H2	30%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PS22_3000_05	Calendar Year	LC2SA5H2	30%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PS22_3000_06	Calendar Year	LC2SA6H2	50%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PS22_3500_01	Calendar Year	LC2SA1I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
PS22_3500_02	Calendar Year	LC2SA2I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
PS22_4000_01	Calendar Year	LC2SA1J2	0%/50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
PS22_4000_02	Calendar Year	LC2SA2J2	20%/50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$8,000	\$16,000	\$13,000	\$39,000						
PS22_4000_03	Calendar Year	LC2SA3J2	30%/50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$8,000	\$16,000	\$15,000	\$45,000						
PS22_4000_04	Calendar Year	LC2SA4J2	50%/50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
PS22_4500_01	Calendar Year	LC2SA1K2	20%/50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$9,000	\$18,000	\$14,000	\$42,000						

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* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 POS Large Group Snapshot Grid

Network Available: BSW Plus HMO

LG POS \$5,000 - \$7,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus HMO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PS22_5000_01	Calendar Year	LC2SA1L2	0%/50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$10,000	\$20,000	\$12,000	\$36,000						
PS22_5000_02	Calendar Year	LC2SA2L2	20%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PS22_5000_03	Calendar Year	LC2SA3L2	30%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PS22_5000_04	Calendar Year	LC2SA4L2	50%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PS22_5500_01	Calendar Year	LC2SA1M2	20%/50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$11,000	\$22,000	\$14,000	\$42,000						
PS22_6000_01	Calendar Year	LC2SA1N2	30%/50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$12,000	\$24,000	\$15,000	\$45,000						
PS22_7150_01	Calendar Year	LC2SA1P2	0%/50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$14,300	\$28,600	\$15,000	\$45,000						
PS22_7500_01	Calendar Year	LC2SA1Q2	10%/30%	\$7,500	\$15,000	\$8,500	\$25,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$15,000	\$30,000	\$17,000	\$51,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 POS Large Group Snapshot Grid								Network Available: BSW Plus HMO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus HMO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
PS22_3000_01HD	Calendar Year	LE2SA1H2	0%/50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
PS22_3000_02HD	Calendar Year	LE2SA2H2	20%/50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
PS22_3500_01HD	Calendar Year	LE2SA1I2	0%/50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
PS22_4000_01HD	Calendar Year	LE2SA1J2	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
PS22_4500_01HD	Calendar Year	LE2SA1K2	30%/50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
PS22_5000_01HD	Calendar Year	LE2SA1L2	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
PS22_5000_02HD	Calendar Year	LE2SA2L2	20%/50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
PS22_6450_01HD	Calendar Year	LE2SA1O2	0%/50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
PS22_6550_01HD	Calendar Year	LE2SA1R2	0%/50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
PS22_7000_01HD	Calendar Year	LE2SA1S2	0%/50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 HMO Large Group Snapshot Grid

Networks Available: BSW Plus HMO and BSW Preferred HMO

Plan Name	Plan Name and Medical Rider Names					In Network Benefits								
	Calendar Year	Network / Plan Options			INN Coins	Deductible and MOOP INN		Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
		BSW Plus HMO	BSW Preferred HMO	BSW Preferred Plus HMO		INN Deductible Individual Family	INN MOOP Individual Family							
LG HMO	HS22_0_01	Calendar Year	LM1HA1A2	LM1HB1A2	LM1HC1A2	0%	\$0 \$0	\$3,000 \$6,000	\$15 copay/visit	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$250 copay/visit	\$250 copay per day
	HS22_0_02	Calendar Year	LM1HA2A2	LM1HB2A2	LM1HC2A2	0%	\$0 \$0	\$3,000 \$6,000	\$30 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit	\$500 copay per day
	HS22_0_03	Calendar Year	LM1HA3A2	LM1HB3A2	LM1HC3A2	20%	\$0 \$0	\$3,000 \$6,000	\$40 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	20% of charges	20% of charges
	HS22_0_04	Calendar Year	LM1HA4A2	LM1HB4A2	LM1HC4A2	0%	\$0 \$0	\$3,000 \$6,000	\$40 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$100 copay/visit	\$200 copay per day
LG HMO-CC \$500 - \$1,500	HC22_500_01	Calendar Year	LC2HA2C2	LC2HB2C2	LC2HC2C2	20%	\$500 \$1,000	\$1,500 \$3,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_500_02	Calendar Year	LC2HA3C2	LC2HB3C2	LC2HC3C2	20%	\$500 \$1,000	\$3,000 \$6,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_750_01	Calendar Year	LC2HA1V2	LC2HB1V2	LC2HC1V2	20%	\$750 \$1,500	\$2,250 \$4,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_1000_01	Calendar Year	LC2HA1D2	LC2HB1D2	LC2HC1D2	10%	\$1,000 \$2,000	\$3,500 \$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
	HC22_1000_02	Calendar Year	LC2HA2D2	LC2HB2D2	LC2HC2D2	20%	\$1,000 \$2,000	\$3,500 \$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_1000_03	Calendar Year	LC2HA3D2	LC2HB3D2	LC2HC3D2	20%	\$1,000 \$2,000	\$4,000 \$8,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_1000_04	Calendar Year	LC2HA4D2	LC2HB4D2	LC2HC4D2	30%	\$1,000 \$2,000	\$4,500 \$9,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	HC22_1000_05	Calendar Year	LC2HA5D2	LC2HB5D2	LC2HC5D2	30%	\$1,000 \$2,000	\$6,000 \$12,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	HC22_1500_01	Calendar Year	LC2HA1E2	LC2HB1E2	LC2HC1E2	20%	\$1,500 \$3,000	\$4,000 \$8,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_1500_02	Calendar Year	LC2HA3E2	LC2HB3E2	LC2HC3E2	20%	\$1,500 \$3,000	\$4,500 \$9,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_1500_03	Calendar Year	LC2HA4E2	LC2HB4E2	LC2HC4E2	20%	\$1,500 \$3,000	\$6,000 \$12,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_1500_04	Calendar Year	LC2HA5E2	LC2HB5E2	LC2HC5E2	20%	\$1,500 \$3,000	\$5,000 \$10,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC22_1500_05	Calendar Year	LC2HA6E2	LC2HB6E2	LC2HC6E2	30%	\$1,500 \$3,000	\$5,000 \$10,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.
 ** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 HMO Large Group Snapshot Grid

