

2021 Group and Individual & Family Plans



2021 ACA Small Group Plans



Scott & White
HEALTH PLAN
PART OF BAYLOR SCOTT & WHITE HEALTH

PY21 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	Colns	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	BSG21A06	No	100%	\$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	BSG21A05	No	100%	\$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	BSG21A01	No	100%	\$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	BSG21A04	No	80%	\$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 POS 80 7250	BSG21A03	No	80%	\$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 POS HSA 6900	BSG21A02	Yes	100%	\$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	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. This is a summary of benefit highlights only; all benefits show n indicate member responsibility.

PY21 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	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	SSG21 A13	No	100%	\$7,300 \$14,600	\$14,600	\$7,300 \$21,900	\$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	
	Silver POS 80 6900	SSG21 A08	No	80%	\$6,900 \$13,800	\$13,800	\$8,150 \$24,450	\$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	
	Silver POS 100 6200	SSG21 A10	No	100%	\$6,200 \$12,400	\$12,400	\$8,150 \$24,450	\$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	
	Silver POS 80 6000	SSG21 A09	No	80%	\$6,000 \$12,000	\$12,000	\$8,150 \$24,450	\$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	
	Silver POS 100 5700	SSG21 A15	No	100%	\$5,700 \$11,400	\$11,400	\$8,150 \$24,450	\$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	
	Silver POS HSA 5000	SSG21 A07	Yes	100%	\$5,000 \$10,000	\$10,000	\$5,000 \$15,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
	Silver POS 80 4800	SSG21 A11	No	80%	\$4,800 \$9,600	\$9,600	\$8,150 \$24,450	\$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	
	Silver POS HSA 4300	SSG21 A14	Yes	100%	\$4,300 \$8,600	\$8,600	\$4,300 \$12,900	\$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	
	Silver POS 70 4000	SSG21 A12	No	70%	\$4,000 \$8,000	\$8,000	\$8,150 \$24,450	\$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	
	Silver POS 70 3100	SSG21 A17	No	70%	\$3,100 \$6,200	\$6,200	\$8,500 \$25,500	\$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	
	Silver POS Copay 0	SSG21 A16	No	90%	\$0 \$0	\$4,275 \$8,550	\$8,550 \$25,650	\$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	

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 show n indicate member responsibility.

PY21 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	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	GSG21A18	Yes	100%	\$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	GSG21A19	No	100%	\$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	GSG21A27	No	100%	\$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	GSG21A20	Yes	100%	\$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	GSG21A26	No	100%	\$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	GSG21A25	No	90%	\$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	GSG21A28	No	90%	\$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	GSG21A23	No	80%	\$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	GSG21A24	No	80%	\$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	GSG21A21	No	90%	\$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	GSG21A22	No	90%	\$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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Plan Name	Medical Rider	HSA	Coin	INS	OON	INS	OON	Pediatric PCP*	Adult PCP	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty		
Bronze	Bronze PPO 100 8550	BPG21D06	No	100%	\$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	BPG21D05	No	100%	\$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 PPO 100 7900	BPG21D01	No	100%	\$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	BPG21D04	No	80%	\$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	BPG21D03	No	80%	\$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	BPG21D02	Yes	100%	\$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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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		
Silver	Silver PPO 100 7300	SPG21D13	No	100%	\$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	SPG21D08	No	80%	\$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	SPG21D10	No	100%	\$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	SPG21D09	No	80%	\$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	SPG21D15	No	100%	\$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	SPG21D07	Yes	100%	\$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	SPG21D11	No	80%	\$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	SPG21D14	Yes	100%	\$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	SPG21D12	No	70%	\$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	SPG21D17	No	70%	\$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	SPG21D16	No	90%	\$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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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	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	GPG21 D18	Yes	100%	\$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
					\$8,000	\$16,000	\$8,000	\$24,000											
Gold PPO 100 3500		GPG21 D19	No	100%	\$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		GPG21 D27	No	100%	\$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		GPG21 D20	Yes	100%	\$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		GPG21 D26	No	100%	\$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		GPG21 D25	No	90%	\$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		GPG21 D28	No	90%	\$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	GPG21 D23	No	80%	\$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	GPG21 D24	No	80%	\$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	GPG21 D21	No	90%	\$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	GPG21 D22	No	90%	\$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 show n indicate member responsibility.

