









Plan Benefits	BSW Vital Bronze HMO 009	BSW Vital Bronze HMO 007	BSW Savers Bronze HMO H S A 006
Medical Deductible Single/Family	\$7,600 / \$15,200	\$4,000 / \$8,000	\$6,900 / \$13,800
Medication Deductible Single/Family	\$0 for ACA Preventive and Tier I Tiers II-IV are Integrated with Medical	\$0 for ACA Preventive and Tier I Tiers II-IV are Integrated with Medical	Integrated with Medical
Preventive Care Copay	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	\$45	40% ¹	0% ¹
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	40% ¹	0% ¹
Specialty Care Visit Copay	\$95	40% ¹	0% ¹
Inpatient Copay	20% ¹	40% ¹	0% ¹
Outpatient Copay	20% ¹	40% ¹	0% ¹
Emergency Room Copay	20% ¹	40% ¹	0% ¹
Urgent Care Copay	\$95	40% ¹	0% ¹
Routine Lab/X-Ray Copay	20% ¹	40% ¹	0% ¹
Imaging (MRI, CT, Scans) Copay	20% ¹	40% ¹	0% ¹
Telehealth Coverage includes MyBSWHealth and MDLIVE	No Charge	40% ¹	0% ¹
Medication Copays:			
ACA Preventive Drugs	\$0	\$20	\$0
Tier I	\$25	40% ¹	0% ¹
Tier II	\$55 ¹	40% ¹	0% ¹
Tier III	\$150 ¹	40% ¹	0% ¹
Tier IV	\$500 ¹	40% ¹	0% ¹
Formulary	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$8,550 / \$17,100	\$8,550 / \$17,100	\$6,900 / \$13,800
Plan ID	40788TX0460009-00	40788TX0460007-00	40788TX0460006-00
Summary of Benefits & Coverage (SBC)			
Plan Documents			

¹After Medical Deductible