Networks Available: BSW Plus HMO and BSW Preferred HMO

LG HMO-CC \$2,000 - \$3,000

Plan Name and Medical Rider Names					In Network Benefits								
Plan Name	Calendar Year	Network / Plan Options			INN Coins	Deductible and MOOP INN		Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
		BSW Plus HMO	BSW Preferred HMO	BSW Preferred Plus HMO		INN Deductible Individual Family	INN MOOP Individual Family						
HC22_2000_01	Calendar Year	LC2HA1F2	LC2HB1F2	LC2HC1F2	20%	\$2,000 \$4,000	\$5,000 \$10,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_2000_02	Calendar Year	LC2HA2F2	LC2HB2F2	LC2HC2F2	20%	\$2,000 \$4,000	\$5,500 \$11,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_2000_03	Calendar Year	LC2HA3F2	LC2HB3F2	LC2HC3F2	30%	\$2,000 \$4,000	\$5,000 \$10,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_2000_04	Calendar Year	LC2HA4F2	LC2HB4F2	LC2HC4F2	10%	\$2,000 \$4,000	\$5,000 \$10,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
HC22_2000_05	Calendar Year	LC2HA5F2	LC2HB5F2	LC2HC5F2	30%	\$2,000 \$4,000	\$5,500 \$11,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_2500_01	Calendar Year	LC2HA1G2	LC2HB1G2	LC2HC1G2	10%	\$2,500 \$5,000	\$6,000 \$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
HC22_2500_02	Calendar Year	LC2HA2G2	LC2HB2G2	LC2HC2G2	20%	\$2,500 \$5,000	\$6,000 \$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_2500_03	Calendar Year	LC2HA4G2	LC2HB4G2	LC2HC4G2	20%	\$2,500 \$5,000	\$5,500 \$11,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_2500_04	Calendar Year	LC2HA5G2	LC2HB5G2	LC2HC5G2	20%	\$2,500 \$5,000	\$5,000 \$10,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_2500_05	Calendar Year	LC2HA6G2	LC2HB6G2	LC2HC6G2	20%	\$2,500 \$5,000	\$6,000 \$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_2500_06	Calendar Year	LC2HA7G2	LC2HB7G2	LC2HC7G2	30%	\$2,500 \$5,000	\$6,000 \$12,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_2500_07	Calendar Year	LC2HA8G2	LC2HB8G2	LC2HC8G2	20%	\$2,500 \$5,000	\$6,000 \$12,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_3000_01	Calendar Year	LC2HA1H2	LC2HB1H2	LC2HC1H2	0%	\$3,000 \$6,000	\$6,000 \$12,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
HC22_3000_02	Calendar Year	LC2HA2H2	LC2HB2H2	LC2HC2H2	10%	\$3,000 \$6,000	\$6,000 \$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
HC22_3000_03	Calendar Year	LC2HA3H2	LC2HB3H2	LC2HC3H2	20%	\$3,000 \$6,000	\$6,000 \$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_3000_04	Calendar Year	LC2HA4H2	LC2HB4H2	LC2HC4H2	30%	\$3,000 \$6,000	\$6,000 \$12,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_3000_05	Calendar Year	LC2HA5H2	LC2HB5H2	LC2HC5H2	30%	\$3,000 \$6,000	\$6,000 \$12,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_3000_06	Calendar Year	LC2HA6H2	LC2HB6H2	LC2HC6H2	50%	\$3,000 \$6,000	\$6,000 \$12,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. **This is a summary of benefit highlights only. All benefits shown indicate member responsibility.**

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 HMO Large Group Snapshot Grid

Networks Available: BSW Plus HMO and BSW Preferred HMO

Plan Name and Medical Rider Names					In Network Benefits								
Plan Name	Calendar Year	Network / Plan Options			INN Coins	Deductible and MOOP INN		Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
		BSW Plus HMO	BSW Preferred HMO	BSW Preferred Plus HMO		INN Deductible Individual Family	INN MOOP Individual Family						
HC22_3500_01	Calendar Year	LC2HA1I2	LC2HB1I2	LC2HC1I2	20%	\$3,500 \$7,000	\$6,000 \$12,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_3500_02	Calendar Year	LC2HA2I2	LC2HB2I2	LC2HC2I2	20%	\$3,500 \$7,000	\$6,000 \$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_4000_01	Calendar Year	LC2HA1J2	LC2HB1J2	LC2HC1J2	0%	\$4,000 \$8,000	\$7,000 \$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
HC22_4000_02	Calendar Year	LC2HA2J2	LC2HB2J2	LC2HC2J2	20%	\$4,000 \$8,000	\$6,500 \$13,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_4000_03	Calendar Year	LC2HA3J2	LC2HB3J2	LC2HC3J2	30%	\$4,000 \$8,000	\$7,500 \$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_4000_04	Calendar Year	LC2HA4J2	LC2HB4J2	LC2HC4J2	50%	\$4,000 \$8,000	\$7,000 \$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
HC22_4500_01	Calendar Year	LC2HA1K2	LC2HB1K2	LC2HC1K2	20%	\$4,500 \$9,000	\$7,000 \$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_5000_01	Calendar Year	LC2HA1L2	LC2HB1L2	LC2HC1L2	0%	\$5,000 \$10,000	\$6,000 \$12,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
HC22_5000_02	Calendar Year	LC2HA2L2	LC2HB2L2	LC2HC2L2	20%	\$5,000 \$10,000	\$7,000 \$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_5000_03	Calendar Year	LC2HA3L2	LC2HB3L2	LC2HC3L2	30%	\$5,000 \$10,000	\$7,000 \$14,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_5000_04	Calendar Year	LC2HA4L2	LC2HB4L2	LC2HC4L2	50%	\$5,000 \$10,000	\$7,000 \$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
HC22_5500_01	Calendar Year	LC2HA1M2	LC2HB1M2	LC2HC1M2	20%	\$5,500 \$11,000	\$7,000 \$14,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HC22_6000_01	Calendar Year	LC2HA1N2	LC2HB1N2	LC2HC1N2	30%	\$6,000 \$12,000	\$7,500 \$15,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
HC22_7150_01	Calendar Year	LC2HA1P2	LC2HB1P2	LC2HC1P2	0%	\$7,150 \$14,300	\$7,500 \$15,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
HC22_7500_01	Calendar Year	LC2HA1Q2	LC2HB1Q2	LC2HC1Q2	10%	\$7,500 \$15,000	\$8,500 \$17,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD

LG HMO-CC \$3,500 - \$7,500

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.
 ** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 HMO Large Group Snapshot Grid – HMO HDHP

Networks Available: BSW Plus HMO and BSW Preferred HMO

LG HMO-CC HDHP

Plan Name and Medical Rider Names					In Network Benefits								
Plan Name	Calendar Year	Network / Plan Options			INN Coins	Deductible and MOOP INN		Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
		BSW Plus HMO	BSW Preferred HMO	BSW Preferred Plus HMO		INN Deductible Individual Family	INN MOOP Individual Family						
HC22_3000_01HD	Calendar Year	LE2HA1H2	LE2HB1H2	LE2HC1H2	0%	\$3,000 \$6,000	\$3,000 \$6,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
HC22_3000_02HD	Calendar Year	LE2HA2H2	LE2HB2H2	LE2HC2H2	20%	\$3,000 \$6,000	\$5,250 \$10,500	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
HC22_3500_01HD	Calendar Year	LE2HA1I2	LE2HB1I2	LE2HC1I2	0%	\$3,500 \$7,000	\$3,500 \$7,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
HC22_4000_01HD	Calendar Year	LE2HA1J2	LE2HB1J2	LE2HC1J2	0%	\$4,000 \$8,000	\$4,000 \$8,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
HC22_4500_01HD	Calendar Year	LE2HA1K2	LE2HB1K2	LE2HC1K2	30%	\$4,500 \$9,000	\$6,550 \$13,100	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
HC22_5000_01HD	Calendar Year	LE2HA1L2	LE2HB1L2	LE2HC1L2	0%	\$5,000 \$10,000	\$5,000 \$10,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
HC22_5000_02HD	Calendar Year	LE2HA2L2	LE2HB2L2	LE2HC2L2	20%	\$5,000 \$10,000	\$6,650 \$13,300	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
HC22_6450_01HD	Calendar Year	LE2HA1O2	LE2HB1O2	LE2HC1O2	0%	\$6,450 \$12,900	\$6,450 \$12,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
HC22_6550_01HD	Calendar Year	LE2HA1R2	LE2HB1R2	LE2HC1R2	0%	\$6,550 \$13,100	\$6,550 \$13,100	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
HC22_7000_01HD	Calendar Year	LE2HA1S2	LE2HB1S2	LE2HC1S2	0%	\$7,000 \$14,000	\$7,000 \$14,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 Cigna Large Group Snapshot Grid

Network Available: BSW Extended PPO

LG CIGNA \$500 - \$1,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Extended PPO	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
CIG22_500_01	Calendar Year	CIG2F2C2	20%/50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$4,000	\$3,000	\$9,000						
CIG22_500_02	Calendar Year	CIG2F3C2	20%/50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$2,000	\$6,000	\$18,000						
CIG22_750_01	Calendar Year	CIG2F1V2	20%/50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,500	\$3,000	\$4,500	\$13,500						
CIG22_1000_01	Calendar Year	CIG2F1D2	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
CIG22_1000_02	Calendar Year	CIG2F2D2	20%/50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
CIG22_1000_03	Calendar Year	CIG2F3D2	20%/50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$8,000	\$24,000						
CIG22_1000_04	Calendar Year	CIG2F4D2	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$9,000	\$27,000						
CIG22_1000_05	Calendar Year	CIG2F5D2	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$12,000	\$36,000						
CIG22_1500_01	Calendar Year	CIG2F1E2	20%/50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$8,000	\$24,000						
CIG22_1500_02	Calendar Year	CIG2F3E2	20%/50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$9,000	\$27,000						
CIG22_1500_03	Calendar Year	CIG2F4E2	20%/50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$12,000	\$36,000						
CIG22_1500_04	Calendar Year	CIG2F5E2	20%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						
CIG22_1500_05	Calendar Year	CIG2F6E2	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 Cigna Large Group Snapshot Grid

Network Available: BSW Extended PPO

Plan Name	Calendar Year	BSW Extended PPO	Coins	Deductible and MOOP INN and OON				In Network Benefits					
				INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.
CIG22_2000_01	Calendar Year	CIG2F1F2	20%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
CIG22_2000_02	Calendar Year	CIG2F2F2	20%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
CIG22_2000_03	Calendar Year	CIG2F3F2	30% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
CIG22_2000_04	Calendar Year	CIG2F4F2	10% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
CIG22_2000_05	Calendar Year	CIG2F5F2	30% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
CIG22_2500_01	Calendar Year	CIG2F1G2	10% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
CIG22_2500_02	Calendar Year	CIG2F2G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
CIG22_2500_03	Calendar Year	CIG2F4G2	20%/50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$11,000	\$33,000						
CIG22_2500_04	Calendar Year	CIG2F5G2	20%/50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$10,000	\$30,000						
CIG22_2500_05	Calendar Year	CIG2F6G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
CIG22_2500_06	Calendar Year	CIG2F7G2	30% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
CIG22_2500_07	Calendar Year	CIG2F8G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						

LG CIGNA \$2,000 - \$2,500

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** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 Cigna Large Group Snapshot Grid

Network Available: BSW Extended PPO

LG CIGNA \$3,000 - \$4,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Extended PPO	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
CIG22_3000_01	Calendar Year	CIG2F1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_02	Calendar Year	CIG2F2H2	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_03	Calendar Year	CIG2F3H2	20%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_04	Calendar Year	CIG2F4H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_05	Calendar Year	CIG2F5H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3500_01	Calendar Year	CIG2F1I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
CIG22_3500_02	Calendar Year	CIG2F2I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
CIG22_4000_01	Calendar Year	CIG2F1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
CIG22_4000_02	Calendar Year	CIG2F2J2	20%/50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$8,000	\$16,000	\$13,000	\$39,000						
CIG22_4000_03	Calendar Year	CIG2F3J2	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$8,000	\$16,000	\$15,000	\$45,000						
CIG22_4500_01	Calendar Year	CIG2F1K2	20%/50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$9,000	\$18,000	\$14,000	\$42,000						

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* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.
 ** For a covered member through the age of 18. Applies to PCP office visits only.