PY21 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)					
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	BHG21B06	BHG21A06	No	100%	\$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	BHG21B05	BHG21A05	No	100%	\$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	BHG21B01	BHG21A01	No	100%	\$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% 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	BHG21B04	BHG21A04	No	80%	\$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	20% AFD
					\$15,800	\$16,600													
Bronze HMO 80 7250	BHG21B03	BHG21A03	No	80%	\$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	BHG21B02	BHG21A02	Yes	100%	\$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	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. This is a summary of benefit highlights only; all benefits show n indicate member responsibility.

PY21 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)					
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	SHG21B13	SHG21A13	No	100%	\$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	SHG21B08	SHG21A08	No	80%	\$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	SHG21B10	SHG21A10	No	100%	\$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	SHG21B09	SHG21A09	No	80%	\$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	SHG21B15	SHG21A15	No	100%	\$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	SHG21B07	SHG21A07	Yes	100%	\$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
\$10,000						\$10,000												
Silver HMO 80 4800	SHG21B11	SHG21A11	No	80%	\$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	SHG21B14	SHG21A14	Yes	100%	\$4,300	\$4,300	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	SHG21B12	SHG21A12	No	70%	\$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	SHG21B17	SHG21A17	No	70%	\$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	SHG21B16	SHG21A16	No	90%	\$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 show n indicate member responsibility.

PY21 ACA Small Group HMO Snapshot Grid														HMO Networks Available					
														BSW Preferred HMO Network					
														BSW Plus HMO Network					
Small Group HMO						Deduct Individual Family	MOOP Individual Family	Office Visit (In-Network)			Benefits (In-Network)				Drugs (In-Network)				
	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	GHG21B18	GHG21A18	Yes	100%	\$4,000 \$8,000	\$4,000 \$8,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
	Gold HMO 100 3500	GHG21B19	GHG21A19	No	100%	\$3,500 \$7,000	\$7,900 \$15,800	\$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	
	Gold HMO 100 3000	GHG21B27	GHG21A27	No	100%	\$3,000 \$6,000	\$3,500 \$7,000	\$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	
	Gold HMO HSA 3000	GHG21B20	GHG21A20	Yes	100%	\$3,000 \$6,000	\$3,000 \$6,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	\$0 copay/prescription	0% AFD	0% AFD	0% AFD	0% AFD	
	Gold HMO 100 2100	GHG21B26	GHG21A26	No	100%	\$2,100 \$4,200	\$6,500 \$13,000	\$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	
	Gold HMO 90 2000	GHG21B25	GHG21A25	No	90%	\$2,000 \$4,000	\$4,500 \$9,000	\$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	
	Gold HMO 90 1800	GHG21B28	GHG21A28	No	90%	\$1,800 \$3,600	\$6,500 \$13,000	\$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	
	Gold HMO 80 1500	GHG21B23	GHG21A23	No	80%	\$1,500 \$3,000	\$5,500 \$11,000	\$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	
	Gold HMO 80 1000	GHG21B24	GHG21A24	No	80%	\$1,000 \$2,000	\$6,500 \$13,000	\$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	
	Gold HMO SM 0 8550	GHG21B29	GHG21A29	No	80%	\$0 \$0	\$8,550 \$17,100	\$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	
	Gold HMO Copay 0 7000	GHG21B21	GHG21A21	No	90%	\$0 \$0	\$7,000 \$14,000	\$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	
	Gold HMO Copay 0 5500	GHG21B22	GHG21A22	No	90%	\$0 \$0	\$5,500 \$11,000	\$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	

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 show n indicate member responsibility.

2021 Large Group Plans

Large Group Plan Year 2021 PPO Portfolio

Network Available: BSW Plus PPO

PY21 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO					
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Plus 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
PO21_500_01	Calendar Year	LC1PD2C2	20%	\$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						
PO21_500_02	Calendar Year	LC1PD3C2	20%	\$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						
PO21_750_01	Calendar Year	LC1PD1V2	20%	\$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						
PO21_1000_01	Calendar Year	LC1PD1D2	10%	\$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						
PO21_1000_02	Calendar Year	LC1PD2D2	20%	\$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						
PO21_1000_03	Calendar Year	LC1PD3D2	20%	\$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						
PO21_1000_04	Calendar Year	LC1PD4D2	30%	\$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						
PO21_1000_05	Calendar Year	LC1PD5D2	30%	\$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						
PO21_1500_01	Calendar Year	LC1PD1E2	20%	\$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						
PO21_1500_02	Calendar Year	LC1PD3E2	20%	\$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						
PO21_1500_03	Calendar Year	LC1PD4E2	20%	\$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						
PO21_1500_04	Calendar Year	LC1PD5E2	20%	\$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						
PO21_1500_05	Calendar Year	LC1PD6E2	30%	\$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						

