

















Plan Benefits	BSW Prime Silver HMO 003	BSW Prime Silver HMO 003 - CSR 73% AV* FPL (201%-250%)	BSW Prime Silver HMO 003 - CSR 87% AV* FPL (151%-200%)	BSW Prime Silver HMO 003 - CSR 94% AV* FPL (100%-150%)
Medical Deductible Single/Family	\$5,800 / \$11,600	\$5,700 / \$11,400	\$800 / \$1,600	\$0 / \$0
Medication Deductible Single/Family	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical
Preventive Care Copay	No Charge	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	\$40	\$30	\$20	\$0
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$80	\$60	\$40	\$10
Inpatient Copay	40% ¹	40% ¹	30% ¹	25%
Outpatient Copay	40% ¹	40% ¹	30% ¹	25%
Emergency Room Copay	40% ¹	40% ¹	30% ¹	25%
Urgent Care Copay	\$60	\$45	\$30	\$5
Routine Lab/X-Ray Copay	40% ¹	40% ¹	30% ¹	25%
Imaging (MRI, CT, Scans) Copay	40% ¹	40% ¹	30% ¹	25%
Telehealth Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge	No Charge	No Charge
Medication Copays:				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$20	\$20	\$10	\$0
Tier II	\$40	\$40	\$20	\$15
Tier III	\$80 ¹	\$80 ¹	\$60 ¹	\$50
Tier IV	\$350 ¹	\$350 ¹	\$250 ¹	\$150
Formulary	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$8,900 / \$17,800	\$7,200 / \$14,400	\$3,000 / \$6,000	\$1,700 / \$3,400
Plan ID	40788TX0460003-00/01	40788TX0460003-04	40788TX0460003-05	40788TX0460003-06
Summary of Benefits & Coverage (SBC)				
Plan Documents				

*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 40788TX0460003-04 (201-250%), 40788TX0460003-05 (151-200%), 40788TX0460003-06 (100-150%),
¹After Medical Deductible

Plan Benefits	BSW Prime Silver HMO 008	BSW Prime Silver HMO 008 - CSR 73% AV* FPL (201%-250%)	BSW Prime Silver HMO 008 - CSR 87% AV* FPL (151%-200%)	BSW Prime Silver HMO 008 - CSR 94% AV* FPL (100%-150%)
Medical Deductible Single/Family	\$4,800 / \$9,600	\$3,400 / \$6,800	\$1,000 / \$2,000	\$0 / \$0
Medication Deductible Single/Family	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical
Preventive Care Copay	No Charge	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	2 free / \$30	2 free / \$30	2 free / \$5	2 free / \$5
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$70	\$70	\$20	\$5
Inpatient Copay	40% ¹	40% ¹	35% ¹	20%
Outpatient Copay	40% ¹	40% ¹	35% ¹	20%
Emergency Room Copay	40% ¹	40% ¹	35% ¹	20%
Urgent Care Copay	\$70	\$70	\$20	\$5
Routine Lab/X-Ray Copay	40% ¹	40% ¹	35% ¹	20%
Imaging (MRI, CT, Scans) Copay	40% ¹	40% ¹	35% ¹	20%
Telehealth Coverage includes MyBSWHealth and MDLIVE	40% ¹	40% ¹	35% ¹	20%
Medication Copays:				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$15	\$15	\$0	\$0
Tier II	\$90 ¹	\$90 ¹	\$45	\$45
Tier III	\$150 ¹	\$150 ¹	\$150	\$150
Tier IV	\$500 ¹	\$500 ¹	\$500	\$500
Formulary	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$9,100 / \$18,200	\$7,250 / \$14,500	\$3,000 / \$6,000	\$1,500 / \$3,000
Plan ID	40788TX0460008-00/01	40788TX0460008-04	40788TX0460008-05	40788TX0460008-06
Summary of Benefits & Coverage (SBC)				
Plan Documents				





*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 40788TX0460008-04 (201-250%), 40788TX0460008-05 (151-200%), 40788TX0460008-06 (100-150%)

¹After Medical Deductible

Plan Benefits	BSW Prime Silver HMO 005	BSW Prime Silver HMO 005 - CSR 73% AV* FPL (201%-250%)	BSW Prime Silver HMO 005 - CSR 87% AV* FPL (151%-200%)	BSW Prime Silver HMO 005 - CSR 94% AV* FPL (100%-150%)
Medical Deductible Single/Family	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
Medication Deductible Single/Family	\$0	\$0	\$0	\$0
Preventive Care Copay	No Charge	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	\$40	\$40	\$15	\$0
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$85	\$85	\$50	\$10
Inpatient Copay	\$2,500 per stay	\$1,500 per stay	\$500 per stay	\$300 per stay
Outpatient Copay	\$1,000 per visit	\$1,000 per visit	\$250 per visit	\$50 per visit
Emergency Room Copay	\$750	\$750	\$500	\$200
Urgent Care Copay	\$85	\$85	\$50	\$10
Routine Lab/X-Ray Copay	\$125 for X-rays, \$50 for Labs	\$125 for X-rays, \$50 for Labs	\$75 for X-rays, \$50 for Labs	\$35 for X-rays, \$25 for Labs
Imaging (MRI, CT, Scans) Copay	\$250	\$250	\$250	\$75
Telehealth Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge	No Charge	No Charge
Medication Copays:				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$20	\$20	\$0	\$0
Tier II	\$100	\$100	\$45	\$15
Tier III	\$200	\$200	\$150	\$55
Tier IV	\$500	\$500	\$500	\$500
Formulary	Click here	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$9,100 / \$18,200	\$7,250 / \$14,500	\$3,000 / \$6,000	\$1,000 / \$2,000
Plan ID	40788TX0460005-00/01	40788TX0460005-04	40788TX0460005-05	40788TX0460005-06
Summary of Benefits & Coverage (SBC)				
Plan Documents				

*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) - 40788TX0460005-04 (201-250%), 40788TX0460005-05 (151-200%), 40788TX0460005-06 (100-150%),
 †After Medical Deductible

Off Exchange Only

Plan Benefits	BSW Prime Silver HMO 010+	BSW Prime Silver HMO 011+
Medical Deductible Single/Family	\$4,950 / \$9,900	\$0 / \$0
Medication Deductible Single/Family	\$0 / \$0	\$0 / \$0
Preventive Care Copay	No Charge	No Charge
Adult Primary Care Visit Copay	\$30	\$55
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0
Specialty Care Visit Copay	\$60	\$85
Inpatient Copay	20% ¹	\$2,500 per stay
Outpatient Copay	20% ¹	\$600 per visit
Emergency Room Copay	\$750 ¹	\$750
Urgent Care Copay	\$60	\$80
Routine Lab/X-Ray Copay	20% ¹	\$125 for X-rays, \$50 for Labs
Imaging (MRI, CT, Scans) Copay	20% ¹	\$300
Telehealth Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge
Medication Copays:		
ACA Preventive Drugs	\$0	\$0
Tier I	\$15	\$15
Tier II	\$55 ¹	\$55
Tier III	\$150 ¹	\$150
Tier IV	\$500 ¹	\$500
Formulary	Click here	Click here
Compare Medication Costs	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$9,100 / \$18,200	\$9,100 / \$18,200
Plan ID	40788TX0460010-00	40788TX0460011-00
Summary of Benefits & Coverage (SBC)		
Plan Documents		

¹After Medical Deductible

+BSW Prime Silver HMO 010 and BSW Prime Silver HMO 011 plans are not available through healthcare.gov; no premium subsidies are available for these plans.