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PY22 Cigna Large Group Snapshot Grid

Network Available: BSW Extended PPO

LG CIGNA \$5,000 - \$7,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Extended PPO	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
CIG22_5000_01	Calendar Year	CIG2F1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$10,000	\$20,000	\$12,000	\$36,000						
CIG22_5000_02	Calendar Year	CIG2F2L2	20%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
CIG22_5000_03	Calendar Year	CIG2F3L2	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
CIG22_5500_01	Calendar Year	CIG2F1M2	20%/50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$11,000	\$22,000	\$14,000	\$42,000						
CIG22_6000_01	Calendar Year	CIG2F1N2	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$12,000	\$24,000	\$15,000	\$45,000						
CIG22_7150_01	Calendar Year	CIG2F1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$14,300	\$28,600	\$15,000	\$45,000						
CIG22_7500_01	Calendar Year	CIG2F1Q2	10% / 50%	\$7,500	\$15,000	\$8,500	\$25,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$15,000	\$30,000	\$17,000	\$51,000						

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** For a covered member through the age of 18. Applies to PCP office visits only.

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PY22 Cigna Large Group Snapshot Grid

Network Available: BSW Extended PPO

LG CIGNA HDHP

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Extended PPO	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
CIG22_3000_01HD	Calendar Year	CIG2D 1H2	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
CIG22_3000_02HD	Calendar Year	CIG2D 2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
CIG22_3500_01HD	Calendar Year	CIG2D 1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
CIG22_4000_01HD	Calendar Year	CIG2D 1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
CIG22_4500_01HD	Calendar Year	CIG2D 1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
CIG22_5000_01HD	Calendar Year	CIG2D 1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
CIG22_5000_02HD	Calendar Year	CIG2D 2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
CIG22_6450_01HD	Calendar Year	CIG2D 1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
CIG22_6550_01HD	Calendar Year	CIG2D 1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
CIG22_7000_01HD	Calendar Year	CIG2D 1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

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* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 Cigna Wrap Large Group Snapshot Grid								Network Available: BSW Dual PPO					
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
CIG22_500_01	Calendar Year	CIG2G2C2	20% / 50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$4,000	\$3,000	\$9,000						
CIG22_500_02	Calendar Year	CIG2G3C2	20% / 50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$2,000	\$6,000	\$18,000						
CIG22_750_01	Calendar Year	CIG2G1V2	20% / 50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,500	\$3,000	\$4,500	\$13,500						
CIG22_1000_01	Calendar Year	CIG2G1D2	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
CIG22_1000_02	Calendar Year	CIG2G2D2	20% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
CIG22_1000_03	Calendar Year	CIG2G3D2	20% / 50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$8,000	\$24,000						
CIG22_1000_04	Calendar Year	CIG2G4D2	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$9,000	\$27,000						
CIG22_1000_05	Calendar Year	CIG2G5D2	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$12,000	\$36,000						
CIG22_1500_01	Calendar Year	CIG2G1E2	20% / 50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$8,000	\$24,000						
CIG22_1500_02	Calendar Year	CIG2G3E2	20% / 50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$9,000	\$27,000						
CIG22_1500_03	Calendar Year	CIG2G4E2	20% / 50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$12,000	\$36,000						
CIG22_1500_04	Calendar Year	CIG2G5E2	20% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						
CIG22_1500_05	Calendar Year	CIG2G6E2	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						

LG CIGNA Wrap \$500 - \$1,500

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY22 Cigna Wrap Large Group Snapshot Grid								Network Available: BSW Dual PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.	
LG CIGNA Wrap \$2,000 - \$2,500	CIG22_2000_01	Calendar Year	CIG2G1F2	20% / 50%	\$2,000 \$4,000	\$4,000 \$8,000	\$5,000 \$10,000	\$15,000 \$30,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	CIG22_2000_02	Calendar Year	CIG2G2F2	20% / 50%	\$2,000 \$4,000	\$4,000 \$8,000	\$5,500 \$11,000	\$16,500 \$33,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	CIG22_2000_03	Calendar Year	CIG2G3F2	30% / 50%	\$2,000 \$4,000	\$4,000 \$8,000	\$5,000 \$10,000	\$15,000 \$30,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	CIG22_2000_04	Calendar Year	CIG2G4F2	10% / 50%	\$2,000 \$4,000	\$4,000 \$8,000	\$5,000 \$10,000	\$15,000 \$30,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
	CIG22_2000_05	Calendar Year	CIG2G5F2	30% / 50%	\$2,000 \$4,000	\$4,000 \$8,000	\$5,500 \$11,000	\$16,500 \$33,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	CIG22_2500_01	Calendar Year	CIG2G1G2	10% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
	CIG22_2500_02	Calendar Year	CIG2G2G2	20% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	CIG22_2500_03	Calendar Year	CIG2G4G2	20% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$5,500 \$11,000	\$16,500 \$33,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	CIG22_2500_04	Calendar Year	CIG2G5G2	20% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$5,000 \$10,000	\$15,000 \$30,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	CIG22_2500_05	Calendar Year	CIG2G6G2	20% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	CIG22_2500_06	Calendar Year	CIG2G7G2	30% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	CIG22_2500_07	Calendar Year	CIG2G8G2	20% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD

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** For a covered member through the age of 18. Applies to PCP office visits only.