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 PPO Portfolio

Network Available: BSW Plus PPO

PY21 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus 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 PPO \$2,000 - \$2,500	PO21_2000_01	Calendar Year	LC1PD1F2	20%	\$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						
	PO21_2000_02	Calendar Year	LC1PD2F2	20%	\$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						
	PO21_2000_03	Calendar Year	LC1PD3F2	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 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PO21_2000_04	Calendar Year	LC1PD4F2	10%	\$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						
	PO21_2000_05	Calendar Year	LC1PD5F2	30%	\$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						
	PO21_2500_01	Calendar Year	LC1PD1G2	10%	\$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						
	PO21_2500_02	Calendar Year	LC1PD2G2	20%	\$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						
PO21_2500_03	Calendar Year	LC1PD4G2	20%	\$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							
PO21_2500_04	Calendar Year	LC1PD5G2	20%	\$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							
PO21_2500_05	Calendar Year	LC1PD6G2	20%	\$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							
PO21_2500_06	Calendar Year	LC1PD7G2	30%	\$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							
PO21_2500_07	Calendar Year	LC1PD8G2	20%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 PPO Portfolio

Network Available: BSW Plus PPO

PY21 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus 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 PPO \$3,000 - \$4,500	PO21_3000_01	Calendar Year	LC1PD1H2	0%	\$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						
	PO21_3000_02	Calendar Year	LC1PD2H2	10%	\$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						
	PO21_3000_03	Calendar Year	LC1PD3H2	20%	\$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						
	PO21_3000_04	Calendar Year	LC1PD4H2	30%	\$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						
	PO21_3000_05	Calendar Year	LC1PD5H2	30%	\$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						
	PO21_3000_06	Calendar Year	LC1PD6H2	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						
	PO21_3500_01	Calendar Year	LC1PD1I2	20%	\$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						
	PO21_3500_02	Calendar Year	LC1PD2I2	20%	\$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						
PO21_4000_01	Calendar Year	LC1PD1J2	0%	\$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							
PO21_4000_02	Calendar Year	LC1PD2J2	20%	\$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							
PO21_4000_03	Calendar Year	LC1PD3J2	30%	\$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							
PO21_4000_04	Calendar Year	LC1PD4J2	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							
PO21_4500_01	Calendar Year	LC1PD1K2	20%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 PPO Portfolio

Network Available: BSW Plus PPO

PY21 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus 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 PPO \$5,000 - \$7,500	PO21_5000_01	Calendar Year	LC1PD1L2	0%	\$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						
	PO21_5000_02	Calendar Year	LC1PD2L2	20%	\$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						
	PO21_5000_03	Calendar Year	LC1PD3L2	30%	\$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						
	PO21_5000_04	Calendar Year	LC1PD4L2	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						
	PO21_5500_01	Calendar Year	LC1PD1M2	20%	\$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						
PO21_6000_01	Calendar Year	LC1PD1N2	30%	\$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							
PO21_7150_01	Calendar Year	LC1PD1P2	0%	\$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							
PO21_7500_01	Calendar Year	LC1PD1Q2	10%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 PPO HDHP Portfolio

Network Available: BSW Plus PPO

PY21 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus 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	
PO21_3000_01HD	Calendar Year	LE1PD1H2	0%	\$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							
PO21_3000_02HD	Calendar Year	LE1PD2H2	20%	\$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							
PO21_3500_01HD	Calendar Year	LE1PD1I2	0%	\$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							
PO21_4000_01HD	Calendar Year	LE1PD1J2	0%	\$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							
PO21_4500_01HD	Calendar Year	LE1PD1K2	30%	\$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							
PO21_5000_01HD	Calendar Year	LE1PD1L2	0%	\$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							
PO21_5000_02HD	Calendar Year	LE1PD2L2	20%	\$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							
PO21_6450_01HD	Calendar Year	LE1PD1O2	0%	\$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							
PO21_6550_01HD	Calendar Year	LE1PD1R2	0%	\$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							
PO21_7000_01HD	Calendar Year	LE1PD1S2	0%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 POS Portfolio

