

















| Plan Benefits | BSW Prime Silver HMO 003 | BSW Prime Silver HMO 003 - CSR 73% AV* FPL (201%-250%) | BSW Prime Silver HMO 003 - CSR 87% AV* FPL (151%-200%) | BSW Prime Silver HMO 003 - CSR 94% AV* FPL (100%-150%) |
|---|---|---|---|---|
| Medical Deductible Single/Family | \$3,000 / \$6,000 | \$1,600 / \$3,200 | \$500 / \$1,000 | \$150 / \$300 |
| Medication Deductible Single/Family | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical |
| Preventive Care Copay | No Charge | No Charge | No Charge | No Charge |
| Adult Primary Care Visit Copay | \$30 | \$20 | \$10 | \$5 |
| Pediatric Primary Care Visit Copay (Ages 0-18) | \$0 | \$0 | \$0 | \$0 |
| Specialty Care Visit Copay | \$60 | \$50 | \$20 | \$10 |
| Inpatient Copay | \$1,000 per day plus 40% ¹ | \$1,000 per day plus 40% ¹ | \$700 per day plus 20% ¹ | 20% ¹ |
| Outpatient Copay | \$600 per visit plus 40% ¹ | \$600 per visit plus 40% ¹ | \$300 per visit plus 20% ¹ | 20% ¹ |
| Emergency Room Copay | \$750 per visit plus 40% ¹ | \$750 per visit plus 40% ¹ | \$500 per visit plus 20% ¹ | \$250 per visit plus 20% ¹ |
| Urgent Care Copay | \$60 | \$50 | \$20 | \$10 |
| Routine Lab/X-Ray Copay | 40% ¹ | 40% ¹ | 20% ¹ | 20% ¹ |
| Imaging (MRI, CT, Scans) Copay | 40% ¹ | 40% ¹ | 20% ¹ | 20% ¹ |
| Telehealth Coverage includes MyBSWHealth and MDLIVE | No Charge | No Charge | No Charge | No Charge |
| Medication Copays: | | | | |
| ACA Preventive Drugs | \$0 | \$0 | \$0 | \$0 |
| Tier I | \$15 | \$15 | \$10 | \$10 |
| Tier II | \$55 ¹ | \$55 ¹ | \$55 ¹ | \$55 ¹ |
| Tier III | \$150 ¹ | \$150 ¹ | \$150 ¹ | \$75 ¹ |
| Tier IV | \$500 ¹ | \$500 ¹ | \$250 ¹ | \$250 ¹ |
| Formulary | Click here | Click here | Click here | Click here |
| Compare Medication Costs | Click here | Click here | Click here | Click here |
| Maximum Out-of-Pocket Single/Family | \$8,550 / \$17,100 | \$6,800 / \$13,600 | \$2,850 / \$5,700 | \$1,000 / \$2,000 |
| Plan ID | 40788TX0460003-00 | 40788TX0460003-04 | 40788TX0460003-05 | 40788TX0460003-06 |
| Summary of Benefits & Coverage (SBC) |  |  |  |  |
| Plan Documents |  |  |  |  |

*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 40788TX0460003-04 (201-250%), 40788TX0460003-05 (151-200%), 40788TX0460003-06 (100-150%),
¹After Medical Deductible

| Plan Benefits | BSW Prime Silver HMO 008 | BSW Prime Silver HMO 008 - CSR 73% AV* FPL (201%-250%) | BSW Prime Silver HMO 008 - CSR 87% AV* FPL (151%-200%) | BSW Prime Silver HMO 008 - CSR 94% AV* FPL (100%-150%) |
|---|---|---|---|---|
| Medical Deductible Single/Family | \$7,800 / \$15,600 | \$5,500 / \$11,000 | \$1,800 / \$3,600 | \$700 / \$1,400 |
| Medication Deductible Single/Family | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical | ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical |
| Preventive Care Copay | No Charge | No Charge | No Charge | No Charge |
| Adult Primary Care Visit Copay | \$25 | \$15 | \$10 | \$10 |
| Pediatric Primary Care Visit Copay (Ages 0-18) | \$0 | \$0 | \$0 | \$0 |
| Specialty Care Visit Copay | \$60 | \$50 | \$30 | \$30 |
| Inpatient Copay | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Outpatient Copay | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Emergency Room Copay | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Urgent Care Copay | \$60 | \$50 | \$30 | \$30 |
| Routine Lab/X-Ray Copay | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Imaging (MRI, CT, Scans) Copay | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Telehealth Coverage includes MyBSWHealth and MDLIVE | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Medication Copays: | | | | |
| ACA Preventive Drugs | \$0 | \$0 | \$0 | \$0 |
| Tier I | \$15 | \$15 | \$15 | \$10 |
| Tier II | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Tier III | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Tier IV | 0% ¹ | 0% ¹ | 0% ¹ | 0% ¹ |
| Formulary | Click here | Click here | Click here | Click here |
| Compare Medication Costs | Click here | Click here | Click here | Click here |
| Maximum Out-of-Pocket Single/Family | \$7,800 / \$15,600 | \$5,500 / \$11,000 | \$1,800 / \$3,600 | \$700 / \$1,400 |
| Plan ID | 40788TX0460008-00 | 40788TX0460008-04 | 40788TX0460008-05 | 40788TX0460008-06 |
| Summary of Benefits & Coverage (SBC) |  |  |  |  |
| Plan Documents |  |  |  |  |





