# 2023 Plan Portfolio



# **2023 Small Group Plans**



				DV	23 ACA Smal	l Group HM	IO Snanshot	Grid						нмо	Networks Ava	ilable	
					- ACA SIII ai			Gila						BSW P	remier HMO N	etwork	
	Small Gr	oup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Networ				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Bronze HMO	BHG23P30	No	100%	\$9,100	\$9,100	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	100 9100	B110231 30	NO	100%	\$18,200	\$18,200	No charge	070 AI D	070 AI D	070 AI D	070 AI D	070 Al D	No charge	070 AI D	U/U AI D	070 AT D	0/0 AT D
	Bronze HMO	BHG23P01	No	90%	\$7,900	\$9,100	No charge	\$45	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
Bronze	90 7900	B110231 01	110	3070	\$15,800	\$18,200	No charge	copay/visit	1070 AT D	10/0 AT D	10/0 AI D	10% AI D	No charge	\$15 copuy	AFD	AFD	AFD
Bro	Bronze HMO	BHG23P03	No	80%	\$7,500	\$9,100	No charge	\$55	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
	80 7500	5110231 03	110	3070	\$15,000	\$18,200	TVO CHAIGE	copay/visit	20/0/11/0	20/0/11/0	20/0/11/0	20/0/11/2	No charge	713 copuy	AFD	AFD	AFD
	Bronze HMO	BHC33D03	Yes	100%	\$6,900	\$6,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 6900 BHG23P02	162	100%	\$13,800	\$13,800	U/0 AFD	U/0 AFD	U/0 AFD	U/0 AFD	U/0 AFD	U/0 AFD	No charge	U/0 AFD	0/0 AFD	U/0 AFD	U∕⁄⁄⁄ AFD	



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

					PY23 A	CA Small Gro	up HMO Sna	apshot Grid							Premier HMO N		
	Small G	roup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Network				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Silver HMO	SHG23P31	No	80%	\$8,600	\$9,100	No sharge	\$50	\$100	\$100	\$750	20% AFD	No sharge	¢1F conov	ĆEE canav	¢150 conov	\$500 copay
	80 8600	SHG23P31	NO	80%	\$17,200	\$18,200	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO	SHG23P32	No	80%	\$7,500	\$9,100	No charge	\$45	\$80	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO SHG23P13 No.	3070	\$15,000	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	20/0 AT D	No charge	313 copay	эээ сорау	\$150 copay	3300 copay		
		SHG23P13	No	100%	\$7,300	\$9,100	No charge	\$25	\$60	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	100 7300	(4(-)3013   100	100%	\$14,600	\$18,200	140 charge	copay/visit	copay/visit	copay/visit	AFD	070 AI D	140 charge	915 copay	<b>233 сорау</b>	\$150 copuy	2300 copay	
	Silver HMO	SHG23P33	No	90%	\$7,000	\$8,200	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	90 7000	311023133	110	3070	\$14,000	\$16,400	Tro charge	10/07/11/2	20/07 (1) 2	10,0,112	10/6/11/2	10,071112	Tto charge	φ13 τοραγ 	yss copuy	ψ130 dopay	φσου τοραγ
Sil	Silver HMO	SHG23P08	No	80%	\$6,900	\$9,100	No charge	\$45	\$85	\$85	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 6900	0.1020.00		00/0	\$13,800	\$18,200	. to onal go	copay/visit	copay/visit	copay/visit	AFD	20/9/11/2		<b>+20 copu</b> ,	, too copu,	<b>4200 00pu</b> )	, and sopuly
	Silver HMO	SHG23P34	No	70%	\$6,700	\$9,100	No charge	\$45	\$85	\$85	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 70 6700 SHG23P34		7 670	\$13,400	\$18,200	. to ona go	copay/visit	copay/visit	copay/visit	AFD	30,012		<b>410 copu</b> ,	, too copu,	<b>4200 00pu</b> )	, and copus	
	Silver HMO SHG23P10 N	No	90%	\$6,500	\$9,100	No charge	\$40	\$80	\$80	\$750 copay/visit	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
	90 6500				\$13,000	\$18,200	2 380	copay/visit	copay/visit	copay/visit	AFD	.3.2	2 286	, == == ;	, ,	,	, ,
	Silver HMO	SHG23P09	No	80%	\$6,250	\$9,100	No charge	\$40	\$75	\$75	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 6250			0073	\$12,500	\$18,200	i i i i i i i i i i i i i i i i i i i	copay/visit	copay/visit	copay/visit	AFD			, <b>-</b> 5 55 p3 y	, , , , , , , , , , , , , , , , , , , ,	, 100 00 00	, - 00 00 pay

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

					PY23	ACA Small G	Group HMO S	Snapshot Grid						111010	THE COUNTY AVE	illabic	
														BSW Pi	remier HMO N	letwork	
	Small G	Group		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefi In-Netw				Drugs** In-Network		
Meta	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	*No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Silver HMO	SHG23P35	Vos	100%	\$6,000	\$6,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No sharge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 6000	3HGZ3P35	Yes	100%	\$12,000	\$12,000	U% AFD	0% AFD	U% AFD	U% AFD	U% AFD	0% AFD	No charge	U% AFD	U% AFD	0% AFD	U% AFD
	Silver HMO 90	SHG23P15	No	90%	\$5,900	\$9,100	No sharge	\$35	\$70	\$70	\$750	10% AFD	No chargo	¢1E copay	¢EE consu	¢1E0 conqu	¢E00 conav
	5900	3HG23P15	No	90%	\$11,800	\$18,200	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 80	ver HMO 80 5000 SHG23P11 No	No	80%	\$5,000	\$9,100	No charge	\$40	\$80	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	5000	3HG23P11	INO	80%	\$10,000	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	20% AFD	No charge	\$15 COpay	<b>333 сорау</b>	\$150 Copay	\$500 copay
	Silver HMO	SHG23P14	Yes	100%	\$4,800	\$4,800	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 4800	311023714	163	100%	\$9,600	\$9,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
ت	Silver HMO 70	SHG23P12	No	70%	\$4,500	\$9,100	No charge	\$40	\$80	\$80	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	4500	311023F12	INO	70%	\$9,000	\$18,200	NO charge	copay/visit	copay/visit	copay/visit	AFD	30% AI D	No charge	313 copay	эээ сорау	\$150 copay	ээоо сорау
	Silver HMO 80	SHG23P40	No	80%	\$4,250	\$9,100	No charge	\$50	\$95	\$95	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	4250	311023740	INO	80%	\$8,500	\$18,200	NO charge	copay/visit	copay/visit	copay/visit	AFD	20% AFD	No charge	этэ сорау	333 сорау	3130 Copay	5300 copay
	Silver HMO 70	SHG22D17	No	70%	\$3,800	\$9,100	No charge	\$50	\$95	\$95	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 70 3800 SHG23P17	311023717	INO	70%	\$7,600	\$18,200	NO charge	copay/visit	copay/visit	copay/visit	AFD	30% AFD	No charge	этэ сорау	333 сорау	3130 Copay	5300 copay
	Silver HMO 60	SHG23P37	No	60%	\$3,250	\$9,100	No charge	\$55	\$95	\$95	\$750 copay/visit	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	3250 SF	311023737	INO	00%	\$6,500	\$18,200	NO charge	copay/visit	copay/visit	copay/visit	AFD	40% AFD	No charge	этэ сорау	333 сорау	3130 Copay	5300 copay
	Silver HMO				\$0	\$9,100		\$50	\$100	\$100	\$750	\$1,500 copayment per day					
	Silver HMO copayment 0 SHG23P16	No	90%	\$0	\$18,200	No charge	copay/visit.		copay/visit		(not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

					DV22 ACA	Small Group	n UMO Snan	shot Grid						нмо	Networks Ava	ilable	
					F123 ACA	. Siliali Giou	p mivio snap	silot dila						BSW P	remier HMO N	etwork	
	Small G	roup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Network				Drugs** In-Network		
Meta	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Gold HMO 90	011000000		000/	\$4,500	\$6,500		A- / · · ·	\$40	\$40	\$750	100/ 155		445	4	4450	4500
	4500	GHG23P07	No	90%	\$9,000	\$13,000	No charge	\$5 copay/visit.	copay/visit		copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO 100 4000 GHG23P38 No	Na	1000/	\$4,000	\$6,500	No above	\$15	\$25	\$25	\$750	00/ AFD	No shawas	Ć15	ĆĘĘ samou	¢150	¢500	
	4000 GHG23P38 No	NO	100%	\$8,000	\$13,000	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
	Gold HMO 100	CUC22D10	No	100%	\$3,700	\$9,100	No charge	No charge	\$65	\$65	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	3700	GHG23P19	INO	100%	\$7,400	\$18,200	No charge	No charge	copay/visit	copay/visit	AFD	0% AFD	No charge	\$15 Copay	\$55 Copay	\$150 COpay	\$500 copay
Gold	Gold HMO HSA	GHG23D18	Yes	100%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
Ğ	3500	G110231 10	163	100%	\$7,000	\$7,000	0/0 Al D	070 AI D	070 AI D	070 AI D	070 AI D	070 AI D	ivo charge	0/0 Al D	070 AI D	070 AT D	0/0 Al D
	Gold HMO 100	GHG23P27	No	100%	\$3,000	\$4,000	No charge	\$25	\$60	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO 100 3000 GHG	G110231 27	NO	100%	\$6,000	\$8,000	140 charge	copay/visit.	copay/visit	copay/visit	AFD	0/0 Al D	No charge	313 copay	эээ сорау	этэо сорау	ээоо сорау
	Gold HMO HSA 3000	GHG23P20	Yes	100%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
		G110231 20	163	100/0	\$6,000	\$6,000	3/0 Al D	0/0 Al D	0/0 Al D	0/0 AI D	0/0 Al D	0/0 Al D	140 Charge	0/0 Al D	070 AI D	0/0 Al D	0/0 Al D
	Gold HMO 100 2300 GHG23P26 No	GHG23P26	No	100%	\$2,300	\$8,500	No charge	No charge	\$60	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		140	100/0	\$4,600	\$17,000	140 charge	No charge	copay/visit	copay/visit	AFD	070 AI D	No charge	915 copay	233 copay	9130 copay	2300 copay	



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

					ΡΥ23 Δ	CA Small Gro	oup HMO Sn	anshot Grid						нм	O Networks A	vailable	
					1123 A	CA Sinaii Gi		upsnot dnu						BSW	Premier HMO	Network	
	Small (	Group		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Netwo				Drugs** In-Network	ζ	
Meta	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Gold HMO 90				\$2,000	\$5,500		\$25	\$60	\$60	\$750			4	1	4	4-00
	2000	GHG23P25	No	90%	\$4,000	\$11,000	No charge	copay/visit.	1		copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO 90	CUCAARAA		000/	\$1,800	\$7,500			\$50	\$50	\$750 copay/visit	100/ 150	N. I	44.5	455	6450	4500
	1800	GHG23P28	3P28 No 90'	90%	\$3,600	\$15,000	No charge	No charge	copay/visit	copay/visit	AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO 80		000/	\$1,500	\$7,000		\$25	\$60	\$60	\$750	200/ 455		445	4	4450	4500	
	1500		No	80%	\$3,000	\$14,000	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Plob	Gold HMO 80	GHG23P24	Na	900/	\$1,000	\$8,200	No obove	\$25	\$60	\$60	\$750	200/ AFD	No above	¢15	ĆĘĘ agraji	¢150	Ć500
9	1000	GHG23P24	No	80%	\$2,000	\$16,400	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO 80	GHG23P39	No	900/	\$750	\$8,250	No sharge	\$40	\$70	\$70	\$750	20% AFD	No sharge	¢1F conov	¢FF conou	¢150 conov	¢E00 comov
	750	GHG23P39	9 No 80%	\$1,500	\$16,500	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
	Gold HMO		000/	\$0	\$6,500	N. alasana	\$15	\$50	\$50	\$750	\$500 copayment per day		¢45	ĆEE	¢450	Ć500	
	copayment 0 GHG23 6500	GHG23P22	No	90%	\$0	\$13,000	No charge	copay/visit.	copay/visit	copay/visit	copay/visit	(not to exceed \$2,500)	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		GHG23P29	N	900/	\$0	\$9,100	No objective	\$50	\$85	\$85	\$750	200/ of shares	No share-	¢15 cana	¢EE canali	¢150	¢500 carasy
	0 9100	GHG23P29	No	80%	\$0	\$18,200	No charge	copay/visit.	copay/visit	copay/visit	copay/visit	20% of charges	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

				DV:	2 ACA Smal	I Group HM	O Snapshot	Grid						нмо	Networks Ava	ilable	
					. ACA SIIIdi			Grid						BSW	Plus HMO Net	work	
	Small Gr	oup		Coins	Deductible Individual Family			Office Visit In-Network			Benefits In-Networ				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Bronze HMO	BHG23A30	No	100%	\$9,100	\$9,100	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Bronze HMO 100 9100	БПОZЗАЗО	NO	100%	\$18,200	\$18,200	No charge	0% AFD	0% AFD	U% AFD	U% AFD	0% AFD	No charge	0% AFD	U% AFD	U% AFD	U% AFD
Bronze HMC	Bronze HMO	BHG23A01	No	90%	\$7,900	\$9,100	No charge	\$45	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
Bronze	90 7900			56/3	\$15,800	\$18,200	The enange	copay/visit	20,0 % 11	20/07 11 2	20,01112	20/07 11 2		<b>420 35ps</b> ,	AFD	AFD	AFD
Brc	Bronze HMO	BHG23A03	No	80%	\$7,500	\$9,100	No charge	\$55	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
	80 7500				\$15,000	\$18,200		copay/visit				20,11.1.2		, 23 33 64	AFD	AFD	AFD
	Bronze HMO	BHG23A02	Yes	100%	\$6,900	\$6,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 6900 BHG23	511023/102	163	100/0	\$13,800	\$13,800	070 AI D	C/O AI D	070 AI D	O/O AI D	O/O AI D	O/O AI D	140 Charge	075 AI D	070 AI D	070 AI D	070 AI D



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

					PY23 A	CA Small Gro	up HMO Sna	pshot Grid							V Plus HMO Ne		
	Small G	roup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit			Benefits In-Network				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Silver HMO	SHG23A31	NI -	000/	\$8,600	\$9,100	NIh	\$50	\$100	\$100	\$750	200/ AED	No do ono	Ć45	ĆEE	¢450	Ć500
	80 8600	SHG23A31	No	80%	\$17,200	\$18,200	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO	SHG23A32	No	80%	\$7,500	\$9,100	No charge	\$45	\$80	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 7500	3HG23A32	INO	80%	\$15,000	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	20% AFD	No charge	\$15 COpay	<b>333 сорау</b>	\$150 Copay	\$500 copay
	Silver HMO	CH(=)2/12   N(\(\text{N}\)   10()	100%	\$7,300	\$9,100	No charge	\$25	\$60	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
	100 7300	\  \  \  \  \  \  \  \  \  \  \  \  \	100%	\$14,600	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	0/0 AFD	No charge	313 Copay	<i>333</i> сорау	3130 Copay	ээоо сорау	
	Silver HMO	SHG23A33	No	90%	\$7,000	\$8,200	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	90 7000	311023/33	140	3070	\$14,000	\$16,400	140 charge	10/0/A/10	10/0/A/10	10/0/A10	1070 AI D	1070 AT D	140 charge	J15 copay	<b>233 сора</b> у	\$150 copuy	ээсс сорау
≅	Silver HMO	SHG23A08	No	80%	\$6,900	\$9,100	No charge	\$45	\$85	\$85	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 6900	311023700	140	3070	\$13,800	\$18,200	140 charge	copay/visit	copay/visit	copay/visit	AFD	20/0 Al D	140 charge	715 copay	<b>233 сора</b> у	\$150 copuy	ээсс сорау
	Silver HMO	SHG23A34	No	70%	\$6,700	\$9,100	No charge	\$45	\$85	\$85	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	70 6700	3110237134	34 No 70%	\$18,200	Two charge	copay/visit	copay/visit	copay/visit	AFD	307071113	140 charge	Ç15 copay	уээ сориу	\$150 copuy	<b>4300 сорау</b>		
	Silver HMO SHG23A10 No 9	90%	\$6,500	\$9,100	No charge	\$40	\$80	\$80	\$750 copay/visit	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
	90 6500	5.1025,110		30,3	\$13,000	\$18,200		copay/visit	copay/visit	copay/visit	AFD	20,01110		+10 copuy	+33 copay	+130 copuy	+300 copay
	Silver HMO	SHG23A09	No	80%	\$6,250	\$9,100	No charge	\$40	\$75	\$75	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 6250	3.1023/103	110	0070	\$12,500	\$18,200	110 charge	copay/visit	copay/visit	copay/visit	AFD	20,0,110	. to charge	Ç10 copay	233 copuy	\$250 copay	2300 copuy