Network Available: BSW Plus HMO

PY21 POS Large Group Snapshot Grid								Networks 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	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
PS21_500_01	Calendar Year	LC1SA2C2	20%	\$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						
PS21_500_02	Calendar Year	LC1SA3C2	20%	\$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						
PS21_750_01	Calendar Year	LC1SA1V2	20%	\$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						
PS21_1000_01	Calendar Year	LC1SA1D2	10%	\$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						
PS21_1000_02	Calendar Year	LC1SA2D2	20%	\$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						
PS21_1000_03	Calendar Year	LC1SA3D2	20%	\$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						
PS21_1000_04	Calendar Year	LC1SA4D2	30%	\$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						
PS21_1000_05	Calendar Year	LC1SA5D2	30%	\$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						
PS21_1500_01	Calendar Year	LC1SA1E2	20%	\$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						
PS21_1500_02	Calendar Year	LC1SA3E2	20%	\$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						
PS21_1500_03	Calendar Year	LC1SA4E2	20%	\$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						
PS21_1500_04	Calendar Year	LC1SA5E2	20%	\$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						
PS21_1500_05	Calendar Year	LC1SA6E2	30%	\$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						

*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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Large Group Plan Year 2021 POS Portfolio

Network Available: BSW Plus HMO

PY21 POS Large Group Snapshot Grid								Networks 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	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 POS \$2,000 - \$2,500	PS21_2000_01	Calendar Year	LC1SA1F2	20%	\$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						
	PS21_2000_02	Calendar Year	LC1SA2F2	20%	\$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						
	PS21_2000_03	Calendar Year	LC1SA3F2	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 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PS21_2000_04	Calendar Year	LC1SA4F2	10%	\$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						
	PS21_2000_05	Calendar Year	LC1SA5F2	30%	\$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						
	PS21_2500_01	Calendar Year	LC1SA1G2	10%	\$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						
	PS21_2500_02	Calendar Year	LC1SA2G2	20%	\$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						
PS21_2500_03	Calendar Year	LC1SA4G2	20%	\$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							
PS21_2500_04	Calendar Year	LC1SA5G2	20%	\$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							
PS21_2500_05	Calendar Year	LC1SA6G2	20%	\$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							
PS21_2500_06	Calendar Year	LC1SA7G2	30%	\$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							
PS21_2500_07	Calendar Year	LC1SA8G2	20%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



PY21 POS Large Group Snapshot Grid								Networks 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	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 POS \$3,000 - \$4,500	PS21_3000_01	Calendar Year	LC1SA1H2	0%	\$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						
	PS21_3000_02	Calendar Year	LC1SA2H2	10%	\$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						
	PS21_3000_03	Calendar Year	LC1SA3H2	20%	\$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						
	PS21_3000_04	Calendar Year	LC1SA4H2	30%	\$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						
	PS21_3000_05	Calendar Year	LC1SA5H2	30%	\$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						
	PS21_3000_06	Calendar Year	LC1SA6H2	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						
	PS21_3500_01	Calendar Year	LC1SA1I2	20%	\$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						
	PS21_3500_02	Calendar Year	LC1SA2I2	20%	\$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						
PS21_4000_01	Calendar Year	LC1SA1J2	0%	\$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							
PS21_4000_02	Calendar Year	LC1SA2J2	20%	\$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							
PS21_4000_03	Calendar Year	LC1SA3J2	30%	\$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							
PS21_4000_04	Calendar Year	LC1SA4J2	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							
PS21_4500_01	Calendar Year	LC1SA1K2	20%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 POS Portfolio

Network Available: BSW Plus HMO

PY21 POS Large Group Snapshot Grid								Networks 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	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 POS \$5,000 - \$7,500	PS21_5000_01	Calendar Year	LC1SA1L2	0%	\$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						
	PS21_5000_02	Calendar Year	LC1SA2L2	20%	\$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						
	PS21_5000_03	Calendar Year	LC1SA3L2	30%	\$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						
	PS21_5000_04	Calendar Year	LC1SA4L2	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						
	PS21_5500_01	Calendar Year	LC1SA1M2	20%	\$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						
PS21_6000_01	Calendar Year	LC1SA1N2	30%	\$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							
PS21_7150_01	Calendar Year	LC1SA1P2	0%	\$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							
PS21_7500_01	Calendar Year	LC1SA1Q2	10%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 POS HDHP Portfolio