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PY22 Cigna Wrap Large Group Snapshot Grid

Network Available: BSW Dual PPO

Plan Name	Calendar Year	BSW Dual PPO Network	Coins	Deductible and MOOP INN and OON				In Network Benefits					
				INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
CIG22_3000_01	Calendar Year	CIG2G1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_02	Calendar Year	CIG2G2H2	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_03	Calendar Year	CIG2G3H2	20% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_04	Calendar Year	CIG2G4H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3000_05	Calendar Year	CIG2G5H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
CIG22_3500_01	Calendar Year	CIG2G1I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
CIG22_3500_02	Calendar Year	CIG2G2I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
CIG22_4000_01	Calendar Year	CIG2G1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
CIG22_4000_02	Calendar Year	CIG2G2J2	20% / 50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$8,000	\$16,000	\$13,000	\$39,000						
CIG22_4000_03	Calendar Year	CIG2G3J2	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$8,000	\$16,000	\$15,000	\$45,000						
CIG22_4500_01	Calendar Year	CIG2G1K2	20% / 50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$9,000	\$18,000	\$14,000	\$42,000						

LG CIGNA Wrap \$3,000 - \$4,500

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** For a covered member through the age of 18. Applies to PCP office visits only.

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PY22 Cigna Wrap Large Group Snapshot Grid

Network Available: BSW Dual PPO

LG CIGNA Wrap \$5,000 - \$7,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
CIG22_5000_01	Calendar Year	CIG2G1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$10,000	\$20,000	\$12,000	\$36,000						
CIG22_5000_02	Calendar Year	CIG2G2L2	20% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
CIG22_5000_03	Calendar Year	CIG2G3L2	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
CIG22_5500_01	Calendar Year	CIG2G1M2	20% / 50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$11,000	\$22,000	\$14,000	\$42,000						
CIG22_6000_01	Calendar Year	CIG2G1N2	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$12,000	\$24,000	\$15,000	\$45,000						
CIG22_7150_01	Calendar Year	CIG2G1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$14,300	\$28,600	\$15,000	\$45,000						
CIG22_7500_01	Calendar Year	CIG2G1Q2	10% / 50%	\$7,500	\$15,000	\$8,500	\$25,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$15,000	\$30,000	\$17,000	\$51,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

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** For a covered member through the age of 18. Applies to PCP office visits only.

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PY22 Cigna Wrap Large Group Snapshot Grid

Network Available: BSW Dual PPO

LG CIGNA Wrap HDHP

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
CIG22_3000_01HD	Calendar Year	CIG2H1H2	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
CIG22_3000_02HD	Calendar Year	CIG2H2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
CIG22_3500_01HD	Calendar Year	CIG2H1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
CIG22_4000_01HD	Calendar Year	CIG2H1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
CIG22_4500_01HD	Calendar Year	CIG2H1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
CIG22_5000_01HD	Calendar Year	CIG2H1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
CIG22_5000_02HD	Calendar Year	CIG2H2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
CIG22_6450_01HD	Calendar Year	CIG2H1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
CIG22_6550_01HD	Calendar Year	CIG2H1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
CIG22_7000_01HD	Calendar Year	CIG2H1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

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* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

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PY22 UHC Large Group Snapshot Grid

Network Available: BSW Access PPO

LG UHC \$500 - \$1,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
UHC22_500_01	Calendar Year	UHC2J2C2	20% / 50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$4,000	\$3,000	\$9,000						
UHC22_500_02	Calendar Year	UHC2J3C2	20% / 50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$2,000	\$6,000	\$18,000						
UHC22_750_01	Calendar Year	UHC2J1V2	20% / 50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,500	\$3,000	\$4,500	\$13,500						
UHC22_1000_01	Calendar Year	UHC2J1D2	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
UHC22_1000_02	Calendar Year	UHC2J2D2	20% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
UHC22_1000_03	Calendar Year	UHC2J3D2	20% / 50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$8,000	\$24,000						
UHC22_1000_04	Calendar Year	UHC2J4D2	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$9,000	\$27,000						
UHC22_1000_05	Calendar Year	UHC2J5D2	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$12,000	\$36,000						
UHC22_1500_01	Calendar Year	UHC2J1E2	20% / 50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$8,000	\$24,000						
UHC22_1500_02	Calendar Year	UHC2J3E2	20% / 50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$9,000	\$27,000						
UHC22_1500_03	Calendar Year	UHC2J4E2	20% / 50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$12,000	\$36,000						
UHC22_1500_04	Calendar Year	UHC2J5E2	20% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						
UHC22_1500_05	Calendar Year	UHC2J6E2	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility



* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

PY22 UHC Large Group Snapshot Grid

Network Available: BSW Access PPO

LG UHC \$2,000 - \$2,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.
UHC22_2000_01	Calendar Year	UHC2J1F2	20% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
UHC22_2000_02	Calendar Year	UHC2J2F2	20% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
UHC22_2000_03	Calendar Year	UHC2J3F2	30% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
UHC22_2000_04	Calendar Year	UHC2J4F2	10% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
UHC22_2000_05	Calendar Year	UHC2J5F2	30% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
UHC22_2500_01	Calendar Year	UHC2J1G2	10% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC22_2500_02	Calendar Year	UHC2J2G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC22_2500_03	Calendar Year	UHC2J4G2	20% / 50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$11,000	\$33,000						
UHC22_2500_04	Calendar Year	UHC2J5G2	20% / 50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$10,000	\$30,000						
UHC22_2500_05	Calendar Year	UHC2J6G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC22_2500_06	Calendar Year	UHC2J7G2	30% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC22_2500_07	Calendar Year	UHC2J8G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility



* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

PY22 UHC Large Group Snapshot Grid

Network Available: BSW Access PPO

LG UHC \$3,000 - \$4,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
UHC22_3000_01	Calendar Year	UHC2J1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
UHC22_3000_02	Calendar Year	UHC2J2H2	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
UHC22_3000_03	Calendar Year	UHC2J3H2	20% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
UHC22_3000_04	Calendar Year	UHC2J4H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
UHC22_3000_05	Calendar Year	UHC2J5H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
UHC22_3500_01	Calendar Year	UHC2J1I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
UHC22_3500_02	Calendar Year	UHC2J2I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
UHC22_4000_01	Calendar Year	UHC2J1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
UHC22_4000_02	Calendar Year	UHC2J2J2	20% / 50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$8,000	\$16,000	\$13,000	\$39,000						
UHC22_4000_03	Calendar Year	UHC2J3J2	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$8,000	\$16,000	\$15,000	\$45,000						
UHC22_4500_01	Calendar Year	UHC2J1K2	20% / 50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$9,000	\$18,000	\$14,000	\$42,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility



* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.