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

					DV22 AC	A Small Grou	ın HMO Snar	oshot Grid						нмо	Networks Ava	ilable	
					F125 AC	A Siliali Giot	ip nivio siiaļ	JSHOT GHU						BSW	Plus HMO Net	work	
	Small G	iroup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Network				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Silver HMO	SHG23A35	Yes	100%	\$6,000	\$6,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No oborgo	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 6000	3HG23A33	res	100%	\$12,000	\$12,000	U% AFD	U% AFD	U% AFD	0% AFD	U% AFD	U% AFD	No charge	U% AFD	U% AFD	U% AFD	U% AFD
	Silver HMO 90	SHG23A15	No	90%	\$5,900	\$9,100	No chargo	\$35	\$70	\$70	\$750	10% AFD	No oborgo	Ć1F conov	¢FF conov	¢150 aanay	¢500 sanav
	5900	3HG23A13	No	90%	\$11,800	\$18,200	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 80 5000 SHG23A11 No		No	80%	\$5,000	\$9,100	No charge	\$40	\$80	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	5000 SHG23A11 No		NO	80%	\$10,000	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO	SHC22 \ 1 \ 1	Yes	100%	\$4,800	\$4,800	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Silver HMO HSA 4800 SHG23A14	res	100%	\$9,600	\$9,600	U% AFD	U% AFD	U% AFD	0% AFD	U% AFD	U% AFD	No charge	U% AFD	U% AFD	U% AFD	U% AFD	
	Silver HMO 70	SHG23A12	No	70%	\$4,500	\$9,100	No charge	\$40	\$80	\$80	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	4500	3HG23A12	NO	70%	\$9,000	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Sil	Silver HMO 80	SHG23A40	No	80%	\$4,250	\$9,100	No charge	\$50	\$95	\$95	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	4250	311G23A40	NO	80%	\$8,500	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	20% AFD	No charge	\$15 Copay	эээ сорау	\$130 copay	3300 copay
	Silver HMO 70	SHG23A17	No	70%	\$3,800	\$9,100	No charge	\$50	\$95	\$95	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	3800	3HG23A17	NO	70%	\$7,600	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 60	SHG23A37	No	60%	\$3,250	\$9,100	No charge	\$55	\$95	\$95	\$750 copay/visit	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 60 3250 SHG2	3HG23A37	NO	00%	\$6,500	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$0	\$9,100						\$1,500 copayment					
	Silver HMO copayment 0	SHG23A16	No	90%	\$0	\$18,200	No charge	\$50 copay/visit.	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit	per day (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

						DV33 ACA	Small Group	n HMO Snan	shot Grid						нмо	Networks Ava	ilable	
						T 123 ACF	, Sinan Group		asilot dila						BSW	Plus HMO Net	work	
		Small G	roup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Network				Drugs** In-Network		
N	/letal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
		Gold HMO 90	011000107		000/	\$4,500	\$6,500		A= /	\$40	\$40	\$750	100/ 155		44-	4	4450	4500
		4500	GHG23A07	No	90%	\$9,000	\$13,000	No charge	\$5 copay/visit.	copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		Gold HMO 100	[GHG23A38] NO	1000/	\$4,000	\$6,500	No de ses	\$15	\$25	\$25	\$750	00/ 450	No. de ausa	¢45	ĆEE	¢450	¢500	
		4000	IGHGZZAZKI NO	100%	\$8,000	\$13,000	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
		Gold HMO 100	4000	No	100%	\$3,700	\$9,100	No charge	No charge	\$65	\$65	\$750 copay/visit	0% AFD	No charge	¢1E consu	\$55 copay	¢1E0 conov	\$500 copay
		3700	GHG23A19	INO	100%	\$7,400	\$18,200	NO Charge	No charge	copay/visit	copay/visit	AFD	U% AFD	No charge	\$15 copay	\$55 Copay	\$150 copay	\$500 copay
	Gold	Gold HMO HSA 3500	CUC22 \ 1 \ 2	Yes	100%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	99	3500	UNU25A16	165	100%	\$7,000	\$7,000	U% AFD	U% AFD	U% AFD	U% AFD	0% AFD	U% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
		Gold HMO 100	CUC22A27	No	100%	\$3,000	\$4,000	No charge	\$25	\$60	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		GHG23A27 3000 GHG23A27	diid23A27	INO	100%	\$6,000	\$8,000	No charge	copay/visit.	copay/visit	copay/visit	AFD	0% AFD	No charge	313 copay	эээ сорау	этэо сорау	3300 copay
		Gold HMO HSA 3000 GHG23A20	CHC33730	Yes	100%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
		3000 GH	GI IGZ3AZU	163	100%	\$6,000	\$6,000	U/0 AFD	U/0 AFD	U/0 AFD	U/0 AFD	U/0 AFD	U/0 AFD	NO Charge	U/0 AFD	U/0 AFD	U/0 AFD	0/0 AFD
		Gold HMO 100 2300 GHG23A26 No	GHG23A26	No	100%	\$2,300	\$8,500	No charge	No charge	\$60	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
			INO	100/0	\$4,600	\$17,000	ivo charge	ivo charge	copay/visit	copay/visit	AFD	070 AI D	NO charge	713 Copay	233 copay	7130 copay	2300 copay	



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

						PY23 A	CA Small Gro	oup HMO Sna	apshot Grid							O Networks Av		
		Small (	Group		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Netwo			53.	Drugs** In-Network		
r	Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
		Gold HMO 90	CUCCOAACE	NI-	000/	\$2,000	\$5,500	No. observed	\$25	\$60	\$60	\$750	100/ AFD	NI - di	Ć45	ĆEE	6450	¢500
		2000	GHG23A25	No	90%	\$4,000	\$11,000	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		Gold HMO 90	GHG23A28	NI-	000/	\$1,800	\$7,500	NIh	N. akana	\$50	\$50	\$750 copay/visit	100/ AFD	NIl	¢45	ĆEE	6450	¢500
		1800	GHG23A28	No	90%	\$3,600	\$15,000	No charge	No charge	copay/visit	copay/visit	AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		Gold HMO 80	CUCCCAACC	NI -	000/	\$1,500	\$7,000	N	\$25	\$60	\$60	\$750	300/ AFD	NIl	Ć45	ĆEE	6450	¢500
		1500	GHG23A23	No	80%	\$3,000	\$14,000	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold	Gold HMO 80	GHG23A24	No	80%	\$1,000	\$8,200	No charge	\$25	\$60	\$60	\$750 copay/visit	20% AFD	No chargo	\$15 copay	¢EE consu	\$150 copay	\$500 copay
	gc	1000	GHGZ3AZ4	NO	80%	\$2,000	\$16,400	No charge	copay/visit.	copay/visit	copay/visit	AFD	20% AFD	No charge	313 copay	\$55 copay	\$150 Copay	3500 сорау
		Gold HMO 80	GHG23A39	No	80%	\$750	\$8,250	No charge	\$40	\$70	\$70	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		750	GHGZSASS	INO	80%	\$1,500	\$16,500	No charge	copay/visit.	copay/visit	copay/visit	AFD	20% AFD	No charge	313 Copay	эээ сорау	3130 Copay	ээоо сорау
		Gold HMO	CHC33A33	No	90%	\$0	\$6,500	No charge	\$15	\$50	\$50	\$750	\$500 copayment per day	No chargo	\$15 copay	¢EE consu	¢1E0 conov	¢E00 conov
		copayment 0 GF 6500	GNG23A22	No	90%	\$0	\$13,000	No charge	copay/visit.	copay/visit	copay/visit	copay/visit	(not to exceed \$2,500)	No charge	313 copay	\$55 copay	\$150 copay	\$500 copay
		Gold HMO SM	GHG23A29	No	80%	\$0	\$9,100	No charge	\$50	\$85	\$85	\$750	20% of charges	No charge	\$15 consu	\$55 copay	\$150 copay	\$500 copay
		0 9100	UNUZSAZS	INU	00%	\$0	\$18 200	ino charge	copay/visit.	copay/visit	copay/visit	copay/visit	20% of charges	NO CHAIRE	313 cohay	333 copay	3130 copay	3300 copay

#### Subject to regulatory approval.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

\$0

\$18,200



HMO Networks Available

<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

							PY23 ACA	Small Group	p PPO Snar	shot Grid							PPO N	etworks Avail	able	
								1		1							BSW F	Plus PPO Netw	vork	
	Small (	Group		Co	oins	Dedu Indiv Far		MC Indiv Fan			Office Visit In-Network			Benefits In-Netwo				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Bronze PPO 100	BPG23D30	No	100%	50%	\$9,100	\$18,200	\$9,100	\$27,300	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	9100	BPG23D30	NO	100%	30%	\$18,200	\$36,400	\$18,200	\$54,600	No charge	0% AFD	0% AFD	0% AFD	0% AFD	U% AFD	No charge	U% AFD	U% AFD	0% AFD	U% AFD
	Bronze PPO 90	BPG23D01	No	90%	50%	\$7,900	\$15,800	\$9,100	9,100 \$27,300 No cha	No charge	\$45	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay		\$150 copay,	
	7900	BI 023001	140	30%	3070	\$15,800	\$31,600	\$18,200		No charge	copay/visit	10% AI D	10/0 AI D	10/0 Al D	10/0 Ai D	No charge	\$15 copuy	AFD	AFD	AFD
Bronze						\$7,500	\$15,000	\$9,100	\$27,300											
	Bronze PPO 80 7500	BPG23D03	No	80%	50%	\$15,000	\$30,000	\$18,200	\$54,600	No charge	\$55 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD
	Bronze PPO HSA	BPG23D02	Yes	100%		\$20,700	- 0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD			
	6900	BPG23DU2	162	100%	50%	\$13,800	\$27,600		U% AFD	U% AFD	U/0 AFD	U% AFD	U% AFD	U% AFD	No charge	U% AFD	U% AFD	0% AFD	U% AFD	



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

							PY23 A	CA Small G	iroup PPO	Snapshot Gi	rid							V Plus PPO Net		
	Small G	roup		Co	ins	Dedu Indiv Fan	idual	Indiv	OOP vidual mily		Office Visi In-Networ			Benefits In-Network				Drugs** In-Network		
Meta	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Silver PPO 80	CDC22D24	N-	000/	50%	\$8,600	\$17,200	\$9,100	\$27,300	No obove	\$50	\$100	\$100	\$750	200/ AFD	No about	Ć15	ĆEE aana	Ć150 aana.	¢500
	8600	SPG23D31	No	80%	50%	\$17,200	\$34,400	\$18,200	\$54,600	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 80	SPG23D32	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$45	\$80 copay/visit	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	7500	3FG23D32	INO	80%	30%	\$15,000	\$30,000	\$18,200	\$54,600	NO Charge	copay/visit	380 copay/ visit	copay/visit	AFD	20% AFD	No charge	\$15 copay	эээ сорау	3130 copay	5300 copay
	Silver PPO 100 7300	SPG23D13	No	100%	50%	\$7,300	\$14,600	\$9,100	\$27,300	No charge	\$25	\$60 copay/visit	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 conav
	7300	31 G23D13	110	100%	3070	\$14,600	\$29,200	\$18,200	\$54,600	No charge	copay/visit	200 copay, visit	copay/visit	AFD	070 AI D	140 charge	у15 сорау	<b>233 сорау</b>	7130 copay	узоо сорау
	Silver PPO 90	SPG23D33	No	90%	50%	\$7,000	\$14,000	\$8,200	\$24,600	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	7000	31 023033	140	3070	3070	\$14,000	\$28,000	\$16,400	\$49,200	No charge	10/0/11/2	10/07(12)	10/0/112	10/0/11/2	10/0/11/0	Two charge	715 copay	<b>33 сора</b> у	7130 copuy	7300 copay
Sil	Silver PPO 80	SPG23D08	No	80%	50%	\$6,900	\$13,800	\$9,100	\$27,300	No charge	\$45 copay/visit	\$85 copay/visit	\$85	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	6900	31 023000		0070	3070	\$13,800	\$27,600	\$18,200	\$54,600	Two charge	copay, visit	203 copuy, visit	copay/visit	AFD	20/071112	- No charge	715 copay	, ээ сорау 	7130 copuy	узоо сорау
	Silver PPO 70	SPG23D34	No	70%	50%	\$6,700	\$13,400	\$9,100	\$27,300	No charge	\$45	\$85 copay/visit	\$85	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	6700	3. 023331		7070	3070	\$13,400	\$26,800	\$18,200	\$54,600	Tro charge	copay/visit	yos copuy, visit	copay/visit	AFD	30707112	Tro charge	713 copuy	узэ сорау	γ130 coραγ	үзээ сорау
	Silver PPO 90	SPG23D10	No	90%	50%	\$6,500	\$13,000	\$9,100	\$27,300	No charge	\$40	\$80 copay/visit	\$80	\$750 copay/visit	10% AFD	No charge	\$15 copav	\$55 copay	\$150 copay	\$500 copay
	6500	2.02210		33,0	23/0	\$13,000	\$26,000	\$18,200	\$54,600	The sharpe	copay/visit	, 20 copay, visit	copay/visit	AFD	20,07112		7-20 00 pay		7-20 0000	тэээ зорау
	Silver PPO 80	SPG23D09	No	80%	50%	\$6,250	\$12,500	\$9,100	\$27,300	No charge	\$40	\$75 copay/visit	\$75	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copav
	6250	2.02000		33,0		\$12,500	\$25,000	\$18,200	\$54,600	- To charge	copay/visit	7.000007771310	copay/visit	AFD	20,0,1110		7-20 00 pay	+00 00pay	, 100 copay	, zee copay