Network Available: BSW Plus HMO

PY21 POS Large Group Snapshot Grid								Networks 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	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	
PS21_3000_01HD	Calendar Year	LE1SA1H2	0%	\$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							
PS21_3000_02HD	Calendar Year	LE1SA2H2	20%	\$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							
PS21_3500_01HD	Calendar Year	LE1SA1I2	0%	\$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							
PS21_4000_01HD	Calendar Year	LE1SA1J2	0%	\$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							
PS21_4500_01HD	Calendar Year	LE1SA1K2	30%	\$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							
PS21_5000_01HD	Calendar Year	LE1SA1L2	0%	\$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							
PS21_5000_02HD	Calendar Year	LE1SA2L2	20%	\$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							
PS21_6450_01HD	Calendar Year	LE1SA1O2	0%	\$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							
PS21_6550_01HD	Calendar Year	LE1SA1R2	0%	\$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							
PS21_7000_01HD	Calendar Year	LE1SA1S2	0%	\$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							

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 HMO Portfolio

Network Available: BSW Plus HMO / BSW Preferred HMO

PY21 HMO Large Group Snapshot Grid							Networks Available: BSW Plus HMO and BSW Preferred HMO							
LG 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						
LG HMO	HS21_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
	HS21_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
	HS21_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
	HS21_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	HC21_500_01	Calendar Year	LC1HA2C2	LC1HB2C2	LC1HC2C2	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
	HC21_500_02	Calendar Year	LC1HA3C2	LC1HB3C2	LC1HC3C2	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
	HC21_750_01	Calendar Year	LC1HA1V2	LC1HB1V2	LC1HC1V2	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
	HC21_1000_01	Calendar Year	LC1HA1D2	LC1HB1D2	LC1HC1D2	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
	HC21_1000_02	Calendar Year	LC1HA2D2	LC1HB2D2	LC1HC2D2	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
	HC21_1000_03	Calendar Year	LC1HA3D2	LC1HB3D2	LC1HC3D2	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
	HC21_1000_04	Calendar Year	LC1HA4D2	LC1HB4D2	LC1HC4D2	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
	HC21_1000_05	Calendar Year	LC1HA5D2	LC1HB5D2	LC1HC5D2	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
	HC21_1500_01	Calendar Year	LC1HA1E2	LC1HB1E2	LC1HC1E2	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
	HC21_1500_02	Calendar Year	LC1HA3E2	LC1HB3E2	LC1HC3E2	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
	HC21_1500_03	Calendar Year	LC1HA4E2	LC1HB4E2	LC1HC4E2	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
	HC21_1500_04	Calendar Year	LC1HA5E2	LC1HB5E2	LC1HC5E2	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
	HC21_1500_05	Calendar Year	LC1HA6E2	LC1HB6E2	LC1HC6E2	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. **For a covered member through the age of 18. Applies to PCP office visits only.

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Large Group PY 2021 HMO Portfolio

Network Available: BSW Plus HMO / BSW Preferred HMO

PY21 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			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						
HC21_2000_01	Calendar Year	LC1HA1F2	LC1HB1F2	LC1HC1F2	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
HC21_2000_02	Calendar Year	LC1HA2F2	LC1HB2F2	LC1HC2F2	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
HC21_2000_03	Calendar Year	LC1HA3F2	LC1HB3F2	LC1HC3F2	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
HC21_2000_04	Calendar Year	LC1HA4F2	LC1HB4F2	LC1HC4F2	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
HC21_2000_05	Calendar Year	LC1HA5F2	LC1HB5F2	LC1HC5F2	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
HC21_2500_01	Calendar Year	LC1HA1G2	LC1HB1G2	LC1HC1G2	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
HC21_2500_02	Calendar Year	LC1HA2G2	LC1HB2G2	LC1HC2G2	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
HC21_2500_03	Calendar Year	LC1HA4G2	LC1HB4G2	LC1HC4G2	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
HC21_2500_04	Calendar Year	LC1HA5G2	LC1HB5G2	LC1HC5G2	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
HC21_2500_05	Calendar Year	LC1HA6G2	LC1HB6G2	LC1HC6G2	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
HC21_2500_06	Calendar Year	LC1HA7G2	LC1HB7G2	LC1HC7G2	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
HC21_2500_07	Calendar Year	LC1HA8G2	LC1HB8G2	LC1HC8G2	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
HC21_3000_01	Calendar Year	LC1HA1H2	LC1HB1H2	LC1HC1H2	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
HC21_3000_02	Calendar Year	LC1HA2H2	LC1HB2H2	LC1HC2H2	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
HC21_3000_03	Calendar Year	LC1HA3H2	LC1HB3H2	LC1HC3H2	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
HC21_3000_04	Calendar Year	LC1HA4H2	LC1HB4H2	LC1HC4H2	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
HC21_3000_05	Calendar Year	LC1HA5H2	LC1HB5H2	LC1HC5H2	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
HC21_3000_06	Calendar Year	LC1HA6H2	LC1HB6H2	LC1HC6H2	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. **For a covered member through the age of 18. Applies to PCP office visits only. Contract year benefits are available. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group PY 2021 HMO Portfolio