*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 40788TX0460008-04 (201-250%), 40788TX0460008-05 (151-200%), 40788TX0460008-06 (100-150%)

¹After Medical Deductible

| Plan Benefits | BSW Prime Silver HMO 005 | BSW Prime Silver HMO 005 - CSR 73% AV* FPL (201%-250%) | BSW Prime Silver HMO 005 - CSR 87% AV* FPL (151%-200%) | BSW Prime Silver HMO 005 - CSR 94% AV* FPL (100%-150%) |
|---|---|---|---|---|
| Medical Deductible Single/Family | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 | \$0 / \$0 |
| Medication Deductible Single/Family | \$0 | \$0 | \$0 | \$0 |
| Preventive Care Copay | No Charge | No Charge | No Charge | No Charge |
| Adult Primary Care Visit Copay | \$40 | \$40 | \$15 | \$5 |
| Pediatric Primary Care Visit Copay (Ages 0-18) | \$0 | \$0 | \$0 | \$0 |
| Specialty Care Visit Copay | \$80 | \$75 | \$30 | \$10 |
| Inpatient Copay | \$800 per day | \$700 per day | \$700 per day | \$700 per day |
| Outpatient Copay | \$500 | \$500 | \$500 | \$250 |
| Emergency Room Copay | \$750 | \$750 | \$750 | \$500 |
| Urgent Care Copay | \$80 | \$75 | \$30 | \$10 |
| Routine Lab/X-Ray Copay | \$125 for X-rays, \$55 for Labs | \$124 for X-rays, \$50 for Labs | \$50 for X-rays, \$50 for Labs | \$50 for X-rays, \$50 for Labs |
| Imaging (MRI, CT, Scans) Copay | \$250 | \$250 | \$250 | \$75 |
| Telehealth Coverage includes MyBSWHealth and MDLIVE | No Charge | No Charge | No Charge | No Charge |
| Medication Copays: | | | | |
| ACA Preventive Drugs | \$0 | \$0 | \$0 | \$0 |
| Tier I | \$15 | \$15 | \$10 | \$10 |
| Tier II | \$55 | \$55 | \$55 | \$55 |
| Tier III | \$150 | \$150 | \$150 | \$150 |
| Tier IV | \$500 | \$500 | \$500 | \$500 |
| Formulary | Click here | Click here | Click here | Click here |
| Compare Medication Costs | Click here | Click here | Click here | Click here |
| Maximum Out-of-Pocket Single/Family | \$8,550 / \$17,100 | \$6,800 / \$13,600 | \$2,400 / \$4,800 | \$700 / \$1,400 |
| Plan ID | 40788TX0460005-00 | 40788TX0460005-04 | 40788TX0460005-05 | 40788TX0460005-06 |
| Summary of Benefits & Coverage (SBC) |  |  |  |  |
| Plan Documents |  |  |  |  |

*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 40788TX0460005-04 (201-250%), 40788TX0460005-05 (151-200%), 40788TX0460005-06 (100-150%),
¹After Medical Deductible

Off Exchange Only

| Plan Benefits | BSW Prime Silver HMO 010+ | BSW Prime Silver HMO 011+ |
|---|---|---|
| Medical Deductible Single/Family | \$4,950 / \$9,900 | \$0 / \$0 |
| Medication Deductible Single/Family | \$0 / \$0 | \$0 |
| Preventive Care Copay | No Charge | No Charge |
| Adult Primary Care Visit Copay | \$30 | \$40 |
| Pediatric Primary Care Visit Copay (Ages 0-18) | \$0 | \$0 |
| Specialty Care Visit Copay | \$60 | \$80 |
| Inpatient Copay | 20% ¹ | \$1,000 per day |
| Outpatient Copay | 20% ¹ | \$600 per visit |
| Emergency Room Copay | \$750 ¹ | \$750 |
| Urgent Care Copay | \$60 | \$80 |
| Routine Lab/X-Ray Copay | 20% ¹ | \$125 for X-rays, \$55 for Labs |
| Imaging (MRI, CT, Scans) Copay | 20% ¹ | \$250 |
| Telehealth Coverage includes MyBSWHealth and MDLIVE | No Charge | No Charge |
| Medication Copays: | | |
| ACA Preventive Drugs | \$0 | \$0 |
| Tier I | \$15 | \$15 |
| Tier II | \$55 | \$55 |
| Tier III | \$150 | \$150 |
| Tier IV | \$500 | \$500 |
| Formulary | Click here | Click here |
| Compare Medication Costs | Click here | Click here |
| Maximum Out-of-Pocket Single/Family | \$8,550 / \$17,100 | \$8,550 / \$17,100 |
| Plan ID | 40788TX0460010-00 | 40788TX0460011-00 |
| Summary of Benefits & Coverage (SBC) |  |  |
| Plan Documents |  |  |

¹After Medical Deductible

+BSW Prime Silver HMO 010 and BSW Prime Silver HMO 011 plans are not available through healthcare.gov; no premium subsidies are available for these plans.