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

						ı	PY23 ACA	Small Group	PPO Sna	pshot Grid							BSW P	lus PPO Net	work	
	Small	Group		Co	oins	Dedu Indiv Far		MO Indivi Fam	dual		Office Visit In-Network			Benefits In-Netwo				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Silver PPO	SPG23D35	Yes	100%	50%	\$6,000	\$12,000	\$6,000	\$18,000	- 0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 6000	31 023033	163	100%	30%	\$12,000	\$24,000	\$12,000	\$36,000	070 ATD	070 AI D	070 AT D	070 AI D	070 AI D	070 AI D	No charge	070 AI D	0% AI D	070 AI D	070 AI D
	Silver PPO	SPG23D15	No	90%	50%	\$5,900	\$11,800	\$9,100	\$27,300	No charge	\$35 copay/visit	\$70	\$70	\$750 copay/visit	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	90 5900	31 023013	110	3070	3070	\$11,800	\$23,600	\$18,200	\$54,600	140 charge	733 copay, visit	copay/visit	copay/visit	AFD	10/0/11/2	140 charge	у13 сориу	<b>333 сора</b> у	7130 copay	<b>2300 сорау</b>
	Silver PPO	SPG23D11	No	80%	50%	\$5,000	\$10,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copav	\$500 copay
	80 5000					\$10,000	\$20,000	\$18,200	\$54,600		7	copay/visit	copay/visit	AFD			7-0 00 00	700 00   100	, , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Silver PPO	SPG23D14	Yes	100%	50%	\$4,800	\$9,600	\$4,800	\$14,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 4800					\$9,600	\$19,200	\$9,600	\$28,800							ŭ				
-i	Silver PPO	SPG23D12	No	70%	50%	\$4,500	\$9,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80	\$80	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	70 4500					\$9,000	\$18,000	\$18,200	\$54,600		, ,	copay/visit	copay/visit	AFD			. , ,	, ,	, ,	
	Silver PPO	SPG23D40	No	80%	50%	\$4,250	\$8,500	\$9,100	\$27,300	No charge	\$50 copay/visit	\$95	\$95	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 4250					\$8,500	\$17,000	\$18,200	\$54,600		, ,	copay/visit	copay/visit	AFD						
	Silver PPO 70 3800	SPG23D17	No	70%	50%	\$3,800	\$7,600	\$9,100	\$27,300	No charge	\$50 copay/visit	\$95	\$95	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	70 3800					\$7,600	\$15,200	\$18,200	\$54,600			copay/visit	copay/visit	AFD						
	Silver PPO 60 3250	SPG23D37	No	60%	50%	\$3,250	\$6,500	\$9,100	\$27,300	No charge	\$55 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	60 3250					\$6,500	\$13,000	\$18,200	\$54,600			copay/visit	copay/visit	AFD	d4 500					
	Silver PPO					\$0	\$4,275	\$9,100	\$27,300		\$50	\$100	\$100	\$750	\$1,500 copayment per					
	copayment 0	SPG23D16	No	90%	50%	\$0	\$8,550	\$18,200	\$54,600	No charge	copay/visit.	copay/visit		copay/visit	day (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

							PY23 AC	A Small Grou	up PPO Snaps	hot Grid								Networks Avail Plus PPO Net		
	Small Gr	oup		Co	oins	Inc	ductible lividual amily	Indiv	OOP ridual mily		Office Visi In-Networ			Benefits In-Network				Drugs** In-Network		
Met	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Gold PPO 90					\$4,500	\$9,000	\$6,500	\$19,500				\$40	\$750						
	4500	GPG23D07	No	90%	50%	\$9,000	\$18,000	\$13,000	\$39,000	No charge	\$5 copay/visit.	\$40 copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 100					\$4,000	\$8,000	\$6,500	\$19,500		\$15		\$25	\$750						
	4000	GPG23D38	No	100%	50%	\$8,000	\$16,000	\$13,000	\$39,000	No charge	copay/visit.	\$25 copay/visit	525 copay/visit	copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$3,700	\$7,400	\$9,100	\$27,300		. ,,			AFD \$750						
	Gold PPO 100 3700	GPG23D19	No	100%	50%	\$7,400	\$14,800	\$18,200	\$54,600	No charge	No charge	\$65 copay/visit	\$65 copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO HSA	GPG23D18	Yes	100%	50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	3500	PPO 100 GPG23D27 No.	10070	3070	\$7,000	\$14,000	\$7,000	\$21,000	070 AI B	070 AI B	070 Al B	070 AI D		070 AI B	140 charge	070 AI D	070 AT B	070 AI D	070 AT B	
	Gold PPO 100	000 GPG23D27 No	No	100%	50%	\$3,000	\$6,000	\$4,000	\$12,000	No charge	\$25	\$60 copay/visit	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	3000	000 GPG23D27 NO PPO HSA GPG23D20 Ves	20070	30,0	\$6,000	\$12,000	\$8,000	\$24,000	Tro onange	copay/visit.	φου συραγή τισιο	copay/visit	AFD	0,07.11.2	110 0.10.80	Ψ25 σοραγ	you copu,	φ 250 σοραγ	φσου συρώγ 	
	Gold PPO HSA	PO HSA GPG23D27 No	100%	50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD	
	3000					\$6,000 \$2,300	\$12,000 \$4,600	\$6,000 \$8,500	\$18,000 \$25,500					\$750		J				
	Gold PPO 100	GPG23D26	No	100%	50%			. ,	† ' <i>'</i>	No charge	No charge	\$60 copay/visit	\$60	copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
ح ا	2300					\$4,600	\$9,200	\$17,000	\$51,000				copay/visit	AFD		_				
Gold	Gold PPO 90	GPG23D25	No	90%	50%	\$2,000	\$4,000	\$5,500	\$16,500	No charge	\$25	\$60 copay/visit	\$60	\$750 copay/visit	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	2000	G: G23523	110	3070	3070	\$4,000	\$8,000	\$11,000	\$33,000	140 charge	copay/visit.	700 copay, visit	copay/visit	AFD	10/0/11/0	140 charge	<b>ДІЗ СОРИ</b>	y 33 copuy	7130 copuy	ysoc copuy
	0.1100000					\$1,800	\$3,600	\$7,500	\$22,500				450	\$750						
	Gold PPO 90 1800	GPG23D28	No	90%	50%	\$3,600	\$7,200	\$15,000	\$45,000	No charge	No charge	\$50 copay/visit	\$50 copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Cald DDO 00					\$1,500	\$3,000	\$7,000	\$21,000		ćar		¢co.	\$750						
	Gold PPO 80 1500	GPG23D23	No	80%	50%	\$3,000	\$6,000	\$14,000	\$42,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 80					\$1,000	\$2,000	\$8,200	\$24,600		\$25		\$60	\$750			4		4	
	1000	GPG23D24	No	80%	50%	\$2,000	\$4,000	\$16,400	\$49,200	No charge	copay/visit.	\$60 copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Cold DDO 90 750	CDC33D30	No	80%	F00/	\$750	\$1,500	\$8,250	\$24,750	No charge	\$40	¢70 conoutuicit	\$70	\$750	20% AFD	No charge	Ć1F conou	ĆEE conou	¢1F0 conov	¢E00 sanav
	Gold PPO 80 750	Uru23D39	INO	00%	50%	\$1,500	\$3,000	\$16,500	\$49,500	No charge	copay/visit.	\$70 copay/visit	copay/visit	copay/visit AFD		No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO					\$0	\$2,750	\$6,500	\$19,500						\$500 copayment per					
	copayment 0 6500	GPG23D22	No	90%	50%	\$0	\$5,500	\$13,000	\$39,000	No charge	\$15 copay/visit.	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	day (not to exceed \$2,500)	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

							Ρ <b>Υ</b> 23 Δ <b>Γ</b> Δ (	Small Group	n PPO Snai	nshot Grid							PPO N	etworks Avail	able	
							T 125 ACA	i i i i i i i i i i i i i i i i i i i	511 O Sha	p3110t G110							BSW A	ccess PPO Net	work	
	Small 6	Group		Coins	urance	Indiv	ctible idual nily	MO Indiv Fan	idual		Office Visit In-Network			Benefits In-Netwo				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Bronze PPO 100	UHC23F30	No	100%	50% -	\$9,100	\$18,200	\$9,100	\$27,300	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	9100	011023130	NO	100%	30%	\$18,200	\$36,400	\$18,200	\$54,600	No charge	0/0 AT D	070 AI D	070 AI D	070 AI D	070 AT D	No charge	070 AI D	0% AI D	070 AI D	070 AI D
	Bronze PPO 90	UHC23F01	No	90%	50%	\$7,900	\$15,800	\$9,100	\$27,300	No charge	\$45	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay		\$150 copay,	\$500 copay,
Bronze	7900	011023701	NO	30%	30%	\$15,800	\$31,600	\$18,200	\$54,600	No charge	copay/visit	10% AFD	10% AFD	10% AFD	10% APD	No charge	313 сора <b>у</b>	AFD	AFD	AFD
Bro	Bronze PPO 80	UHC23F03	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$55	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	
	7500	011023703	NO	80%	30%	\$15,000	\$30,000	\$18,200	\$54,600	No charge	copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	No charge	313 сора <b>у</b>	AFD	AFD	AFD
	Bronze	1111033503	Vas	Yes 100%	F00/	\$6,900	\$13,800	\$6,900	\$20,700	00/ AFD	00/ AFD	00/ AFD	00/ AFD	00/ 450	00/ AFD	No shares	00/ AFD	00/ AFD	00/ AFD	00/ AFD
	PPO HSA 6900	HSA UHC23F02 Yes	100%	50%	\$13,800	\$27,600	\$13,800	\$41,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD	



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

							PY23 ACA S	Small Group	p PPO Snar	shot Grid							PPO N	etworks Avail	able	
																	BSW Ac	cess PPO Net	work	
	Small (	Group		Coins	urance	Indiv	ctible ridual mily	MC Indiv Fan			Office Visit In-Network			Benefits In-Netwo				Drugs** In-Network		
Meta	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Bronze PPO 100	UHC23F30	No	100%	50%	\$9,100	\$18,200	\$9,100	\$27,300	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	9100	UTICZSF30	NO	100%	30%	\$18,200	\$36,400	\$18,200	\$54,600	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	NO Charge	U/0 AFD	0% AFD	0% AFD	0% AFD
	Bronze PPO 90	UHC23F01	No	90%	50%	\$7,900	\$15,800	\$9,100	\$27,300	No charge	\$45	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay		\$150 copay,	
Bronze	7900	011023101		30%	3070	\$15,800	\$31,600	\$18,200	\$54,600	The charge	copay/visit	10/0/11/2	10/07 11 2	10,0711 5	10/0/11/0	THE CHAIGE	, 13 copuy	AFD	AFD	AFD
Brc	Bronze PPO 80	UHC23F03	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$55	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay		\$150 copay,	
	7500				2072	\$15,000	\$30,000	\$18,200	\$54,600		copay/visit							AFD	AFD	AFD
	Bronze	IIHC33E03	Vec	100%	50%	\$6,900	\$13,800	\$6,900	\$20,700	- 0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	6900	PPO HSA UHC23F02 Ye	163	100%	30/0	\$13,800	\$27,600	\$13,800	\$41,400	070 AI D	070 AI D	0/0 AI D	0/0 AI D	0/0 AI D	070 AI D	140 charge	070 AI D	070 AI D	070 AI D	0/0 AI D



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

							PY23 A	CA Small G	iroup PPO	Snapshot G	rid						BSW	Access PPO N	etwork	
	Small G	roup		Coinsu	ırance	Dedu Indiv Far		Indiv	OOP ridual mily		Office Visi In-Networ			Benefits In-Network				Drugs** In-Network		
Meta	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Silver PPO 80	1111022524	N	000/	F00/	\$8,600	\$17,200	\$9,100	\$27,300	Na abayas	\$50	\$100	\$100	\$750	200/ AFD	No about	Ć1F	ĆEE aana	Ć150 aanau	¢500
	8600	UHC23F31	No	80%	50%	\$17,200	\$34,400	\$18,200	\$54,600	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 80	UHC23F32	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No sharge	\$45	¢80 sanay/visit	\$80	\$750	20% AFD	No charge	¢1F conov	ĆFF comov	¢150 conov	¢500 consu
	7500	UHC23F32	INO	80%		\$15,000	\$30,000	\$18,200	\$54,600	No charge	copay/visit	\$80 copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 cobay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 100	UHC23F13	No	100%	50%	\$7,300	\$14,600	\$9,100	\$27,300	No charge	\$25	¢60 conou/visit	\$60	\$750 copay/visit	0% AFD	No charge	¢1F conov	\$55 copay	\$150 copay	¢E00 consu
	7300	UHC23F13	INO	100%	l l	\$14,600	\$29,200	\$18,200	\$54,600	No charge	copay/visit	\$60 copay/visit	copay/visit	AFD	U% AFD	No charge	\$15 copay	<b>эээ сорау</b>	\$150 Copay	\$500 copay
	Silver PPO 90	UHC23F33	No	90%	50%	\$7,000	\$14,000	\$8,200	\$24,600	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	¢15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	7000	UHC23F33	INO	90%		\$14,000	\$28,000	\$16,400	\$49,200	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	<b>эээ сорау</b>	\$150 COpay	\$300 сорау
Sil	Silver PPO 80	UHC23F08	No	80%	50%	\$6,900	\$13,800	\$9,100	\$27,300	No charge	\$45	\$85 copay/visit	\$85	\$750 copay/visit	20% AFD	No chargo	¢1E copov	¢EE conov	\$150 copay	¢E00 copay
	6900	UHC23F08	INO	80%	l l	\$13,800	\$27,600	\$18,200	\$54,600	No charge	copay/visit	\$85 COPAY/VISIL	copay/visit	AFD	20% AFD	No charge	\$15 cobay	\$55 copay	\$150 Copay	\$500 copay
	Silver PPO 70	UHC23F34	No	70%	50%	\$6,700	\$13,400	\$9,100	\$27,300	No charge	\$45	\$85 copay/visit	\$85	\$750 copay/visit	30% AFD	No charge	¢15 copay	\$55 copay	\$150 copay	\$500 copay
	6700	011023134	INO	70%		\$13,400	\$26,800	\$18,200	\$54,600	No charge	copay/visit	303 Copay/ Visit	copay/visit	AFD	30% AFD	No charge	\$15 copay	333 сорау	3130 COpay	\$300 copay
	Silver PPO 90	UHC23F10	No	90%	50%	\$6,500	\$13,000	\$9,100	\$27,300	No charge	\$40	\$80 copay/visit	\$80	\$750 copay/visit	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	6500 UF	011023F10	INU	30/0		\$13,000	\$26,000	\$18,200	\$54,600	ivo cilaige	copay/visit	200 copay/ visit	copay/visit	AFD	10/0 AFD	ino cilaige	713 copay	эээ сорау	7130 Copay	7300 copay
	Silver PPO 80	UHC23F09	No	80%	50%	\$6,250	\$12,500	\$9,100	\$27,300	No charge	\$40	\$75 copay/visit	\$75	\$750 copay/visit	20% AFD	No charge	\$15 consv	\$55 copay	\$150 copay	\$500 copay
	6250	011023103	INO	3070		\$12,500	\$25,000	\$18,200	\$54,600	140 Charge	copay/visit	7/3 copay/ visit	copay/visit	AFD	20/0 AT D	ivo charge	713 copay	эээ сорау	7130 copay	7500 copay