Network Available: BSW Plus HMO / BSW Preferred HMO

PY21 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			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						
HC21_3500_01	Calendar Year	LC1HA1I2	LC1HB1I2	LC1HC1I2	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
HC21_3500_02	Calendar Year	LC1HA2I2	LC1HB2I2	LC1HC2I2	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
HC21_4000_01	Calendar Year	LC1HA1J2	LC1HB1J2	LC1HC1J2	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
HC21_4000_02	Calendar Year	LC1HA2J2	LC1HB2J2	LC1HC2J2	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
HC21_4000_03	Calendar Year	LC1HA3J2	LC1HB3J2	LC1HC3J2	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
HC21_4000_04	Calendar Year	LC1HA4J2	LC1HB4J2	LC1HC4J2	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
HC21_4500_01	Calendar Year	LC1HA1K2	LC1HB1K2	LC1HC1K2	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
HC21_5000_01	Calendar Year	LC1HA1L2	LC1HB1L2	LC1HC1L2	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
HC21_5000_02	Calendar Year	LC1HA2L2	LC1HB2L2	LC1HC2L2	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
HC21_5000_03	Calendar Year	LC1HA3L2	LC1HB3L2	LC1HC3L2	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
HC21_5000_04	Calendar Year	LC1HA4L2	LC1HB4L2	LC1HC4L2	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
HC21_5500_01	Calendar Year	LC1HA1M2	LC1HB1M2	LC1HC1M2	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
HC21_6000_01	Calendar Year	LC1HA1N2	LC1HB1N2	LC1HC1N2	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
HC21_7150_01	Calendar Year	LC1HA1P2	LC1HB1P2	LC1HC1P2	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
HC21_7500_01	Calendar Year	LC1HA1Q2	LC1HB1Q2	LC1HC1Q2	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

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Large Group Plan Year 2021 HMO HDHP Portfolio

Network Available: BSW Plus HMO / BSW Preferred HMO

PY21 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			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						
HC21_3000_01HD	Calendar Year	LE1HA1H2	LE1HB1H2	LE1HC1H2	0%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$6,000	\$6,000						
HC21_3000_02HD	Calendar Year	LE1HA2H2	LE1HB2H2	LE1HC2H2	20%	\$3,000	\$5,250	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
						\$6,000	\$10,500						
HC21_3500_01HD	Calendar Year	LE1HA1I2	LE1HB1I2	LE1HC1I2	0%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$7,000	\$7,000						
HC21_4000_01HD	Calendar Year	LE1HA1J2	LE1HB1J2	LE1HC1J2	0%	\$4,000	\$4,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$8,000	\$8,000						
HC21_4500_01HD	Calendar Year	LE1HA1K2	LE1HB1K2	LE1HC1K2	30%	\$4,500	\$6,550	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
						\$9,000	\$13,100						
HC21_5000_01HD	Calendar Year	LE1HA1L2	LE1HB1L2	LE1HC1L2	0%	\$5,000	\$5,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$10,000	\$10,000						
HC21_5000_02HD	Calendar Year	LE1HA2L2	LE1HB2L2	LE1HC2L2	20%	\$5,000	\$6,650	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
						\$10,000	\$13,300						
HC21_6450_01HD	Calendar Year	LE1HA1O2	LE1HB1O2	LE1HC1O2	0%	\$6,450	\$6,450	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$12,900	\$12,900						
HC21_6550_01HD	Calendar Year	LE1HA1R2	LE1HB1R2	LE1HC1R2	0%	\$6,550	\$6,550	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$13,100	\$13,100						
HC21_7000_01HD	Calendar Year	LE1HA1S2	LE1HB1S2	LE1HC1S2	0%	\$7,000	\$7,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$14,000	\$14,000						

*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. Contact your Sales or Client Management Team for more details. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



