









Plan Benefits	BSW Elite Gold HMO 001	BSW Elite Gold HMO 004	BSW Elite Gold HMO 002+ Off Exchange Only
Medical Deductible Single/Family	\$2,000 / \$4,000	\$0 / \$0	\$0 / \$0
Medication Deductible Single/Family	\$0	\$0	\$0
Preventive Care Copay	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	\$20	\$15	\$45
Pediatric Primary Care Visit Copay (Ages 0-19)	\$0	\$0	\$0
Specialty Care Visit Copay	\$60	\$50	\$80
Inpatient Copay	20% ¹	\$500 per day	20%
Outpatient Copay	20% ¹	\$300	20%
Emergency Room Copay	\$750 ¹	\$750	\$750
Urgent Care Copay	\$60	\$50	\$80
Routine Lab/X-Ray Copay	20% ¹	10%	20%
Imaging (MRI, CT, Scans) Copay	20% ¹	\$250 per test	20%
Telehealth Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge	No Charge
Medication Copays:			
ACA Preventive Drugs	\$0	\$0	\$0
Tier I	\$15	\$15	\$15
Tier II	\$55	\$55	\$55
Tier III	\$150	\$150	\$150
Tier IV	\$500	\$500	\$500
Formulary	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$8,550 / \$16,300	\$7,000 / \$14,000	\$8,550 / \$16,300
Plan ID	40788TX0460001-00	40788TX0460004-00	40788TX0460002-00
Summary of Benefits & Coverage (SBC)			
Plan Documents			

¹After Medical Deductible

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