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

						Y23 ACA S	Small Group	o PPO Sna	pshot Grid							BSW A	ccess PPO Ne	twork	
Small (	Group		Coins	urance	Indiv	idual	Indivi	dual		Office Visit In-Network							Drugs** In-Network		
Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Silver PPO HSA 6000	UHC23F35	Yes	100%	50%	\$6,000 \$12,000	\$12,000 \$24,000	\$6,000 \$12,000	\$18,000 \$36,000	- 0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
Silver PPO 90 5900	UHC23F15	No	90%	50%	\$5,900 \$11,800	\$11,800 \$23,600	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver PPO 80 5000	UHC23F11	No	80%	50%	\$5,000 \$10,000	\$10,000 \$20,000	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver PPO HSA 4800	UHC23F14	Yes	100%	50%	\$4,800 \$9,600	\$9,600 \$19,200	\$4,800 \$9,600	\$14,400 \$28,800	- 0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
Silver PPO 70 4500	UHC23F12	No	70%	50%	\$4,500 \$9,000	\$9,000 \$18,000	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver PPO 80 4250	UHC23F40	No	80%	50%	\$4,250 \$8,500	\$8,500	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver PPO 70 3800	UHC23F17	No	70%	50%	\$3,800 \$7,600	\$7,600 \$15,200	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver PPO 60 3250	UHC23F37	No	60%	50%	\$3,250 \$6,500	\$6,500 \$13,000	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$55 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver PPO copayment 0	UHC23F16	No	90%	50%	\$0 \$0	\$4,275 \$8,550	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$50 copay/visit.	\$100 copay/visit	\$100 copay/visit	) \$/5U	day (not to exceed	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Plan Name  Silver PPO HSA 6000  Silver PPO 90 5900  Silver PPO 80 5000  Silver PPO HSA 4800  Silver PPO 70 4500  Silver PPO 70 3800  Silver PPO 60 3250  Silver PPO copayment	Plan Name         Rider           Silver PPO HSA 6000         UHC23F35           Silver PPO 90 5900         UHC23F15           Silver PPO 80 5000         UHC23F11           Silver PPO HSA 4800         UHC23F14           Silver PPO 70 4500         UHC23F12           Silver PPO 80 4250         UHC23F40           Silver PPO 70 3800         UHC23F17           Silver PPO 60 3250         UHC23F37           Silver PPO copayment         UHC23F16	Plan Name Medical Rider HSA  Silver PPO HSA 6000 UHC23F35 Yes  Silver PPO 90 5900 UHC23F15 No  Silver PPO HSA 4800 UHC23F14 Yes  Silver PPO HSA 4800 UHC23F14 Yes  Silver PPO 70 4500 UHC23F12 No  Silver PPO 70 4500 UHC23F17 No  Silver PPO 80 4250 UHC23F17 No  Silver PPO 70 3800 UHC23F17 No  Silver PPO 70 3800 UHC23F17 No  Silver PPO 60 3250 UHC23F16 No	Plan Name         Medical Rider         HSA         INN           Silver PPO HSA 6000         UHC23F35         Yes         100%           Silver PPO 90 5900         UHC23F15         No         90%           Silver PPO 80 5000         UHC23F11         No         80%           Silver PPO HSA 4800         UHC23F14         Yes         100%           Silver PPO 70 4500         UHC23F12         No         70%           Silver PPO 80 4250         UHC23F40         No         80%           Silver PPO 70 3800         UHC23F17         No         70%           Silver PPO 60 3250         UHC23F37         No         60%           Silver PPO copayment         UHC23F16         No         90%	Plan Name         Medical Rider         HSA         INN         OON           Silver PPO HSA 6000         UHC23F35         Yes         100%         50%           Silver PPO 90 5900         UHC23F15         No         90%         50%           Silver PPO 80 5000         UHC23F11         No         80%         50%           Silver PPO HSA 4800         UHC23F14         Yes         100%         50%           Silver PPO 70 4500         UHC23F12         No         70%         50%           Silver PPO 80 4250         UHC23F40         No         80%         50%           Silver PPO 70 3800         UHC23F17         No         70%         50%           Silver PPO 60 3250         UHC23F37         No         60%         50%           Silver PPO copayment         UHC23F16         No         90%         50%	Small Group   Coinsurance   Indivision	Small Group   Coinsurance   Individual Family	Small Group   Coinsurance	Coinsurance	Plan Name   Medical Rider   HSA   INN   OON   INN   OON   INN   OON   Pediatric PCP	Small Group   Coinsurance	Plan Name   Medical Rider   HSA   INN   OON   INN   OON   INN   OON   INN   OON   Pediatric PCP   No charge Ist sick visit   Specialist	Plan Name   Medical Rider   HSA   INN   ON   INN   ON   INN   ON   INN   ON   Pediatric Family   Pediatric	Plan Name	Plan Name   Medical Rider   HSA   INN   OON   Pediatric In-Network   Specialist In-Network   In-Netwo		Small Group   Coinsurance   Coinsurance	Plan Name   Medical Ridger   Property   Pr	Small   Four   Four

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

							PY23 AC	A Small Grou	ip PPO Snaps	hot Grid							BSW /	Access PPO Ne	twork	
	Small Gro	oup		Coins	urance	Inc	ductible lividual amily	Indiv	OOP ridual nily		Office Visi In-Networ			Benefits In-Network				Drugs** In-Network		
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit		Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Gold PPO 90					\$4,500	\$9,000	\$6,500	\$19,500				\$40	\$750			4		4	4
	4500	UHC23F07	No	90%	50%	\$9,000	\$18,000	\$13,000	\$39,000	No charge	\$5 copay/visit.	\$40 copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 100					\$4,000	\$8,000	\$6,500	\$19,500		\$15		\$25	\$750						
	4000	UHC23F38	No	100%	50%	\$8,000	\$16,000	\$13,000	\$39,000	No charge	copay/visit.	\$25 copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 100					\$3,700	\$7,400	\$9,100	\$27,300				\$65	\$750			4		4	4
	3700	UHC23F19	No	100%	50%	\$7,400	\$14,800	\$18,200	\$54,600	No charge	No charge	\$65 copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO HSA 3500	UHC23F18	Yes	100%	50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$7,000 \$3,000	\$14,000 \$6,000	\$7,000 \$4,000	\$21,000 \$12,000					\$750						
	Gold PPO 100 3000	UHC23F27	No	100%	50%	\$6,000	\$12,000	\$8,000	\$24,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO HSA	UHC23F20	Yes	100%	50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	00/ AFD	0% AFD	0% AFD	0% AFD	No shares	0% AFD	0% AFD	00/ AFD	00/ AFD
	3000	UHCZ3FZU	res	100%	50%	\$6,000	\$12,000	\$6,000	\$18,000	U% AFD	U% AFD	0% AFD	0% AFD	U% AFD	U% AFD	No charge	U% AFD	U% AFD	0% AFD	0% AFD
	Gold PPO 100		<b>N</b> 1 -	4000/	F00/	\$2,300	\$4,600	\$8,500	\$25,500	<b>.</b>	No. do com	¢60 / ::::	\$60	\$750	00/ 455	No. dec.	Ć45	655	6450	¢500
-	2300	UHC23F26	No	100%	50%	\$4,600	\$9,200	\$17,000	\$51,000	No charge	No charge	\$60 copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Gold	Gold PPO 90					\$2,000	\$4,000	\$5,500	\$16,500	_	\$25		\$60	\$750						
Э	2000	UHC23F25	No	90%	50%	\$4,000	\$8,000	\$11,000	\$33,000	No charge	copay/visit.	\$60 copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 90					\$1,800	\$3,600	\$7,500	\$22,500				\$50	\$750 copay/visit						
	1800	UHC23F28	No	90%	50%	\$3,600	\$7,200	\$15,000	\$45,000	No charge	No charge	\$50 copay/visit	copay/visit	AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 80					\$1,500	\$3,000	\$7,000	\$21,000		\$25		\$60	\$750						
	1500	UHC23F23	No	80%	50%	\$3,000	\$6,000	\$14,000	\$42,000	No charge	copay/visit.	\$60 copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 80	622524		000/	F00/	\$1,000	\$2,000	\$8,200	\$24,600		\$25	¢60 / ::::	\$60	\$750	200/ 455	No. dec.	645	655	6450	¢500
	1000	UHC23F24	No	80%	50%	\$2,000	\$4,000	\$16,400	\$49,200	No charge	copay/visit.	\$60 copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold DDC 90.750	LILLCOSESO	Nic	900/	50%	\$750	\$1,500	\$8,250	\$24,750	No chara-	\$40	¢70 conoutui=:±	\$70	\$750	200/ 450	No charge	Ć1E canali	ČEE conour	¢150 aana::	¢E00
	Gold PPO 80 750	UNC23F39	No	80%	5U%	\$1,500	\$3,000	\$16,500	\$49,500	No charge	copay/visit.	\$70 copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO					\$0	\$2,750	\$6,500	\$19,500		645		¢r0	Ć7F0	\$500 copayment per					
	copayment 0 6500	UHC23F22	No	90%	50%	\$0	\$5,500	\$13,000	\$39,000	No charge	\$15 copay/visit.	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	day (not to exceed \$2,500)	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits.

<sup>\*\* 3</sup>x copay for 90-day maintenance eligible drug.

# **2023 Large Group Plans**



# Large Group PY 2023 HMO Portfolio

# Network Available: BSW Plus HMO / BSW

		PY2	23 HMO La	arge Group	o Sna	apshot Grid			Netwo	rks Available:	BSW Plus HI	MO and BSW Premier HMO	
	Plan	Name and Med	dical Rider Name	es .					li	n Network Benefits			
			Network / P	lan Options		Deductible ar		Primary Care Visit*					
	Plan Name	Calendar Year	BSW Plus HMO	BSW Premier HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	HS23_0_01	Calendar Year	LM3HA1A2	LM3HB1A2	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
OMH	HS23_0_02	Calendar Year	LM3HA2A2	LM3HB2A2	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
LG	HS23_0_03	Calendar Year	LM3HA3A2	LM3HB3A2	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
	HS23_0_04	Calendar Year	LM3HA4A2	LM3HB4A2	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
						<b>A</b> =0.0	04.500						
	HC23_500_01	Calendar Year	LC3HA2C2	LC3HB2C2	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
	HC23_500_02	Calendar Year	LC3HA3C2	LC3HB3C2	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
	HC23_750_01	Calendar Year	LC3HA1V2	LC3HB1V2	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
	HC23_1000_01	Calendar Year	LC3HA1D2	LC3HB1D2	10%	\$1,000	\$3,500	\$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
,500	HC23_1000_02	Calendar Year	LC3HA2D2	LC3HB2D2	20%	\$2,000 \$1,000	\$7,000 \$3,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges,	20% AFD
\$1,5						\$2,000 \$1,000	\$7,000 \$4,000					deductible does not apply \$500 copay/visit, then 20% of charges,	
- 005\$	HC23_1000_03	Calendar Year	LC3HA3D2	LC3HB3D2	20%	\$2,000	\$8,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
CC \$5	HC23_1000_04	Calendar Year	LC3HA4D2	LC3HB4D2	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
HMO	HC23_1000_05	Calendar Year	LC3HA5D2	LC3HB5D2	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
FG H	HC23_1500_01	Calendar Year	LC3HA1E2	LC3HB1E2	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
_	HC23_1500_02	Calendar Year	LC3HA3E2	LC3HB3E2	20%	\$1,500	\$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
	HC23_1500_03	Calendar Year	LC3HA4E2	LC3HB4E2	20%	\$3,000 \$1,500	\$9,000 \$6,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges,	20% AFD
	HC23_1500_04	Calendar Year		LC3HB5E2	20%	\$3,000 \$1,500	\$12,000 \$5,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	deductible does not apply \$500 copay/visit, then 20% of charges,	20% AFD
						\$3,000 \$1,500	\$10,000 \$5,000					deductible does not apply \$500 copay/visit, then 30% of charges,	
	HC23_1500_05	Calendar Year	LC3HA6E2	LC3HB6E2	30%	\$3,000	\$10,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	deductible does not apply	30% AFD

<sup>\*</sup>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.



# Large Group PY 2023 HMO Portfolio

# Network Available: BSW Plus HMO/BSW Premier HMO

		PY:	23 HMO l	_arge Grou	p Sna	pshot Grid				Networ	ks Available:	BSW Plus HN	10 and BSW Premier HMO	
	Plan Na	ame and Med	lical Rider Nam	es						In I	Network Benefits			
			Network /	Plan Options		Deductible ar	nd MOOP INN							
	Plan Name	Calendar Year	BSW Plus HMO	BSW Premier HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	Primary Care \ First Non-Preve Visit is No Cha	entive	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	HC23_2000_01	Calendar Year	LC3HA1F2	LC3HB1F2	20%	\$2,000 \$4,000	\$5,000 \$10,000	\$30 copay/vi	isit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC23_2000_02	Calendar Year	LC3HA2F2	LC3HB2F2	20%	\$2,000 \$4,000	\$5,500 \$11,000	\$30 copay/vi	isit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC23_2000_03	Calendar Year	LC3HA3F2	LC3HB3F2	30%	\$2,000 \$4,000	\$5,000 \$10,000	\$25 copay/vi	isit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	HC23_2000_04	Calendar Year	LC3HA4F2	LC3HB4F2	10%	\$2,000 \$4,000	\$5,000 \$10,000	\$25 copay/vi	isit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
000,	HC23_2000_05	Calendar Year	LC3HA5F2	LC3HB5F2	30%	\$2,000 \$4,000	\$5,500 \$11,000	\$30 copay/vi	isit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
\$3,	HC23_2500_01	Calendar Year	LC3HA1G2	LC3HB1G2	10%	\$2,500 \$5,000	\$6,000 \$12,000	\$25 copay/vi	isit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
000	HC23_2500_02	Calendar Year	LC3HA2G2	LC3HB2G2	20%	\$2,500 \$5,000	\$6,000 \$12,000	\$25 copay/vi	isit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
\$2,000	HC23_2500_03	Calendar Year	LC3HA4G2	LC3HB4G2	20%	\$2,500 \$5,000	\$5,500 \$11,000	\$25 copay/vi	isit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
ပြင်	HC23_2500_04	Calendar Year	LC3HA5G2	LC3HB5G2	20%	\$2,500 \$5,000	\$5,000 \$10,000	\$30 copay/vi	isit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
HMO-CC	HC23_2500_05	Calendar Year	LC3HA6G2	LC3HB6G2	20%	\$2,500 \$5,000	\$6,000 \$12,000	\$10 copay/vi	isit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
[2]	HC23_2500_06	Calendar Year	LC3HA7G2	LC3HB7G2	30%	\$2,500 \$5,000	\$6,000 \$12,000	\$35 copay/vi	isit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	HC23_2500_07	Calendar Year	LC3HA8G2	LC3HB8G2	20%	\$2,500 \$5,000	\$6,000 \$12,000	\$35 copay/vi	isit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC23_3000_01	Calendar Year	LC3HA1H2	LC3HB1H2	0%	\$3,000 \$6,000	\$6,000 \$12,000	\$30 copay/vi	isit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
	HC23_3000_02	Calendar Year	LC3HA2H2	LC3HB2H2	10%	\$3,000 \$6,000	\$6,000 \$12,000	\$25 copay/vi	isit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
	HC23_3000_03	Calendar Year	LC3HA3H2	LC3HB3H2	20%	\$3,000 \$6,000	\$6,000 \$12,000	\$25 copay/vi	isit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	HC23_3000_04	Calendar Year	LC3HA4H2	LC3HB4H2	30%	\$3,000 \$6,000	\$6,000 \$12,000	\$30 copay/vi	isit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	HC23_3000_05	Calendar Year	LC3HA5H2	LC3HB5H2	30%	\$3,000 \$6,000	\$6,000 \$12,000	\$20 copay/vi	isit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	HC23_3000_06	Calendar Year	LC3HA6H2	LC3HB6H2	50%	\$3,000 \$6,000	\$6,000 \$12,000	\$15 copay/vi	isit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



# Large Group PY 2023 HMO Portfolio

## Network Available: BSW Plus HMO / BSW Premier HMO

		Р	Y23 HM	O Large	Grou	ıp Snapshot	Grid		Ne	tworks Availab	ole: BSW Plus I	HMO and BSW Premier HMO	
	Plan Nar	me and Medic	al Rider Name	es						In Network Benefits			
	Plan Name	Calendar Year	Network / P	BSW Premier HMO	INN Coins	Deductible an INN Deductible Individual Family	d MOOP INN  INN MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	HC23_3500_01	Calendar Year	LC3HA1I2	LC3HB1l2	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
	HC23_3500_02	Calendar Year	LC3HA2I2	LC3HB2l2	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
	HC23_4000_01	Calendar Year	LC3HA1J2	LC3HB1J2	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
00	HC23_4000_02	Calendar Year	LC3HA2J2	LC3HB2J2	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
\$7,500	HC23_4000_03	Calendar Year	LC3HA3J2	LC3HB3J2	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
.500	HC23_4000_04	Calendar Year	LC3HA4J2	LC3HB4J2	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
C \$3,	HC23_4500_01	Calendar Year	LC3HA1K2	LC3HB1K2	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
нмо-сс	HC23_5000_01	Calendar Year	LC3HA1L2	LC3HB1L2	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
LG H	HC23_5000_02	Calendar Year	LC3HA2L2	LC3HB2L2	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
	HC23_5000_03	Calendar Year	LC3HA3L2	LC3HB3L2	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
	HC23_5000_04	Calendar Year	LC3HA4L2	LC3HB4L2	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
	HC23_5500_01	Calendar Year	LC3HA1M2	LC3HB1M2	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
	HC23_6000_01	Calendar Year	LC3HA1N2	LC3HB1N2	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
	HC23_7150_01	Calendar Year	LC3HA1P2	LC3HB1P2	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
	HC23_7500_01	Calendar Year	LC3HA1Q2	LC3HB1Q2	10%	\$7,500 \$15,000	\$9,100 \$18,200	\$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

<sup>\*</sup>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.