2021 ACA Individual & Family Plans



Individual Product Structure

	FirstCare	Scott and White Health Plan (New Exchange Product)	Scott and White Health Plan (off-exchange only)	Insurance Company of Scott and White (off-exchange only)
Service Area	92 counties	16 counties	61 counties	55 counties
Network	FirstCare Select Plus	BSW Preferred HMO	HMO Network-Individual/Family	EPO Network-Individual/Family
Product	HMO	HMO	HMO	EPO
Exchange	Yes	Yes	No	No
Telemedicine	MD Live and BSW telehealth	MD Live and BSW telehealth	BSW telehealth	BSW telehealth
# of plans	36 (11 standard plans + 27 variants)	34 (11 standard plans + 25 variants)	1	1

Bronze FirstCare ACA Individual Plans

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 Prevent	Generic**	Preferred Brand**	Non Preferred* *	Specialty	
Bronze	FirstCare Savers Bronze HMO HSA 006	Yes	0%	\$6,900	\$6,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,800	\$13,800												
	FirstCare Vital Bronze HMO 013	No	40%	\$4,000	\$8,550	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	\$17,100												
	FirstCare Vital Bronze HMO 009	No	20%	\$7,600	\$8,550	\$45	\$0	\$95	\$95	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	\$17,100												

Silver FirstCare ACA Individual Plans

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 SilverHMO 008	No	0%	\$7,800	\$7,800	\$25	\$0	\$60	\$60	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$15,600	\$15,600												
	FirstCare Prime SilverHMO 008-CSR 73% AV	No	0%	\$5,500	\$5,500	\$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
				\$11,000	\$11,000												
	FirstCare Prime SilverHMO 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 SilverHMO 008-CSR 94% AV	No	0%	\$700	\$700	\$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
				\$1,400	\$1,400												

Silver FirstCare ACA Individual Plans

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 003	No	40%	\$3,000	\$8,550	\$30	\$0	\$60	\$60	\$750 copay plus 40% AFD	\$1,000 copay/day plus 40% AFD, not to exceed \$5,000	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$6,000	\$17,100												
	FirstCare Prime Silver HMO 003 – CSR 73% AV	No	40%	\$1,600	\$6,800	\$20	\$0	\$50	\$50	\$750 copay plus 40% AFD	\$1,000 copay/day plus 40% AFD, not to exceed \$5,000	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$3,200	\$13,600												
	FirstCare Prime Silver HMO 003 – CSR 87% AV	No	20%	\$500	\$2,850	\$10	\$0	\$20	\$20	\$500 copay plus 20% AFD	\$700 copay/day plus 20% AFD, not to exceed \$2,850	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55 AFD	\$150 AFD	\$500 AFD
				\$1,000	\$5,700												
	FirstCare Prime Silver HMO 003-CSR 94% AV	No	20%	\$150	\$1,000	\$5	\$0	\$10	\$10	\$250 copay plus 20% AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55 AFD	\$150 AFD	\$500 AFD
				\$300	\$2,000												

Silver FirstCare ACA Individual Plans

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 SilverHMO 012	No	10%	\$0	\$8,550	\$40	\$0	\$80	\$80	\$750 copay/visit	\$800 copay/day, not to exceed \$4,000	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,100												
	FirstCare Prime SilverHMO 012 - CSR 73% AV	No	10%	\$0	\$6,800	\$40	\$0	\$75	\$75	\$750 copay/visit	\$700 copay/day, not to exceed \$3,500	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$13,600												
	FirstCare Prime SilverHMO 012 - CSR 87% AV	No	10%	\$0	\$2,400	\$15	\$0	\$30	\$30	\$750 copay/visit	\$700 copay/day, not to exceed \$2,400	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$4,800												
	FirstCare Prime SilverHMO 012 - CSR 94% AV	No	10%	\$0	\$700	\$5	\$0	\$10	\$10	\$500 copay/visit	\$700 copay/day, not to exceed \$700	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$1,400												

Silver FirstCare ACA Individual Plans

Off Exchange Only

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 SilverHMO 010	No	20%	\$4,950	\$8,550	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$9,900	\$17,100												
	FirstCare Prime SilverHMO 014	No	10%	\$0	\$8,550	\$40	\$0	\$80	\$80	\$750 copay	\$1000 copay/day, not to exceed \$5,000	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,100												