PY22 UHC Large Group Snapshot Grid

Network Available: BSW Access PPO

LG UHC \$5,000 - \$7,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
UHC22_5000_01	Calendar Year	UHC2J1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$10,000	\$20,000	\$12,000	\$36,000						
UHC22_5000_02	Calendar Year	UHC2J2L2	20% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
UHC22_5000_03	Calendar Year	UHC2J3L2	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
UHC22_5500_01	Calendar Year	UHC2J1M2	20% / 50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$11,000	\$22,000	\$14,000	\$42,000						
UHC22_6000_01	Calendar Year	UHC2J1N2	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$12,000	\$24,000	\$15,000	\$45,000						
UHC22_7150_01	Calendar Year	UHC2J1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$14,300	\$28,600	\$15,000	\$45,000						
UHC22_7500_01	Calendar Year	UHC2J1Q2	10% / 50%	\$7,500	\$15,000	\$8,500	\$25,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$15,000	\$30,000	\$17,000	\$51,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.



PY22 UHC Large Group Snapshot Grid

Network Available: BSW Access PPO

LG UHC HDHP

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
UHC22_3000_01HD	Calendar Year	UHC2H1H2	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
UHC22_3000_02HD	Calendar Year	UHC2H2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
UHC22_3500_01HD	Calendar Year	UHC2H1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
UHC22_4000_01HD	Calendar Year	UHC2H1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
UHC22_4500_01HD	Calendar Year	UHC2H1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
UHC22_5000_01HD	Calendar Year	UHC2H1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
UHC22_5000_02HD	Calendar Year	UHC2H2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
UHC22_6450_01HD	Calendar Year	UHC2H1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
UHC22_6550_01HD	Calendar Year	UHC2H1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
UHC22_7000_01HD	Calendar Year	UHC2H1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.



PY22 PHCS Large Group Snapshot Grid

Network Available: PHCS Network

LG PHCS \$500 - \$1,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PHCS22_500_01	Calendar Year	PHCS2442	20% / 50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$4,000	\$3,000	\$9,000						
PHCS22_500_02	Calendar Year	PHCS2022	20% / 50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$2,000	\$6,000	\$18,000						
PHCS22_750_01	Calendar Year	PHCS2032	20% / 50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,500	\$3,000	\$4,500	\$13,500						
PHCS22_1000_01	Calendar Year	PHCS2042	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
PHCS22_1000_02	Calendar Year	PHCS2052	20% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
PHCS22_1000_03	Calendar Year	PHCS2062	20% / 50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$8,000	\$24,000						
PHCS22_1000_04	Calendar Year	PHCS2072	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$9,000	\$27,000						
PHCS22_1000_05	Calendar Year	PHCS2082	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$12,000	\$36,000						
PHCS22_1500_01	Calendar Year	PHCS2092	20% / 50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$8,000	\$24,000						
PHCS22_1500_02	Calendar Year	PHCS2102	20% / 50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$9,000	\$27,000						
PHCS22_1500_03	Calendar Year	PHCS2112	20% / 50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$12,000	\$36,000						
PHCS22_1500_04	Calendar Year	PHCS2122	20% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						
PHCS22_1500_05	Calendar Year	PHCS2132	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.
 ** For a covered member through the age of 18. Applies to PCP office visits only.



PY22 PHCS Large Group Snapshot Grid								Network Available: PHCS Network					
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.
PHCS22_2000_01	Calendar Year	PHCS2142	20% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PHCS22_2000_02	Calendar Year	PHCS2152	20% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
PHCS22_2000_03	Calendar Year	PHCS2162	30% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PHCS22_2000_04	Calendar Year	PHCS2172	10% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
PHCS22_2000_05	Calendar Year	PHCS2182	30% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
PHCS22_2500_01	Calendar Year	PHCS2192	10% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PHCS22_2500_02	Calendar Year	PHCS2202	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PHCS22_2500_03	Calendar Year	PHCS2212	20% / 50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$11,000	\$33,000						
PHCS22_2500_04	Calendar Year	PHCS2222	20% / 50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$10,000	\$30,000						
PHCS22_2500_05	Calendar Year	PHCS2232	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PHCS22_2500_06	Calendar Year	PHCS2242	30% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
PHCS22_2500_07	Calendar Year	PHCS2252	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						

LG PHCS \$2,000 - \$2,500

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.
 ** For a covered member through the age of 18. Applies to PCP office visits only.



PY22 PHCS Large Group Snapshot Grid

Network Available: PHCS Network

LG PHCS \$3,000 - \$4,500

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PHCS22_3000_01	Calendar Year	PHCS2262	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PHCS22_3000_02	Calendar Year	PHCS2272	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PHCS22_3000_03	Calendar Year	PHCS2282	20% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PHCS22_3000_04	Calendar Year	PHCS2292	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PHCS22_3000_05	Calendar Year	PHCS2302	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$6,000	\$12,000	\$12,000	\$36,000						
PHCS22_3500_01	Calendar Year	PHCS2312	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
PHCS22_3500_02	Calendar Year	PHCS2322	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$7,000	\$14,000	\$12,000	\$36,000						
PHCS22_4000_01	Calendar Year	PHCS2332	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$8,000	\$16,000	\$14,000	\$42,000						
PHCS22_4000_02	Calendar Year	PHCS2342	20% / 50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$8,000	\$16,000	\$13,000	\$39,000						
PHCS22_4000_03	Calendar Year	PHCS2352	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$8,000	\$16,000	\$15,000	\$45,000						
PHCS22_4500_01	Calendar Year	PHCS2362	20% / 50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$9,000	\$18,000	\$14,000	\$42,000						

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.

