







Plan Benefits	BSW Vital Bronze HMO 001 †	BSW Vital Bronze EPO 001 †
Medical Deductible Single/Family	\$7,600 / \$15,200	\$7,600 / \$15,200
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
Preventive Care Copay	No Charge	No Charge
Adult Primary Care Visit Copay	\$45	\$45
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0
Specialty Care Visit Copay	\$95	\$95
Inpatient Copay	20% <sup>1</sup>	20% <sup>1</sup>
Outpatient Copay	20% <sup>1</sup>	20% <sup>1</sup>
Emergency Room Copay	20% <sup>1</sup>	20% <sup>1</sup>
Urgent Care Copay	\$95	\$95
Routine Lab/X-Ray Copay	20% <sup>1</sup>	20% <sup>1</sup>
Imaging (MRI, CT, Scans) Copay	20% <sup>1</sup>	20% <sup>1</sup>
Telehealth Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge
<b>Medication Copays:</b>		
ACA Preventive Drugs	\$0	\$0
Tier I	\$25	\$25
Tier II	\$55 <sup>1</sup>	\$55 <sup>1</sup>
Tier III	\$150 <sup>1</sup>	\$150 <sup>1</sup>
Tier IV	\$500 <sup>1</sup>	\$500 <sup>1</sup>
Formulary	<a href="#">Click here</a>	<a href="#">Click here</a>
Compare Medication Costs	Link available soon	Link available soon
Maximum Out-of-Pocket Single/Family	\$8,550 / \$17,100	\$8,550 / \$17,100
Plan ID	40788TX0410001-00	37755TX0250001-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>		
<b>Plan Documents</b>		

<sup>1</sup>After Medical Deductible  
 †BSW Vital Bronze HMO 001 and BSW Vital Bronze EPO 001 plans are not available through healthcare.gov; no premium subsidies are available for these plans.