Gold FirstCare ACA Individual Plans

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%	\$2,000	\$8,550	\$20	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$4,000	\$17,100												
	FirstCare Elite Gold HMO 002	No	20%	\$0	\$8,550	\$45	\$0	\$80	\$80	\$750 copay/visit	20%	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,100												
	FirstCare Elite Gold HMO 011	No	10%	\$0	\$7,000	\$15	\$0	\$50	\$50	\$750 copay/visit	\$500 copay/day, not to exceed \$2,500	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$14,000												

Bronze SWHP ACA Individual Plans

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%	\$6,900	\$6,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,800	\$13,800												
	BSW Vital Bronze HMO 007	No	40%	\$4,000	\$8,550	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	\$17,100												
	BSW Vital Bronze HMO 009	No	20%	\$7,600	\$8,550	\$45	\$0	\$95	\$95	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	\$17,100												

Silver SWHP ACA Individual Plans

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	BSW Prime Silver HMO 008	No	0%	\$7,800	\$7,800	\$25	\$0	\$60	\$60	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	0% AFD	0% AFD	0% AFD
				\$15,600	\$15,600												
	BSW Prime Silver HMO 008- CSR 73% AV	No	0%	\$5,500	\$5,500	\$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
				\$11,000	\$11,000												
	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%	\$700	\$700	\$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
				\$1,400	\$1,400												

Silver SWHP ACA Individual Plans

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	BSW Prime Silver HMO 003	No	40%	\$3,000	\$8,550	\$30	\$0	\$60	\$60	\$750 copay plus 40% AFD	\$1,000 copay/day plus 40% AFD, not to exceed \$5,000	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$6,000	\$17,100												
	BSW Prime Silver HMO 003 - CSR 73% AV	No	40%	\$1,600	\$6,800	\$20	\$0	\$50	\$50	\$750 copay plus 40% AFD	\$1,000 copay/day plus 40% AFD, not to exceed \$5,000	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$3,200	\$13,600												
	BSW Prime Silver HMO 003 - CSR 87% AV	No	20%	\$500	\$2,850	\$10	\$0	\$20	\$20	\$500 copay plus 20% AFD	\$700 copay/day plus 20% AFD, not to exceed \$2,850	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55 AFD	\$150 AFD	\$500 AFD
				\$1,000	\$5,700												
	BSW Prime Silver HMO 003 - CSR 94% AV	No	20%	\$150	\$1,000	\$5	\$0	\$10	\$10	\$250 copay plus 20% AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55 AFD	\$150 AFD	\$500 AFD
				\$300	\$2,000												

Silver SWHP ACA Individual Plans

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	BSW Prime Silver HMO 005	No	10%	\$0	\$8,550	\$40	\$0	\$80	\$80	\$750 copay/visit	\$800 copay/day, not to exceed \$4,000	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,100												
	BSW Prime Silver HMO 005 - CSR 73% AV	No	10%	\$0	\$6,800	\$40	\$0	\$75	\$75	\$750 copay/visit	\$700 copay/day, not to exceed \$3,500	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$13,600												
	BSW Prime Silver HMO 005 - CSR 87% AV	No	10%	\$0	\$2,400	\$15	\$0	\$30	\$30	\$750 copay/visit	\$700 copay/day, not to exceed \$2,400	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$4,800												
	BSW Prime Silver HMO 005 - CSR 94% AV	No	10%	\$0	\$700	\$5	\$0	\$10	\$10	\$500 copay/visit	\$700 copay/day, not to exceed \$700	\$0	\$0	\$10	\$55	\$150	\$500
				\$0	\$1,400												

Silver SWHP ACA Individual Plans

Off Exchange Only

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	BSW Prime Silver HMO 010	No	20%	\$4,950	\$8,550	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$9,900	\$17,100												
	BSW Prime Silver HMO 011	No	10%	\$0	\$8,550	\$40	\$0	\$80	\$80	\$750 copay	\$1000 copay/day, not to exceed \$5,000	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,100												

Gold SWHP ACA Individual Plans

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	BSW Elite Gold HMO 001	No	20%	\$2,000	\$8,550	\$20	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
				\$4,000	\$17,100												
	BSW Elite Gold HMO 004	No	10%	\$0	\$7,000	\$15	\$0	\$50	\$50	\$750 copay/visit	\$500 copay/day, not to exceed \$2,500	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$14,000												

Gold SWHP ACA Individual Plans

Off Exchange Only

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	BSW Elite Gold HMO 002	No	20%	\$0	\$8,550	\$45	\$0	\$80	\$80	\$750 copay/visit	20%	\$0	\$0	\$15	\$55	\$150	\$500
				\$0	\$17,100												