** For a covered member through the age of 18. Applies to PCP office visits only.



PY22 PHCS Large Group Snapshot Grid

Network Available: PHCS Network

Plan Name	Calendar Year	TBD	Coins	Deductible and MOOP INN and OON				In Network Benefits					
				INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PHCS22_5000_01	Calendar Year	PHCS2372	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$10,000	\$20,000	\$12,000	\$36,000						
PHCS22_5000_02	Calendar Year	PHCS2382	20% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PHCS22_5000_03	Calendar Year	PHCS2392	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$10,000	\$20,000	\$14,000	\$42,000						
PHCS22_5500_01	Calendar Year	PHCS2402	20% / 50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$11,000	\$22,000	\$14,000	\$42,000						
PHCS22_6000_01	Calendar Year	PHCS2412	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$12,000	\$24,000	\$15,000	\$45,000						
PHCS22_7150_01	Calendar Year	PHCS2422	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
				\$14,300	\$28,600	\$15,000	\$45,000						
PHCS22_7500_01	Calendar Year	PHCS2432	10% / 50%	\$7,500	\$15,000	\$8,500	\$25,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$15,000	\$30,000	\$17,000	\$51,000						

LG PHCS \$5,000 - \$7,500

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.
 ** For a covered member through the age of 18. Applies to PCP office visits only



PY22 PHCS Wrap Large Group Snapshot Grid

Network Available: PHCS Network

LG PHCS HDHP

Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
PHCS22_3000_01HD	Calendar Year	PHC2H012	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
PHCS22_3000_02HD	Calendar Year	PHC2H022	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
PHCS22_3500_01HD	Calendar Year	PHC2H032	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
PHCS22_4000_01HD	Calendar Year	PHC2H042	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
PHCS22_4500_01HD	Calendar Year	PHC2H052	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
PHCS22_5000_01HD	Calendar Year	PHC2H062	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
PHCS22_5000_02HD	Calendar Year	PHC2H072	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
PHCS22_6450_01HD	Calendar Year	PHC2H082	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
PHCS22_6550_01HD	Calendar Year	PHC2H092	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
PHCS22_7000_01HD	Calendar Year	PHC2H102	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

This is a summary of benefit highlights only. All benefits shown indicate member responsibility

* For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans.
 ** For a covered member through the age of 18. Applies to PCP office visits only.





2022 Individual & Family Plans

FirstCare Bronze ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible		Office Visits			Benefits (In-Network)			Drugs (In-Network)						
				Individual	Family												Individual	Family
	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Bronze	FirstCare Savers Bronze HMO HSA 006	Yes	0%	\$7,000	\$7,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD	
				\$14,000	\$14,000													
	FirstCare Vital Bronze HMO 013	No	40%	\$4,000	\$8,700	40% AFD	40% AFD	40% AFD	40% AFD	40% AFD	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	40% AFD	40% AFD	40% AFD
				\$8,000	\$17,400													
	FirstCare Vital Bronze HMO 009	No	20%	\$7,600	\$8,700	\$35	\$0	\$100	\$100	20% AFD	20% AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$55 AFD	\$150 AFD	\$500 AFD
				\$15,200	\$17,400													

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

FirstCare Silver ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual Family	Individual Family												
	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred* *	Specialty
Silver	FirstCare Prime Silver HMO 008	No	0%	\$8,550	\$8,550	\$35	\$0	\$70	\$70	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$17,100	\$17,100												
	FirstCare Prime Silver HMO 008-CSR 73% AV	No	0%	\$5,900	\$5,900	\$15	\$0	\$50	\$50	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$11,800	\$11,800												
	FirstCare Prime Silver HMO 008 - CSR 87% AV	No	0%	\$1,800	\$1,800	\$10	\$0	\$30	\$30	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$3,600	\$3,600												
	FirstCare Prime Silver HMO 008-CSR 94% AV	No	0%	\$600	\$600	\$10	\$0	\$30	\$30	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	0% AFD	0% AFD	0% AFD
				\$1,200	\$1,200												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

FirstCare Silver ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual Family	Individual Family												
	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty
Silver	FirstCare Prime Silver HMO 003	No	40%	\$4,000	\$8,700	\$30	\$0	\$60	\$60	\$750 copay plus 40% AFD	\$2,500 copay/stay plus 40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$8,000	\$17,400												
	FirstCare Prime Silver HMO 003 - CSR 73% AV	No	40%	\$1,600	\$6,950	\$20	\$0	\$50	\$50	\$750 copay plus 40% AFD	\$1,500 copay/stay plus 40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$3,200	\$13,900												
	FirstCare Prime Silver HMO 003 - CSR 87% AV	No	20%	\$350	\$2,900	\$10	\$0	\$20	\$20	\$500 copay plus 20% AFD	\$700 copay/stay plus 20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55 AFD	\$150 AFD	\$500 AFD
				\$700	\$5,800												
	FirstCare Prime Silver HMO 003-CSR 94% AV	No	20%	\$0	\$1,300	\$5	\$0	\$10	\$10	\$250 copay plus 20%	20%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55	\$150	\$500
				\$0	\$2,600												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

FirstCare Silver ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Silver	FirstCare Prime Silver HMO 012	No	10%	\$0	\$8,700	\$40	\$0	\$80	\$80	\$750 copay/visit	\$2,500 copay/stay	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,400												
	FirstCare Prime Silver HMO 012 - CSR 73% AV	No	10%	\$0	\$6,950	\$40	\$0	\$75	\$75	\$750 copay/visit	\$1,500 copay/stay	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$13,900												
	FirstCare Prime Silver HMO 012 - CSR 87% AV	No	10%	\$0	\$2,250	\$15	\$0	\$30	\$30	\$750 copay/visit	\$500 copay/stay	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$4,500												
	FirstCare Prime Silver HMO 012 - CSR 94% AV	No	10%	\$0	\$800	\$0	\$0	\$10	\$10	\$500 copay/visit	\$300 copay/stay	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$1,600												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