# Large Group Plan Year 2023 HMO HDHP Portfolio

# Network Available: BSW Plus HMO / BSW Premier HMO

		PY	23 HMO I	Large Gro	oup S	napshot Grid			Networks Av	/ailable: BSW F	Plus HMO and	BSW Premier I	HMO
	Plan Na	me and Medica	I Rider Names						In Network Ber	nefits			
			Network / P	Plan Options		Deductible ar	nd MOOP INN						
	Plan Name	Calendar Year	BSW Plus HMO	BSW Premier HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	HC23_3000_01HD	Calendar Year	LE3HA1H2	LE3HB1H2	0%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		Calonida Foai	220.112	220.131.12	0,0	\$6,000	\$6,000	0,07.1.2	0,07.1.2		0,0,1,1,2	0,07.11.2	0,0,1,1,2
	HC23_3000_02HD	Calendar Year	LE3HA2H2	LE3HB2H2	20%	\$3,000	\$5,250	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
						\$6,000	\$10,500						
모	HC23_3500_01HD	Calendar Year	LE3HA1I2	LE3HB1I2	0%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
НОНР						\$7,000	\$7,000						
нмо-сс	HC23_4000_01HD	Calendar Year	LE3HA1J2	LE3HB1J2	0%	\$4,000	\$4,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
Q						\$8,000	\$8,000						
王	HC23_4500_01HD	Calendar Year	LE3HA1K2	LE3HB1K2	30%	\$4,500 \$9,000	\$6,550 \$13,100	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
LG						\$5,000	\$5,000						
	HC23_5000_01HD	Calendar Year	LE3HA1L2	LE3HB1L2	0%	\$10,000	\$10,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		a		. 50, 150, 0		\$5,000	\$6,650	200/ 155	200/ 155	000/ 155	200/ 455	200/ 155	200/ 155
	HC23_5000_02HD	Calendar Year	LE3HA2L2	LE3HB2L2	20%	\$10,000	\$13,300	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	LIC22 6450 04LID	Colondor Voor	1.53114403	L F2UD4O2	0%	\$6,450	\$6,450	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	HC23_6450_01HD	Calendar Year	alendar Year LE3HA1O2 LE3HB		0%	\$12,900	\$12,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	HC23 6550 01HD	Calendar Year	LE3HA1R2	LE3HB1R2	0%	\$6,550	\$6,550	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	. 1020_000_0111D	Calcillati Teat	LLUI IA II V	220101112	0 70	\$13,100	\$13,100	070 AI D	070 AI D	070 ALD	070 AI D	070 AI D	0 /0 /AI D
	HC23_7000_01HD	Calendar Year	LE3HA1S2	LE3HB1S2	0%	\$7,000	\$7,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1.020_1.000_0.1110	Calcillati 16ai	LLOI II (102	220113132	070	\$14,000	\$14,000	070711 D	0707111	0707111	0,0,1,1,0	07071112	070 At D

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



		PY23	PPO L	arge Gr	oup Snap	shot Gric	d				Networks A	vailable: BSW	Plus PPO	
	Plan Na	ame and Med	ical Rider Na	ımes	Dec	luctible and M	OOP INN and O	OON				In Network Benefits		
	Plan Name	Calendar Year	BSW Plus PPO Network	Colns In/Out	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
	PO23_500_01	Calendar Year	LC3PD2C2	20%/50%	\$500 \$1,000	\$2,000 \$4,000	\$1,500 \$3,000	\$4,500 \$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
	PO23_500_02	Calendar Year	LC3PD3C2	20%/50%	\$500 \$1,000	\$1,000 \$2,000	\$3,000 \$6,000	\$9,000 \$18,000	\$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
	PO23_750_01	Calendar Year	LC3PD1V2	20%/50%	\$750 \$1,500	\$1,500 \$3,000	\$2,250 \$4,500	\$6,750 \$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
0	PO23_1000_01	Calendar Year	LC3PD1D2	10%/30%	\$1,000 \$2,000	\$2,000 \$4,000	\$3,500 \$7,000	\$10,500 \$21,000	\$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
. \$1,500	PO23_1000_02	Calendar Year	LC3PD2D2	20%/50%	\$1,000 \$2,000	\$2,000 \$4.000	\$3,500 \$7,000	\$10,500 \$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
\$500	PO23_1000_03	Calendar Year	LC3PD3D2	20%/50%	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$12,000 \$24,000	\$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
PPO	PO23_1000_04	Calendar Year	LC3PD4D2	30%/50%	\$1,000 \$2,000	\$2,000 \$4,000	\$4,500 \$9,000	\$13,500 \$27,000	\$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
LG	PO23_1000_05	Calendar Year	LC3PD5D2	30%/50%	\$1,000 \$2,000	\$2,000 \$4,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	PO23_1500_01	Calendar Year	LC3PD1E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$4,000 \$8,000	\$12,000 \$24,000	\$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
	PO23_1500_02	Calendar Year	LC3PD3E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$4,500 \$9,000	\$13,500 \$27,000	\$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
	PO23_1500_03	- Year	LC3PD4E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	PO23_1500_04	Calendar	LC3PD5E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$15,000 \$30,000	\$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
	PO23_1500_05	Calendar Year	LC3PD6E2	30%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$15,000 \$30,000	\$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

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



		PY2	3 PPO La	arge Gro	oup Snaps	hot Grid					Networks Av	ailable: BSW	Plus PPO	
	Plan Nar	ne and Medi	cal Rider Name	es	Dec	luctible and Mo	OOP INN and O	ON			l	n Network Benefits		
	Plan Name	Calendar Year	BSW Plus PPO Network	Colns In/Out	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
	PO23_2000_01	Calendar	LC3PD1F2	20%/50%	\$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,	20% AFD
	PO23_2000_01	Year	LC3FD1F2	20%/30%	\$4,000	\$8,000	\$10,000	\$30,000	\$30 copay/visit	φυ copay/visit	\$60 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
	PO23_2000_02	Calendar	LC3PD2F2	20%/50%	\$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,	20% AFD
	1 023_2000_02	Year	LOSI DZI Z	2070/3070	\$4,000	\$8,000	\$11,000	\$33,000	ψου copay/visit	ψο copay/visit	φου copay/visit	ψου συραγ/νισιι	deductible does not apply	2070 AT D
	PO23_2000_03	Calendar	LC3PD3F2	30%/50%	\$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,	30% AFD
	1 023_2000_00	Year	2001 201 2	3070/3070	\$4,000	\$8,000	\$10,000	\$30,000	ψ23 coραy/visit	φο σοραγ/νισιι	φου σοραγ/νισιι	ψου συραγ/ visit	deductible does not apply	307071112
200	PO23_2000_04	Calendar	LC3PD4F2	10%/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 10% of charges,	10% AFD
\$2,		Year			\$4,000	\$8,000	\$10,000	\$30,000	<b>420 00 pay</b> 11011	ψο σομαίλ, ποι	<del>vec</del> copaymen	<del>-</del>	deductible does not apply	
	PO23_2000_05	Calendar	LC3PD5F2	30%/50%	\$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,	30% AFD
,000		Year			\$4,000	\$8,000	\$11,000	\$33,000				,	deductible does not apply	
\$2,	PO23_2500_01	Calendar Year	LC3PD1G2	10%/30%	\$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,	10% AFD
PPO		real			\$5,000	\$10,000	\$12,000	\$36,000					deductible does not apply	
G P	PO23_2500_02	Calendar Year	LC3PD2G2	20%/50%	\$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	
Ĭ		Teal			\$5,000	\$10,000	\$12,000	\$36,000					deductible does not apply	
	PO23_2500_03	Calendar Year	LC3PD4G2	20%/50%	\$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
		Teal			\$5,000	\$10,000	\$11,000	\$33,000					deductible does not apply	
	PO23_2500_04	Calendar Year	LC3PD5G2	20%/50%	\$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					,	
	PO23_2500_05	Calendar Year	LC3PD6G2	20%/50%	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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	\$5,000	\$6,000	\$36,000			1.2			
	PO23_2500_06	Calendar Year	LC3PD7G2	07G2 30%/50% -	\$5,000	\$10,000	\$12,000	\$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	pay/visit \$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
		0.1			\$2,500	\$5,000	\$6,000	\$18,000						
	PO23_2500_07	Calendar Year	LC3PD8G2	20%/50%	\$5,000	\$10,000	\$12,000	\$36,000	\$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

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

		PY	23 PPO I	Large (	Group Sna	oshot Grid				l	Networks Ava	ilable: BSW	Plus PPO	
	Plan Nam	ne and Medic	al Rider Name	:s	D	eductible and MO	OP INN and OOI	N			In t	letwork Benefits		
	Plan Name	Calendar Year	BSW Plus PPO Network	Colns In/Out	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
	PO23_3000_01	Calendar Year	LC3PD1H2	0%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
	PO23_3000_02	Calendar Year	LC3PD2H2	10%/30%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	PO23_3000_03	Calendar Year	LC3PD3H2	20%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
,500	PO23_3000_04	Calendar Year	LC3PD4H2	30%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
- \$4	PO23_3000_05	Calendar Year	LC3PD5H2	30%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
\$3,000	PO23_3000_06	Calendar Year	LC3PD6H2	50%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
PPO (	PO23_3500_01	Calendar Year	LC3PD1I2	20%/50%	\$3,500 \$7,000	\$7,000 \$14,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
LG	PO23_3500_02	Calendar Year	LC3PD2l2	20%/50%	\$3,500 \$7,000	\$7,000 \$14,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	PO23_4000_01	Calendar Year	LC3PD1J2	0%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$7,000 \$14,000	\$21,000 \$42,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
	PO23_4000_02	Calendar Year	LC3PD2J2	20%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$6,500 \$13,000	\$19,500 \$39,000	\$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
	PO23_4000_03	Calendar Year	LC3PD3J2	30%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$7,500 \$15,000	\$22,500 \$45,000	\$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
	PO23_4000_04	Calendar Year	LC3PD4J2	50%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$7,000 \$14,000	\$21,000 \$42,000	\$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
	PO23_4500_01	Calendar Year	LC3PD1K2	20%/50%	\$4,500 \$9,000	\$9,000 \$18,000	\$7,000 \$14,000	\$21,000 \$42,000	\$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

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



		PY23	PPO Larg	je Grouj	p Snapsh	ot Grid					Networks Ava	ilable: BSW PI	us PPO	
	Plan N	lame and Medi	cal Rider Names		Ded	uctible and M	OOP INN and	OON			In N	letwork Benefits		
	Plan Name	Calendar Year	BSW Plus PPO Network	Colns In/Out	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
	PO23 5000 01	Calendar Year	LC3PD1L2	0%/50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	F 023_3000_01	Caleridal Teal	LOSFDILZ	0 76/ 30 76	\$10,000	\$20,000	\$12,000	\$36,000	φου copay/visit	фо сорау/visit	φου copay/visit	φου copay/visit	deductible does not apply	0% AI D
	PO23_5000_02	Calendar Year	LC3PD2L2	20%/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 20% of charges,	20% AFD
00	1 020_0000_02	Calcillati Teal	2001 2222	2070/0070	\$10,000	\$20,000	\$14,000	\$42,000	ψ25 copay/visit	φυ σοραγ/νισιι	φου σοραγ/νισια	φου συραγ/νισια	deductible does not apply	20/07(12)
\$7,500	PO23 5000 03	Calendar Year	LC3PD3L2	30%/50%	\$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,	30% AFD
- 00	1 020_0000_00	Calondar Toda	2001 2022	0070/0070	\$10,000	\$20,000	\$14,000	\$42,000	φου σοραγ/violit	ψο σοραγ/νισικ	ψ/ σ σοραγ/ viole	φου συραγ/νισια	deductible does not apply	00707112
\$5,000	PO23 5000 04	Calendar Year	LC3PD4L2	50%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copav/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges,	50% AFD
PPO		oulonau rou	200/ 5 /22	50%/50%	\$10,000	\$20,000	\$14,000	\$42,000	\$25 copay/visit	фо сорау, пол	φου σοραγ/ view	φου συραγ/ violi	deductible does not apply	00707112
LGF	PO23 5500 01	Calendar Year	LC3PD1M2	20%/50%	\$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,	20% AFD
					\$11,000	\$22,000	\$14,000	\$42,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************	deductible does not apply	
	PO23 6000 01	Calendar Year	LC3PD1N2	30%/50%	\$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,	30% AFD
					\$12,000	\$24,000	900 \$15,000 \$45,00	\$45,000	, , , , , , , , , , , , , , , , , , , ,	, , . <b>,</b>	, ,	, , , , , , , , , , , , , , , , , , ,	deductible does not apply	
	PO23_7150_01	Calendar Year	LC3PD1P2	0%/50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
			_		\$14,300	\$28,600	\$15,000	\$45,000			) 1 11 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1		deductible does not apply	
	PO23 7500 01	Calendar Year	LC3PD1Q2	10%/30%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 copay/visit	it \$0 copay/visit	risit \$60 copay/visit	\$50 copay/visit	y/visit \$500 copay/visit, then 10% of charges,	10% AFD
		3.53		12,2,00,0	\$15,000	\$30,000	\$18,200	\$54,600	+ <sub> </sub>	+ wy/	711 11paj/ 11010	711 1-paj, 11011	deductible does not apply	,.,.

