


| Plan Benefits | BSW Elite Gold HMO 001 Standardized Plan | BSW Elite Gold HMO 004 | BSW Elite Gold HMO 012 | BSW Elite Gold HMO 002† Off Exchange Only |
|---|---|---|---|---|
| Medical Deductible Single/Family | \$1,500 / \$3,000 | \$1,100 / \$2,200 | \$750 / \$1,500 | \$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 | \$30 | 2 free / \$40 | 2 free / \$15 | \$50 |
| Pediatric Primary Care Visit Copay (Ages 0-19) | \$0 | \$0 | \$0 | \$0 |
| Specialty Care Visit Copay | \$60 | \$65 | \$60 | \$85 |
| Inpatient Copay | 25% ¹ | \$1,100 per stay ¹ | 20% ¹ | 25% |
| Outpatient Copay | 25% ¹ | \$300 ¹ | \$500 | 25% |
| Emergency Room Copay | 25% ¹ | \$750 ¹ | \$750 ¹ | \$750 |
| Urgent Care Copay | \$45 | \$65 | \$60 | \$85 |
| Routine Lab/X-Ray Copay | 25% ¹ | 40% ¹ | \$100 for X-rays, 20% ¹ for Labs | 25% |
| Imaging (MRI, CT, Scans) Copay | 25% ¹ | \$300 per visit ¹ | \$250 per visit ¹ | 25% |
| Telehealth Coverage includes MyBSWHealth | No Charge | No Charge | No Charge | No Charge |
| Medication Copays: | | | | |
| ACA Preventive Drugs | \$0 | \$0 | \$0 | \$0 |
| Tier I | \$15 | \$15 | \$15 | \$15 |
| Tier II | \$30 | \$55 | \$55 | \$55 |
| Tier III | \$60 | \$150 | \$150 | \$150 |
| Tier IV | \$250 | \$500 | \$500 | \$500 |
| Formulary | Click here | Click here | Click here | Click here |
| Compare Medication Costs | Link Coming Soon | Link Coming Soon | Link Coming Soon | Link Coming Soon |
| Maximum Out-of-Pocket Single/Family | \$7,800 / \$15,600 | \$8,900 / \$17,800 | \$8,900 / \$17,800 | \$9,200 / \$18,400 |
| Plan ID | 40788TX0460001-00/01 | 40788TX0460004-00/01 | 40788TX0460012-00/01 | 40788TX0460002-00 |
| Summary of Benefits & Coverage (SBC) |  |  |  |  |
| Plan Documents |  |  |  |  |

¹After Medical Deductible

†BSW Elite Gold HMO 002 plan is not available through healthcare.gov; no premium subsidies are available for this plan.