FirstCare Gold ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Gold	FirstCare Elite Gold HMO 001	No	20%	\$2,300	\$8,700	\$20	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$4,600	\$17,400												
	FirstCare Elite Gold HMO 002	No	20%	\$0	\$8,700	\$45	\$0	\$80	\$80	\$750 copay/visit	20%	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,400												
	FirstCare Elite Gold HMO 011	No	10%	\$0	\$8,700	\$15	\$0	\$50	\$50	\$750 copay/visit	\$2,500 copay/stay	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,400												
	FirstCare Elite Gold HMO 015	No	10%	\$1,500	\$8,100	\$0	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$3,000	\$16,200												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

FirstCare Silver ACA Individual Plans



Off-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Silver	FirstCare Prime Silver HMO 010	No	20%	\$4,950	\$8,700	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$9,900	\$17,400												
	FirstCare Prime Silver HMO 014	No	10%	\$0	\$8,700	\$40	\$0	\$80	\$80	\$750 copay	\$2,500 copay/stay	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,400												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

BSWHP Bronze ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
Bronze	BSW Savers Bronze HMO HSA 006	Yes	0%	\$7,000	\$7,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$14,000												
	BSW Vital Bronze HMO 007	No	40%	\$4,000	\$8,700	40% AFD	40% AFD	40% AFD	40% AFD	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	40% AFD	40% AFD	40% AFD
				\$8,000	\$17,400												
	BSW Vital Bronze HMO 009	No	20%	\$7,600	\$8,700	\$35	\$0	\$100	\$100	20% AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$55 AFD	\$150 AFD	\$500 AFD
				\$15,200	\$17,400												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

BSWHP Silver ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic **	Preferred Brand**	Non Preferred**	Specialty	
Silver	BSW Prime Silver HMO 008	No	0%	\$8,550	\$8,550	\$35	\$0	\$70	\$70	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$17,100	\$17,100												
	BSW Prime Silver HMO 008- CSR 73% AV	No	0%	\$5,900	\$5,900	\$15	\$0	\$50	\$50	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$11,800	\$11,800												
	BSW Prime Silver HMO 008 - CSR 87% AV	No	0%	\$1,800	\$1,800	\$10	\$0	\$30	\$30	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$3,600	\$3,600												
	BSW Prime Silver HMO 008- CSR 94% AV	No	0%	\$600	\$600	\$10	\$0	\$30	\$30	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	0% AFD	0% AFD	0% AFD
				\$1,200	\$1,200												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

BSWHP Silver ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible		Office Visits			Benefits (In-Network)			Drugs (In-Network)						
				Individual	Family												Individual	Family
				Individual	Family												Individual	Family
Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty		
Silver	BSW Prime Silver HMO 003	No	40%	\$4,000	\$8,700	\$30	\$0	\$60	\$60	\$750 copay plus 40% AFD	\$2,500 copay/stay plus 40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD	
				\$8,000	\$17,400													
	BSW Prime Silver HMO 003 - CSR 73% AV	No	40%	\$1,600	\$6,950	\$20	\$0	\$50	\$50	\$750 copay plus 40% AFD	\$1,500 copay/stay plus 40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD	
				\$3,200	\$13,900													
	BSW Prime Silver HMO 003 - CSR 87% AV	No	20%	\$350	\$2,900	\$10	\$0	\$20	\$20	\$500 copay plus 20% AFD	\$700 copay/stay plus 20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55 AFD	\$150 AFD	\$500 AFD	
				\$700	\$5,800													
	BSW Prime Silver HMO 003- CSR 94% AV	No	20%	\$0	\$1,300	\$5	\$0	\$10	\$10	\$250 copay plus 20%	20%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55	\$150	\$500	
				\$0	\$2,600													

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

BSWHP Silver ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deduct.	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual Family	Individual Family												
	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic **	Preferred Brand**	Non Preferred**	Specialty
Silver	BSW Prime Silver HMO 005	No	10%	\$0	\$8,700	\$40	\$0	\$80	\$80	\$750 copay/visit	\$2,500 copay/stay	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,400												
	BSW Prime Silver HMO 005 - CSR 73% AV	No	10%	\$0	\$6,950	\$40	\$0	\$75	\$75	\$750 copay/visit	\$1,500 copay/stay	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$13,900												
	BSW Prime Silver HMO 005 - CSR 87% AV	No	10%	\$0	\$2,250	\$15	\$0	\$30	\$30	\$750 copay/visit	\$500 copay/stay	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$4,500												
	BSW Prime Silver HMO 005 - CSR 94% AV	No	10%	\$0	\$800	\$0	\$0	\$10	\$10	\$500 copay/visit	\$300 copay/stay	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$1,600												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

BSWHP Gold ACA Individual Plans



On-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
Plan Name	HSA	Coins	Individual	Individual	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty	
			Family	Family													
Gold	BSW Elite Gold HMO 001	No	20%	\$2,300	\$8,700	\$20	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$4,600	\$17,400												
	BSW Elite Gold HMO 004	No	10%	\$0	\$8,700	\$15	\$0	50	50	\$750 copay/visit	\$2,500 copay/stay	\$0	\$0	\$15	\$55	\$150	500
				\$0	\$17,400												
	BSW Elite Gold HMO 015	No	10%	\$1,500	\$8,100	\$0	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$3,000	\$16,200												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug

BSWHP Silver-Gold ACA Individual Plans



Off-Exchange

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
Metal Level	Plan Name	HSA	Coins	Family	Family	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty
Silver	BSW Prime Silver HMO 010	No	20%	\$4,950	\$8,700	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$9,900	\$17,400												
	BSW Prime Silver HMO 011	No	10%	\$0	\$8,700	\$40	\$0	\$80	\$80	\$750 copay	\$2,500 copay/stay	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,400												
Gold	BSW Elite Gold HMO 002	No	20%	\$0	\$8,700	\$45	\$0	\$80	\$80	\$750 copay/visit	20%	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,400												

* For a covered dependent through the age of 18. Applies to all PCP office visits

** 3x copay for 90-day maintenance eligible drug