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

		PY	23 PPO La	arge Gro	up Snapsh	ot Grid				Netwo	orks Available:	BSW Plus PF	20			
	Plan Na	me and Medical	Rider Names			Deductible and M	OOP INN and OO	N			In Network B	enefits				
	Plan Name	Calendar Year	BSW Plus PPO Network	Colns In/Out s	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		
	PO23_3000_01HD	Calendar Year	LE3PD1H2	0%/50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD		
				070,0070	\$6,000	\$12,000	\$6,000	\$18,000	0,01.12	0,07.11.2			0707112	0,07.1.2		
	PO23_3000_02HD	Calendar Year	LE3PD2H2	20%/50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD		
	1 020_0000_02115	Calcilaai Teal	LEGI DZIIZ	2070/3070	\$6,000	\$12,000	\$10,500	\$31,500	20/0711112	20/07(12)	20/0/11/2	20/07(12)	20/07(10)	2070711112		
	PO23 3500 01HD	Calendar Year	LE3PD1I2	0%/50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD		
_	1 020_0000_01116	Calcilaai Teal	ELOI D'IIZ	070/3070	\$7,000	\$14,000	\$7,000	\$21,000	07071125	070711112	0707NI D	07071125	0707112	0707112		
HDHP	PO23 4000 01HD	23_4000_01HD Calendar Year LE3PD1J	I E3DD1 I2	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD		
	1 020_4000_01116	Calcilaal Teal	ELOI D'102	0 70/30 70	\$8,000	\$16,000	\$8,000	\$24,000	07071125	070711112	0707NI B	0707112	0707112	0707112		
PPO	PO23_4500_01HD	Calendar Year	LE3PD1K2	30%/50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD		
LG	1 020_4000_01116	Calcilaal Teal	LLOI DINZ	30 70/30 70	\$9,000	\$18,000	\$13,100	\$39,300	307071112	30707112	30707112	30707112	307071112	007071112		
	PO23_5000_01HD	Calendar Year	LE3PD1L2	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD		
	1 023_3000_01110	Caleridai Teal	LESI DILE	0 70/30 70	\$10,000	\$20,000	\$10,000	\$30,000	076 AT B	076 AI D	070 AI D	070 AI D	070 AI D	070 AI D		
	PO23_5000_02HD	Calendar Year	LE3PD2L2	20%/50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD		
	1 020_0000_02110	Calendar rear	LLOI DZLZ	2L2 20%/50%	2L2 20%/50%	20%/50%	\$10,000	\$20,000	\$13,300	\$39,900	20 /0 AT D	20% AI D	20% AI D	20 % AT D	20% AI D	20 /0 Al D
	PO23_6450_01HD	Calendar Year	LE3PD1O2	0%/50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD		
	FO23_0430_0111D	Calefidal Teal	LESFD102	0 78/30 78	\$12,900	\$25,800	\$12,900	\$38,700	0 % AI D	0% AI D	0% AI D	0% AI D	0% AI D	0% AI D		
	PO23 6550 01HD	Calendar Year	LE3PD1R2	0%/50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD		
	FO23_0000_01HD	Calellual Teal	LESPUIK2	070/3070	\$13,100	\$26,200	\$13,100	\$39,300	U% AFD	0% AFD	U% AFD	U% AFD	0% AFD	U% AFD		
	PO23 7000 01HD	Calendar Year	LE3PD1S2	0%/50%	\$7,000	\$14,000	\$7,000	\$21,000		0% AFD	0% AFD	0% AFD	0% AFD	0% AFD		
	FO23_/000_01HD	Calellual Teal	LESPU 132	070/3076	\$14,000	\$28,000	\$14,000	\$42,000	U% AFD	0% AFD	U% AFD	U% AFD	U% AFD	0% AFD		

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



		PY23 l	JHC Lar	ge Grou	ıp Snaps	hot Grid					Networks Ava	ailable: BSW A	Access PPO	
	Plan Nam	e and Medica	I Rider Name	es	Dec	luctible and M	OOP INN and (	OON				In Network Benefits		
	Plan Name	Calendar Year	TBD	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
	UHC23_500_01	Calendar Year	UHC3J2C2	20% / 50%	\$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
		Calendar			\$1,000 \$500	\$4,000 \$1,000	\$3,000 \$3,000	\$9,000 \$9,000					\$500 copay/visit, then 20% of charges,	
	UHC23_500_02	Year	UHC3J3C2	20% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
	UHC23_750_01	Calendar	UHC3.I1V2	20% / 50%	\$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,	20% AFD
	011020_100_01	Year	011000112	20707 0070	\$1,500	\$3,000	\$4,500	\$13,500	φ20 σοραγ, νισιτ	——————————————————————————————————————	φου συραγίνιση.	φου συραγ, viole	deductible does not apply	207071112
	UHC23_1000_01	Calendar Year	UHC3J1D2	10% / 50%	\$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
,500					\$2,000 \$1,000	\$4,000 \$2,000	\$7,000 \$3,500	\$21,000 \$10,500					,	
₹.	UHC23_1000_02	Calendar Year	UHC3J2D2	20% / 50%	\$2,000	\$4,000	\$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
\$500	1111000 4000 00	Calendar	1111001000	000/ / 500/	\$1,000	\$2,000	\$4,000	\$12,000	\$40 \(\dot\) in it	Φ0 ··· · · · · ·	(COO	Ø50	\$500 copay/visit, then 20% of charges,	000/ AED
	UHC23_1000_03	Year	UHC3J3D2	20% / 50%	\$2,000	\$4,000	\$8,000	\$24,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
UHC	UHC23_1000_04	Calendar Year	UHC3J4D2	30% / 50%	\$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,	30% AFD
LG L		real			\$2,000	\$4,000	\$9,000	\$27,000					deductible does not apply	
_	UHC23_1000_05	Calendar Year	UHC3J5D2	30% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
		Calendar			\$1,500	\$3,000	\$4,000	\$12,000					\$500 copay/visit, then 20% of charges,	
	UHC23_1500_01	Year	UHC3J1E2	20% / 50%	\$3,000	\$6,000	\$8,000	\$24,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
	UHC23_1500_02	Calendar	LIHC3.I3E2	20% / 50%	\$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,	20% AFD
	011020_1000_02	Year	011000022	20707 3070	\$3,000	\$6,000	\$9,000	\$27,000	φ20 σοραγ/νισιτ	фо сорау/уюн	ψου σοραγ/visit	φου συραγ/ visit	deductible does not apply	2070711115
	UHC23_1500_03	Calendar Year	UHC3J4E2	20% / 50%	\$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 \$1,500	\$6,000 \$3,000	\$12,000 \$5,000	\$36,000 \$15,000					*	
	UHC23_1500_04	Calendar Year	UHC3J5E2	20% / 50%	\$3,000	\$6,000	\$10,000	\$30,000	\$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
	111022 4500 05	Calendar	1111021652	200/ / 500/	\$1,500	\$3,000	\$5,000	\$15,000	\$20 conquisit	¢0 conquisit	CCO conquisit	CEO conquisit	\$500 copay/visit, then 30% of charges,	200/ AED
	UHC23_1500_05	Year	UHC3J6E2	30% / 50%	\$3,000	\$6,000	\$10,000	\$30,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	deductible does not apply	30% AFD

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



		PY2	3 UHC L	arge Gro	oup Snaps	shot Grid					Networks Ava	ilable: BSW A	ccess PPO	
	Plan Nar	me and Medic	cal Rider Nam	es	Dec	ductible and MO	OOP INN and O	ON			- 1	n Network Benefits		
	Plan Name	Calendar Year	TBD	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.
	UHC23 2000 01	Calendar	UHC3J1F2	20% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copov/vioit	\$50 copay/visit	\$500 copay/visit, then 20% of charges,	20% AFD
	OHC23_2000_01	Year	UHC331F2	20% / 30%	\$4,000	\$8,000	\$10,000	\$30,000	\$30 copay/visit	φυ copay/visit	\$60 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
	UHC23_2000_02	Calendar	UHC3J2F2	20% / 50%	\$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,	20% AFD
	011023_2000_02	Year	011033212	20707 3070	\$4,000	\$8,000	\$11,000	\$33,000	ψ30 copay/visit	φο σοραγ/νισιτ	φου copay/visit	ψου copay/visit	deductible does not apply	2070 AI D
	UHC23_2000_03	Calendar	UHC3J3F2	30% / 50%	\$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,	30% AFD
		Year	011000012	00707 0070	\$4,000	\$8,000	\$10,000	\$30,000	Ψ20 σοραί, ποι		φου συραγγιοιί	фос сорау, т.с.	deductible does not apply	00707112
\$2,500	UHC23_2000_04	Calendar	UHC3J4F2	10% / 50%	\$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,	10% AFD
\$2,		Year			\$4,000	\$8,000	\$10,000	\$30,000	, ,	*********	*******	,	deductible does not apply	
	UHC23_2000_05	Calendar	UHC3J5F2	30% / 50%	\$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,	30% AFD
\$2,000		Year			\$4,000	\$8,000	\$11,000	\$33,000					deductible does not apply	
\$2	UHC23_2500_01	Calendar Year	UHC3J1G2	10% / 50%	\$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
SH2		i eai			\$5,000	\$10,000	\$12,000	\$36,000					deductible does not apply	
פר	UHC23_2500_02	Calendar Year	UHC3J2G2	20% / 50%	\$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
		Total			\$5,000	\$10,000	\$12,000	\$36,000					deductible does not apply	
	UHC23_2500_03	Calendar Year	UHC3J4G2	20% / 50%	\$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						
	UHC23_2500_04	Calendar Year	UHC3J5G2	20% / 50%	\$2,500	\$5,000 \$10,000	\$5,000 \$10,000	\$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 \$2,500	\$5,000	\$6,000	\$30,000 \$18,000						
	UHC23_2500_05	Calendar Year	UHC3J6G2	20% / 50%	\$5,000	\$10,000	\$12,000	\$36,000	\$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
					\$2,500	\$5,000	\$6,000	\$18,000		isit \$0 copay/visit			<b>A-00</b> (1.15.14. <b>000</b> ) (1.15.14.	
	UHC23_2500_06	Calendar Year	UHC3J7G2	30% / 50%	\$5,000	\$10,000	\$12,000	\$36,000	\$35 copay/visit		\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
		Colordor			\$2,500	\$5,000	\$6,000	\$18,000					\$500 concubicit than 200/ of share-	
	UHC23_2500_07	Calendar Year	UHC3J8G2	20% / 50%	\$5,000	\$10,000	\$12,000	\$36,000	\$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

<sup>\*</sup>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.





		PY	23 UHC	Large G	roup Snap	shot Grid				N	etworks Availa	ble: BSW	Access PPO	
	Plan Na	me and Medi	cal Rider Nam	nes	De	eductible and M	OOP INN and O	ON			In N	etwork Benefits		
	Plan Name	Calendar Year	TBD	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
	UHC23 3000 01	Calendar	UHC3J1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	011020_0000_01	Year	0110001112	0707 3070	\$6,000	\$12,000	\$12,000	\$36,000	φου copay/visit	φο σοραγ/νισιτ	ψου coραγ/visit	φου συραγ/νισιτ	deductible does not apply	070711112
	UHC23_3000_02	Calendar	UHC3J2H2	10% / 50%	\$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,	10% AFD
	011020_0000_02	Year	0110002112	10707 3070	\$6,000	\$12,000	\$12,000	\$36,000	ψ20 copay/visit	φο σοραγ/νισιτ	ψου coραγ/visit	φου συραγ/νισιτ	deductible does not apply	1070711115
	UHC23_3000_03	Calendar	UHC3J3H2	20% / 50%	\$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,	20% AFD
200	011020_0000_00	Year	0110000112	20707 3070	\$6,000	\$12,000	\$12,000	\$36,000	ψ20 copay/visit	φο σοραγ/νισιτ	ψου coραγ/visit	φου συραγ/νισιτ	deductible does not apply	2070711115
\$4,5(	UHC23_3000_04	Calendar	UHC3J4H2	30% / 50%	\$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,	30% AFD
1	0.1020_0000_0	Year	0110001112	00707 0070	\$6,000	\$12,000	\$12,000	\$36,000	фоб образу, т.б.к	фо образутной	φου συραγγιιοι.	φου συραγγνισικ	deductible does not apply	00,07.11.2
\$3,000	UHC23 3000 05	Calendar	UHC3J5H2	30% / 50%	\$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,	30% AFD
		Year			\$6,000	\$12,000	\$12,000	\$36,000	V		, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,	deductible does not apply	
OHC	UHC23 3500 01	Calendar	UHC3J1I2	20% / 50%	\$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,	20% AFD
LG U		Year			\$7,000	\$14,000	\$12,000	\$36,000	V. 1. 1. 1, 13, 11.		, , , , , , , , , , , , , , , , , , , ,	, ,	deductible does not apply	
	UHC23_3500_02	Calendar	UHC3J2I2	20% / 50%	\$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,	20% AFD
		Year			\$7,000	\$14,000	\$12,000	\$36,000		,	, , ,	, ,	deductible does not apply	
	UHC23_4000_01	Calendar	UHC3J1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
		Year			\$8,000	\$16,000	\$14,000	\$42,000					deductible does not apply	
	UHC23_4000_02	Calendar	UHC3J2J2	20% / 50%	\$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,	20% AFD
		Year			\$8,000	\$16,000	\$13,000	\$39,000					deductible does not apply	
	UHC23_4000_03	Calendar	UHC3J3J2	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$25 copay/visit \$0 copay/visit \$	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges,	30% AFD
		Year			\$8,000	\$16,000	\$15,000	\$45,000					deductible does not apply	
	UHC23_4500_01	Calendar	UHC3J1K2	20% / 50%	\$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,	20% AFD
		Year			\$9,000	\$18,000	\$14,000	\$42,000	V 1 11 p 20 y 11 20 11	** ** <sub>1</sub> = y,			deductible does not apply	

<sup>\*</sup>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.



		PY23	UHC La	arge Grou	ıp Snaps	hot Grid				ı	Networks Avai	lable: BSW Ad	cess PPO	
	Plan Na	ame and Medi	cal Rider Name	es	De	eductible and M	OOP INN and O	ON			ı	n Network Benefits		
	Plan Name	Calendar Year	TBD	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
	UHC23_5000_01	Calendar	UHC3J1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	011023_3000_01	Year	011030112	0707 3070	\$10,000	\$20,000	\$12,000	\$36,000	φου copay/visit	φο σοραγ/νισιτ	φου copay/visit	φου <i>συραγ/ν</i> ισιι	deductible does not apply	0% AI D
0	UHC23_5000_02	Calendar	UHC3J2L2	20% / 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 20% of charges,	20% AFD
\$7,500	011023_3000_02	Year	OI ICSSELZ	20/6/7 30/6	\$10,000	\$20,000	\$14,000	\$42,000	φ20 copay/visit	φυ copay/visit	φου copay/visit	φου copay/visit	deductible does not apply	20% AI D
	UHC23 5000 03	Calendar Year	UHC3J3L2	30% / 50%	\$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,	30% AFD
\$5,000	011023_3000_03	Year	0110303L2	30707 3070	\$10,000	\$20,000	\$14,000	\$42,000	φου copay/visit	фо сорау/утак	ψ/ο copay/visit	φου <i>συραγ/ν</i> ισιι	deductible does not apply	30% AI D
OHC	UHC23_5500_01	Calendar	UHC3J1M2	20% / 50%	\$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,	20% AFD
LG	011023_0000_01	Year	0110331WZ	20707 3070	\$11,000	\$22,000	\$14,000	\$42,000	φου copay/visit	фо сорау/утак	φου copay/visit	φου <i>с</i> υραу/visit	deductible does not apply	20% AI D
	UHC23_6000_01	Calendar	UHC3J1N2	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	<b>60</b>	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges,	30% AFD
	011023_0000_01	Year	0110331112	30 /6 / 30 /6	\$12,000	\$24,000	\$15,000	\$45,000	φου copay/visit	\$0 copay/visit	\$70 copay/visit	φου copay/visit	deductible does not apply	30% AI D
	UHC23_7150_01	Calendar	UHC3J1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 consylvicit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	011023_1130_01	Year	0110301F2	0 /0 / 30 //	\$14,300	\$28,600	\$15,000	\$45,000	\$35 copay/visit	φυ copay/visit	φ/υ copay/visit	φου copay/visit	deductible does not apply	U // AFD
	UHC23_7500_01	Calendar	UHC3J1Q2	10% / 50%	\$7,500	\$15,000	\$9,100	\$27,300		\$0 copay/yisit	( ) )	\$50 copay/yicit	\$500 copay/visit, then 10% of charges,	10% AFD
	UHC23_/500_01	Year	UnCSJIQ2	10% / 50%	\$15,000	\$30,000	\$18,200	\$54,600	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	deductible does not apply	10% AFD

<sup>\*</sup>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.



		PY	23 UHC L	arge Gro	oup Snapsl	hot Grid				Netw	orks Available:	BSW Access	PPO	
	Plan Name	e and Medic	al Rider Names		D	eductible and MC	OOP INN and OO	)N			In Network	k Benefits		
	Plan Name	Calendar Year	TBD	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
	LILIO00 0000 04LID	Calendar	111100114110	00/ / 500/	\$3,000	\$6,000	\$3,000	\$9,000	00/ AFD	00/ AFD	00/ AFD	00/ AED	00/ 450	00/ AFD
	UHC23_3000_01HD	Year	UHC3H1H2	0% / 50%	\$6,000	\$12,000	\$6,000	\$18,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	UHC23_3000_02HD	Calendar	UHC3H2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	011023_3000_0211D	Year	01103112112	20/8/30/8	\$6,000	\$12,000	\$10,500	\$31,500	20% AI D	20% AI D	20% AI D	20% AI D	20% AT D	20% AI D
	UHC23_3500_01HD	Calendar	UHC3H1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		Year		0,0,00,0	\$7,000	\$14,000			0,07.1.2	0,0,1,12		0707112	07071112	0,0,1,1,2
HDHP	UHC23_4000_01HD	Calendar	UHC3H1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		Year			\$8,000	\$16,000	\$8,000	\$24,000						
LG UHC	UHC23_4500_01HD	Calendar Year	UHC3H1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
L		Teal			\$9,000	\$18,000	\$13,100	\$39,300						
	UHC23_5000_01HD	Calendar Year	UHC3H1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		i eai			\$10,000	\$20,000	\$10,000	\$30,000						
	UHC23_5000_02HD	Calendar Year	UHC3H2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
		Teal			\$10,000	\$20,000	\$13,300	\$39,900						
	UHC23_6450_01HD	Calendar Year	UHC3H1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		i cui			\$12,900	\$25,800	\$12,900	\$38,700						
	UHC23_6550_01HD	Calendar Year	UHC3H1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		1 541			\$13,100	\$26,200	\$13,100	\$39,300						
	UHC23_7000_01HD	Calendar Year	UHC3H1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		i cai			\$14,000	\$28,000	\$14,000	\$42,000						

<sup>\*</sup>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.



# Large Group Plan Year 2023 Cigna Portfolio

		PY23 C	igna La	rge Gro	up Snaps	hot Grid				1	Networks Avai	lable: BSW Ex	rtended PPO	
	Plan Nam	e and Medica	I Rider Name	es	Ded	luctible and Mo	OOP INN and	ООМ				In Network Benefits		
	Plan Name	Calendar Year	BSW Extended PPO	Colns In/Out	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
	CIG23_500_01	Calendar Year	CIG3F2C2	20%/50%	\$500 \$1,000	\$2,000 \$4,000	\$1,500 \$3,000	\$4,500 \$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
	CIG23_500_02	Calendar Year	CIG3F3C2	20%/50%	\$500 \$1,000	\$1,000 \$2.000	\$3,000 \$6,000	\$9,000 \$18,000	\$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
	CIG23_750_01	Calendar Year	CIG3F1V2	20%/50%	\$750 \$1,500	\$1,500 \$3,000	\$2,250 \$4,500	\$6,750 \$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
	CIG23_1000_01	Calendar Year	CIG3F1D2	10% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$3,500 \$7,000	\$10,500 \$21,000	\$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
\$1,500	CIG23_1000_02	Calendar Year	CIG3F2D2	20%/50%	\$1,000 \$2,000	\$2,000 \$4,000	\$3,500 \$7,000	\$10,500 \$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
A \$500 -	CIG23_1000_03	Calendar Year	CIG3F3D2	20%/50%	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$12,000 \$24,000	\$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
LG CIGNA	CIG23_1000_04	Calendar Year	CIG3F4D2	30% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$4,500 \$9,000	\$13,500 \$27,000	\$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
	CIG23_1000_05	Calendar Year	CIG3F5D2	30% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	CIG23_1500_01	Calendar Year	CIG3F1E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$4,000 \$8,000	\$12,000 \$24,000	\$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
	CIG23_1500_02	Calendar Year	CIG3F3E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$4,500 \$9,000	\$13,500 \$27,000	\$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
	CIG23_1500_03	Calendar Year	CIG3F4E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	CIG23_1500_04	Calendar Year	CIG3F5E2	20%/50%	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$15,000 \$30,000	\$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
	CIG23_1500_05	Calendar Year	CIG3F6E2	30% / 50%	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$15,000 \$30,000	\$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

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



# Large Group Plan Year 2023 Cigna Portfolio

		PY23	3 Cigna L	arge Gr	oup Snap	shot Grid				N	etworks Availa	able: BSW Ex	tended PPO	
	Plan Nan	ne and Medic	cal Rider Nam	es	Dec	ductible and MO	OOP INN and O	ON			lı	n Network Benefits		
	Plan Name	Calendar Year	BSW Extended PPO	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.
	CIG23_2000_01	Calendar	CIG3F1F2	20%/50%	\$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,	20% AFD
	0.023_2000_01	Year	01031 11 2	2070/3070	\$4,000	\$8,000	\$10,000	\$30,000	ψ30 copay/visit	ψο copay/visit	ψου copay/visit	фоо сорау/visit	deductible does not apply	2070 AT D
	CIG23_2000_02	Calendar	CIG3F2F2	20%/50%	\$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,	20% AFD
	01020_2000_02	Year	01001212	2070/0070	\$4,000	\$8,000	\$11,000	\$33,000	φου σοραγίνιση	φο σοραγ, viole	φου σοραγ/ vioit	фоо сорау, vioit	deductible does not apply	207071112
	CIG23_2000_03	Calendar	CIG3F3F2	30% / 50%	\$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,	30% AFD
0	CIG23 2000 04 Calendar CIG			\$4,000	\$8,000	\$10,000	\$30,000	<b>4</b> -2 35 pay, 11311	<b>Де серају</b> , теп	, , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , ,	deductible does not apply		
,500	CIG23_2000_04		CIG3F4F2	10% / 50%	\$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,	10% AFD
- \$2,		Year			\$4,000	\$8,000	\$10,000	\$30,000		\$0 copay/visit \$50 copay/visit \$50 copay/visit \$50 copay/visit deductible doe	deductible does not apply			
8	CIG23_2000_05	Calendar Year	CIG3F5F2	30% / 50%	\$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
\$2,000		Teal			\$4,000	\$8,000	\$11,000	\$33,000					deductible does not apply	
	CIG23_2500_01	Calendar Year	CIG3F1G2	10% / 50%	\$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
CIGNA					\$5,000	\$10,000	\$12,000	\$36,000						
	CIG23_2500_02	Calendar Year	CIG3F2G2	20%/50%	\$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
LG LG					\$5,000 \$2,500	\$10,000 \$5,000	\$12,000 \$5,500	\$36,000 \$16,500					11.	
	CIG23_2500_03	Calendar Year	CIG3F4G2	20%/50%	\$5,000	\$10,000	\$11,000	\$33,000	\$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
		0.1.1			\$2,500	\$5,000	\$5,000	\$15,000					A	
	CIG23_2500_04	Calendar Year	CIG3F5G2	20%/50%	\$5,000	\$10,000	\$10,000	\$30,000	\$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
		Colondor			\$2,500	\$5,000	\$6,000	\$18,000					\$500 consylvinit than 20% of charges	
	CIG23_2500_05	Calendar Year	CIG3F6G2	20%/50%	\$5,000	\$10,000	\$12,000	\$36,000	\$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
		Calendar			\$2,500	\$5,000	\$6,000	\$18,000					\$500 copay/visit, then 30% of charges,	
	CIG23_2500_06	Year	CIG3F7G2	30% / 50%	\$5,000	\$10,000	\$12,000	\$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	deductible does not apply	30% AFD
	01000 0500 05	Calendar	01005000	000//500/	\$2,500	\$5,000	\$6,000	\$18,000	фо <u>г</u> / : ::	<b>(</b> 0 / : ::	Ф <b>7</b> О / · · · ·	ФБО / : ::	\$500 copay/visit, then 20% of charges,	000/ 455
	CIG23_2500_07	Year	CIG3F8G2	20%/50%	\$5,000	\$10,000	\$12,000	\$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



# Large Group Plan Year 2023 Cigna Portfolio

		P)	Y23 Cign	a Large G	roup Sna	pshot Grid				Net	works Availabl	e: BSW Ext	ended PPO	
	Plan N	ame and Med	dical Rider Na	mes		Deductible and M	OOP INN and O	OON			In Ne	twork Benefits		
	Plan Name	Calendar Year	BSW Extended PPO	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
	CIG23 3000 01	Calendar	CIG3F1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	CIG23_3000_01	Year	CIGGI III2	0 /8 / 30 /8	\$6,000	\$12,000	\$12,000	\$36,000	\$50 copay/visit	φυ copay/visit	\$60 copay/visit	φ30 copay/visit	deductible does not apply	0% AI D
	CIG23 3000 02	Calendar	CIG3F2H2	10% / 50%	\$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,	10% AFD
	01020_3000_02	Year	01001 2112	10707 3070	\$6,000	\$12,000	\$12,000	\$36,000	Ψ20 copay/visit	ψο copay/visit	\$50 copay/visit	ф30 сорау/уізіс	deductible does not apply	1070 AT D
	CIG23 3000 03	Calendar	CIG3F3H2	20%/50%	\$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,	20% AFD
	01020_0000_00	Year	01001 0112	2070/0070	\$6,000	\$12,000	\$12,000	\$36,000	φ20 copay/visit	фо сорау/уюн	φου σοραγ/visit	φου συραγ/νισιτ	deductible does not apply	207071112
200	CIG23_3000_04	Calendar Year CIG3F4H2 3	30% / 50%	\$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,	30% AFD	
- \$4,500	01020_0000_01	Year	01001 1112	00707 0070	\$6,000	\$12,000	\$12,000	\$36,000	φου συραγ/ viole	——————————————————————————————————————	φου σοραγίνιση.	φου συραγ/violα	deductible does not apply	00707112
\$3,000	CIG23_3000_05	Calendar	CIG3F5H2	30% / 50%	\$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,	30% AFD
CIGNA \$		Year			\$6,000	\$12,000	\$12,000	\$36,000	<b>4</b> 20 00 p d.y,		<b>*</b> *** *******************************	, , , , , , , , , , , , , , , , , , ,	deductible does not apply	
900 6	CIG23_3500_01	Calendar	CIG3F1I2	20%/50%	\$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,	20% AFD
LG	0.02020020	Year			\$7,000	\$14,000	\$12,000	\$36,000	vec espay, men		<b>400 00 pay, 11311</b>	, , , , , , , , , , , , , , , , , , ,	deductible does not apply	
	CIG23 3500 02	Calendar	CIG3F2I2	20%/50%	\$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,	20% AFD
	5.02-02-00-02-0	Year	0.000.		\$7,000	\$14,000	\$12,000	\$36,000	<b>4</b> 20 00 p d.y,	<b></b>	<b>4</b> 00 00 puly, 1100	<b>4</b> 00 00 p 0 y 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	deductible does not apply	
	CIG23 4000 01	Calendar	CIG3F1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
		Year			\$8,000	\$16,000	\$14,000	\$42,000			, , , , , , , , , , , , , , , , , , , ,	, , ,	deductible does not apply	
	CIG23_4000_02	Calendar	CIG3F2J2	20%/50%	\$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,	20% AFD
		Year			\$8,000	\$16,000	\$13,000	\$39,000				, , ,	deductible does not apply	
	CIG23 4000 03	Calendar	CIG3F3J2	30% / 50%	\$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,	30% AFD
		Year			\$8,000	\$16,000	\$15,000	\$45,000					deductible does not apply	
	CIG23_4500_01	Calendar	CIG3F1K2	20%/50%	\$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,	20% AFD
	*.	Year			\$9,000	\$18,000	\$14,000	\$42,000					deductible does not apply	

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



		PY23	Cigna La	arge Grou	p Snaps	hot Grid				Net	works Availab	le: BSW Exte	nded PPO	
	Plan N	lame and Medi	cal Rider Nam	nes	Dec	ductible and M	IOOP INN and	OON			In Ne	etwork Benefits		
	Plan Name	Calendar Year	BSW Extended PPO	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
	CIG23 5000 01	Calendar Year	CIG3F1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	01023_0000_01	Calefidal Teal	CIOSI ILZ	0707 3070	\$10,000	\$20,000	\$12,000	\$36,000	φου copay/visit	φο σοραγ/νισιτ	фоо сорау/мэн	φου copay/visit	deductible does not apply	070 AT D
\$7,500	CIG23_5000_02	Calendar Year	CIG3F2L2	20%/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 20% of charges,	20% AFD
	CIG23_3000_02	Calelidal Teal	CIGSI ZLZ	20 /0/30 /0	\$10,000	\$20,000	\$14,000	\$42,000	φ20 copay/visit	φυ τυραγ/νισιτ	фэо сорау/visit	φου copay/visit	deductible does not apply	20% AI D
\$5,000	CIG23_5000_03	Calendar Year	CIG3F3L2	30% / 50%	\$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,	30% AFD
¥ A×	01023_0000_03	Calendar Tear	CIGGI GLZ	30707 3070	\$10,000	\$20,000	\$14,000	\$42,000	фоо сорау/visit	φο συραγ/νισιτ	<i>ФТО сорау/</i> visit	φου copay/visit	deductible does not apply	30% AI D
CIGNA	CIG23_5500_01	Calendar Year	CIG3F1M2	20%/50%	\$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,	20% AFD
LG LG	01023_0000_01	Calefidal Teal	CIOSI TIVIZ	2070/3070	\$11,000	\$22,000	\$14,000	\$42,000	φου copay/visit	φο συραγ/νισιτ	фоо сорау/мэн	φου copay/visit	deductible does not apply	20% AI D
	CIG23_6000_01	Calendar Year	CIG3F1N2	30% / 50%	\$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,	30% AFD
	01023_0000_01	Calefidal Teal	01031 1142	30707 3070	\$12,000	\$24,000	\$15,000	\$45,000	фоо сорау/visit	φο σοραγ/νισιτ	<i>ФТО сорау/</i> visit	φου copay/visit	deductible does not apply	30 % AI D
	CIG23_7150_01	Calendar Year	CIG3F1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	0.020_7.100_01	Calcilual Teal	Ologi II-Z	3707 3076	\$14,300	\$28,600	\$15,000	\$45,000	φου συραγ/νιδιτ	φο σοραγ/νισιτ	φ <i>ι</i> ο σοραγίνιση	φου copay/visit	deductible does not apply	070 AT D
	CIG23_7500_01	Calendar Year	CIG3F1Q2	10% / 50%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges,	10% AFD
	01023_1000_01	Calellual Teal	OIGSI TQZ	10 /0 / 30 //	\$15,000	\$30,000	\$18,200	\$54,600	ψου copay/visit	φυ copay/visit	φου συμαγινισίτ	φου συραγ/νισιί	deductible does not apply	10% AI D

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



		PY23	Cigna L	arge Gro	oup Snaps	hot Grid				Netwo	rks Available:	BSW Extende	d PPO	
	Plan Name	e and Medical R	ider Names		D	eductible and MC	OOP INN and OC	N			In Networ	k Benefits		
	Plan Name	Calendar Year	BSW Extended PPO	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
	01000 0000 04110	0 1 1 V	0100004110	00/ / 500/	\$3,000	\$6,000	\$3,000	\$9,000	00/ AED	00/ AFD	00/ AFD	00/ 450	00/ AFD	00/ AFD
	CIG23_3000_01HD	Calendar Year	CIG3D1H2	0% / 50%	\$6,000	\$12,000	\$6,000	\$18,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	CIG23_3000_02HD	Calendar Year	CIG3D2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	CIG23_3000_02HD	Calendar real	CIGSD2H2	20% / 30%	\$6,000	\$12,000	\$10,500	\$31,500	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	CIG23 3500 01HD	Calendar Year	CIG3D1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
웃	0.020_0000_01115	Calonaar Foar	01005112	0707 0070	\$7,000	\$14,000	\$7,000	\$21,000	0707112	0,071112	0707112	070711 2	0707112	0707112
CIGNA HDHP	CIG23_4000_01HD	Calendar Year	CIG3D1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
A N					\$8,000	\$16,000	\$8,000	\$24,000						
000	CIG23_4500_01HD	Calendar Year	CIG3D1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
LG					\$9,000	\$18,000	\$13,100	\$39,300						
	CIG23_5000_01HD	Calendar Year	CIG3D1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
					\$10,000	\$20,000	\$10,000	\$30,000						
	CIG23_5000_02HD	Calendar Year	CIG3D2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
					\$10,000	\$20,000	\$13,300	\$39,900						
	CIG23_6450_01HD	Calendar Year	CIG3D1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
					\$12,900	\$25,800	\$12,900	\$38,700						
	CIG23_6550_01HD	Calendar Year	CIG3D1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
					\$13,100	\$26,200	\$13,100	\$39,300						
	CIG23_7000_01HD	Calendar Year	CIG3D1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
					\$14,000	\$28,000	\$14,000	\$42,000						

<sup>\*</sup>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.



Large Group Plan Year 2023 Cigna Wrap Portfolio

	P۱	/23 Cigr	na Wrap	Large C	Froup Sna	apshot G	rid				Networks Av	/ailable: BSW	Dual PPO	
	Plan Nam	e and Medica	I Rider Nam	ies	Ded	uctible and Mo	OOP INN and (	ООИ				In Network Benefits		
	Plan Name	Calendar Year	BSW Dual 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
	CIG23_500_01	Calendar Year	CIG3G2C2	20% / 50%	\$500 \$1,000	\$2,000 \$4,000	\$1,500 \$3,000	\$4,500 \$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
	CIG23_500_02	Calendar Year	CIG3G3C2	20% / 50%	\$500 \$1,000	\$1,000 \$2,000	\$3,000 \$6,000	\$9,000 \$18,000	\$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
	CIG23_750_01	Calendar Year	CIG3G1V2	20% / 50%	\$750 \$1,500	\$1,500 \$3,000	\$2,250 \$4,500	\$6,750 \$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
\$1,500	CIG23_1000_01	Calendar Year	CIG3G1D2	10% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$3,500 \$7,000	\$10,500 \$21,000	\$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
\$-005\$	CIG23_1000_02	Calendar Year	CIG3G2D2	20% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$3,500 \$7,000	\$10,500 \$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
Wrap \$	CIG23_1000_03	Calendar Year	CIG3G3D2	20% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$4,000 \$8,000	\$12,000 \$24,000	\$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
CIGNA V	CIG23_1000_04	Calendar Year	CIG3G4D2	30% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$4,500 \$9,000	\$13,500 \$27,000	\$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
LG CIC	CIG23_1000_05	Calendar Year	CIG3G5D2	30% / 50%	\$1,000 \$2,000	\$2,000 \$4,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	CIG23_1500_01	Calendar Year	CIG3G1E2	20% / 50%	\$1,500 \$3,000	\$3,000 \$6,000	\$4,000 \$8,000	\$12,000 \$24,000	\$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
	CIG23_1500_02	Calendar Year	CIG3G3E2	20% / 50%	\$1,500 \$3,000	\$3,000 \$6,000	\$4,500 \$9,000	\$13,500 \$27,000	\$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
	CIG23_1500_03	Calendar Year	CIG3G4E2	20% / 50%	\$1,500 \$3,000	\$3,000 \$6,000	\$6,000 \$12,000	\$18,000 \$36,000	\$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
	CIG23_1500_04	Calendar Year	CIG3G5E2	20% / 50%	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$15,000 \$30,000	\$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
	CIG23_1500_05	Calendar Year	CIG3G6E2	30% / 50%	\$1,500 \$3,000	\$3,000 \$6,000	\$5,000 \$10,000	\$15,000 \$30,000	\$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

<sup>\*</sup>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.



# Large Group Plan Year 2023 Cigna Wrap Portfolio

		PY23 C	igna Wra	p Large	Group Sn	apshot G	rid				Networks Av	ailable: BSW	Dual PPO	
	Plan Nai	me and Medi	cal Rider Nam	es	Dec	ductible and Mo	OOP INN and O	ON			li .	n Network Benefits		
	Plan Name	Calendar Year	BSW Dual 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.
	CIG23 2000 01	Calendar	CIG3G1F2	20% / 50%	\$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,	20% AFD
	0.023_2000_01	Year	01030112	20/07/30/0	\$4,000	\$8,000	\$10,000	\$30,000	\$50 copay/visit	ψο copay/visit	φου copay/visit	ψ30 copay/visit	deductible does not apply	2070 AT D
	CIG23_2000_02	Calendar	CIG3G2F2	20% / 50%	\$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,	20% AFD
	01020_2000_02	Year	01000212	20707 3070	\$4,000	\$8,000	\$11,000	\$33,000	ψου σοραγ/νισιτ	φο σοραγ/νισιι	φου συραγίνιση	φου συραγ/νισιτ	deductible does not apply	2070711115
0	CIG23_2000_03	Calendar	CIG3G3F2	30% / 50%	\$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,	30% AFD
,500	0.020_2000_00	Year	01000012	00707 0070	\$4,000	\$8,000	\$10,000	\$30,000	φ <u>2</u> 0 σοραγ/νισιτ	ψο σοραγ, viole	φου συραγγνισικ	φου συραγ/ Violi	deductible does not apply	00707112
\$2,	CIG23_2000_04 Calendar Year	CIG3G4F2	10% / 50%	\$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,	10% AFD	
000		1G23_2000_04 Year C			\$4,000	\$8,000	\$10,000	\$30,000	, ,	, , , , , ,	***************************************	,	deductible does not apply	
\$2,0		Calendar Year	CIG3G5F2	30% / 50%	\$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,	30% AFD
		Teal			\$4,000	\$8,000	\$11,000	\$33,000					deductible does not apply	
Wrap	CIG23_2500_01	Calendar Year	CIG3G1G2	10% / 50%	\$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
		rear			\$5,000	\$10,000	\$12,000	\$36,000					deductible does not apply	
CIGNA	CIG23_2500_02	Calendar Year	CIG3G2G2	20% / 50%	\$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					ассисия состанда постанда,	
LG	CIG23_2500_03	Calendar Year	CIG3G4G2	20% / 50%	\$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						
	CIG23_2500_04	Calendar Year	CIG3G5G2	20% / 50%	\$2,500 \$5,000	\$5,000 \$10,000	\$5,000 \$10.000	\$15,000 \$30,000	\$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
					\$2,500	\$5,000	\$6,000	\$18,000						
	CIG23_2500_05	Calendar Year	CIG3G6G2	20% / 50%	\$5,000	\$10,000	\$12,000	\$36,000	\$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
					\$2,500	\$5,000	\$6,000	\$18,000					<b>A-00</b>	
	CIG23_2500_06	Calendar Year	CIG3G7G2	30% / 50%	\$5,000	\$10,000	\$12,000	\$36,000	\$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
		Colondo			\$2,500	\$5,000	\$6,000	\$18,000					OFFOO canculation them 2004 of all arrays	
	CIG23_2500_07	Calendar Year	CIG3G8G2	20% / 50%	\$5,000	\$10,000	\$12,000	\$36,000	\$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

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



# Large Group Plan Year 2023 Cigna Wrap Portfolio

		PY23	Cigna W	rap Larg	e Group Sr	napshot G	rid			N	etworks Availa	able: BSW Du	ial PPO	
	Plan Na	me and Medi	cal Rider Nan	nes	De	ductible and M	OOP INN and O	ON			In Ne	twork Benefits		
	Plan Name	Calendar Year	BSW Dual 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
	CIG23 3000 01	Calendar	CIG3G1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	01023_3000_01	Year	CIGGGTTIZ	0 /8 / 30 /8	\$6,000	\$12,000	\$12,000	\$36,000	\$50 copay/visit	φυ copay/visit	φου copay/visit	\$50 copay/visit	deductible does not apply	0 % AI D
	CIG23 3000 02	Calendar	CIG3G2H2	10% / 50%	\$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,	10% AFD
	01020_3000_02	Year	CIOSOZIIZ	10707 3070	\$6,000	\$12,000	\$12,000	\$36,000	ψ23 copay/visit	φο copay/visit	φου copay/visit	ψου coραy/visit	deductible does not apply	1070 AI D
	CIG23 3000 03	Calendar	CIG3G3H2	20% / 50%	\$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,	20% AFD
	01025_5000_05	Year	010303112	20/07 30/0	\$6,000	\$12,000	\$12,000	\$36,000	ψ23 copay/visit	φο copay/visit	φου copay/visit	ψου coραy/visit	deductible does not apply	20% AI D
\$4,500	CIG23_3000_04	Calendar	CIG3G4H2	30% / 50%	\$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,	30% AFD
	01020_0000_04	Year	010004112	30707 3070	\$6,000	\$12,000	\$12,000	\$36,000	φου σοραγ/visit	φο σοραγ/νισιτ	фоо сорау/visit	φου σοραγ/visit	deductible does not apply	3070 7 H B
Wrap \$3,000	CIG23 3000 05	Calendar	CIG3G5H2	30% / 50%	\$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,	30% AFD
Wrap	01020_0000_00	Year	010000112	00707 0070	\$6,000	\$12,000	\$12,000	\$36,000	φ20 σοραγ/ violi	φο σοραγίνισια	φ το σοραγ, νιοιι	φου συραγίνισα	deductible does not apply	007071112
CIGNA	CIG23_3500_01	Calendar	CIG3G1I2	20% / 50%	\$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,	20% AFD
LG CI	01020_0000_01	Year	01000112	20707 0070	\$7,000	\$14,000	\$12,000	\$36,000	φου συραγίντσι:	φο σοραγίνισια	φου σοραγ/ viole	φου συραγίνισα	deductible does not apply	207071112
_	CIG23_3500_02	Calendar	CIG3G2I2	20% / 50%	\$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,	20% AFD
	01020_0000_02	Year	01000212	20707 0070	\$7,000	\$14,000	\$12,000	\$36,000	φ20 σοραγ/violi	φο σοραγίνισια	φου σοραγ/ violi	φου συραγίνισα	deductible does not apply	207071112
	CIG23 4000 01	Calendar	CIG3G1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	01020_1000_01	Year	01000102	0707 0070	\$8,000	\$16,000	\$14,000	\$42,000	φ20 σοραγ/ violi	φο σοραγίνισι	φου σοραγ, viol	φου συραγίνισα	deductible does not apply	0,0711 B
	CIG23_4000_02	Calendar	CIG3G2J2	20% / 50%	\$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,	20% AFD
	0.020000_02	Year	0.000202	20707 0070	\$8,000	\$16,000	\$13,000	\$39,000	Que depay vien	φο σοραγίνιοι:	фос сорау, v.o.c		deductible does not apply	20,074.2
	CIG23_4000_03	Calendar	CIG3G3J2	30% / 50%	\$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,	30% AFD
		Year	3.000002	10,0,00,00	\$8,000	\$16,000	\$15,000	\$45,000	+20 00pay,on	φο σοραχ, ποπ	+30 00pay,on		deductible does not apply	30,0,1,0
	CIG23 4500 01	Calendar	CIG3G1K2	20% / 50%	\$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,	20% AFD
	1.320000_01	Year	1.0002		\$9,000	\$18,000	\$14,000	\$42,000	+20 00pay,on	ψο σοραί, ποπ	, 150 copa,,on	+00 00pay, 1.0h	deductible does not apply	20,072

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



		PY23 Ci	gna Wrap L	_arge Gr	oup Snap	shot Gri	d				Networks Ava	ilable: BSW	Dual PPO	
	Plan N	Name and Med	dical Rider Names		Dedu	uctible and M	OOP INN and (	OON			In N	Network Benefits		
	Plan Name	Calendar Year	BSW Dual 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
	CIG23 5000 01	Calendar	CIG3G1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	01020_0000_01	Year	01000122	0707 0070	\$10,000	\$20,000	\$12,000	\$36,000	ψου σοραγ/visit	ψο σοραγ/νισιτ	φου συραγ/νισιι	φου συραγ/νισικ	deductible does not apply	070711112
8	CIG23_5000_02	Calendar	CIG3G2L2	20% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 conav/visit	copay/visit \$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
0 - \$7,500	GIG23_3000_02	Year	OIOGOZEZ	20 /0 / 30 /0	\$10,000	\$20,000	\$14,000	\$42,000	φ20 copay/visit	ψο σοραγ/ νισιτ	ψου copay/visit		2070 AT D	
Wrap \$5,000	CIG23 5000 03	Calendar	CIG3G3L2	30% / 50%	\$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,	30% AFD
NA Wra	0.020_0000_00	Year	0.000022	00707 0070	\$10,000	\$20,000	\$14,000	\$42,000	φου συραγ/violi	φο σοραγίνισι:	ψ/ ο σοραγ/ violi	φου συραγή νισικ	deductible does not apply	36767412
LG CIGNA	CIG23_5500_01	Calendar	CIG3G1M2	20% / 50%	\$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,	20% AFD
	0.020_0000_0	Year	0.0002	20,07 00,0	\$11,000	\$22,000	\$14,000	\$42,000	too copay, no.	φο σοραγ/νισικ	φου σοραγ, ποι	φου συραγή violi	deductible does not apply	207071112
	CIG23 6000 01	Calendar	CIG3G1N2	30% / 50%	\$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,	30% AFD
	0.020_0000_01	Year	0.0001112	00707 0070	\$12,000	\$24,000	\$15,000	\$45,000	φου συραγ/ violit	φο σοραγίνισι:	ψι ο σοραγίνιση	φου συραγίνιση	deductible does not apply	30707112
	CIG23 7150 01	Calendar	CIG3G1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	3.320_7100_01	Year	0.00011 2	3707 3070	\$14,300	\$28,600	\$15,000	\$45,000	φου συράγ/νισιτ	φο σοραγ, νισιτ	φτο σορα <i>γ</i> , νισιι	φου συραγίνιστ	deductible does not apply	0707111
	CIG23 7500 01	Calendar	CIG3G1Q2	10% / 50%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 coppy/vicit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges,	10% AFD
	GIGZ3_/300_01	Year	01030102	10% / 50%	\$15,000	\$30,000	\$18,200	\$54,600	\$30 copay/visit	φυ copay/visit	φου copay/visit	\$50 copay/visit	deductible does not apply	10% AFD

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



		PY23 Cig	na Wra	p Large	Group Sna	apshot Grid	d			Netv	works Availabl	e: BSW Dual I	PPO	
	Plan Namo	e and Medical R	ider Names		D	eductible and MC	OOP INN and OO	)N			In Networ	k Benefits		
	Plan Name	Calendar Year	BSW Dual 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
	01000 0000 04110	Calendar	CIG3H1H2	00/ /500/	\$3,000	\$6,000	\$3,000	\$9,000	00/ AFD	00/ AFD	00/ AFD	00/ AED	00/ 450	00/ AED
	CIG23_3000_01HD	Year	CIG3H1H2	0% / 50%	\$6,000	\$12,000	\$6,000	\$18,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	CIG23_3000_02HD	Calendar	CICSHSHS	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	CIG23_3000_02HD	Year	CIGSHZHZ	20% / 30%	\$6,000	\$12,000	\$10,500	\$31,500	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
鱼	CIG23_3500_01HD	Calendar	CIG3H1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
후	01023_0000_01115	Year	010011112	0707 0070	\$7,000	\$14,000	\$7,000	\$21,000	07071112	0707N B	0/0/11/12	070711115	0707112	0707112
CIGNA Wrap HDHP	CIG23_4000_01HD	Calendar	CIG3H1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
ٳڮٙٳ		Year			\$8,000	\$16,000	\$8,000	\$24,000					277.11.2	
¥	CIG23_4500_01HD	Calendar	CIG3H1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
		Year			\$9,000	\$18,000	\$13,100	\$39,300						
LG	CIG23_5000_01HD	Calendar Year	CIG3H1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		rear			\$10,000	\$20,000	\$10,000	\$30,000						
	CIG23_5000_02HD	Calendar Year	CIG3H2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
-		Teal			\$10,000	\$20,000	\$13,300	\$39,900						
	CIG23_6450_01HD	Calendar Year	CIG3H1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		I cai			\$12,900	\$25,800	\$12,900	\$38,700						
	CIG23_6550_01HD	Calendar Year	CIG3H1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		1001			\$13,100	\$26,200	\$13,100	\$39,300						
	CIG23_7000_01HD	Calendar Year	CIG3H1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		i cai			\$14,000	\$28,000	\$14,000	\$42,000						

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility. Contract year benefits are available. Please contact your Sales or Client Management Team for more details.





# Network Available: PHCS Network

		PY23 PI	HCS La	arge Gro	up Snap	shot Grid					Networks A	vailable: PHC	S Network	
	Plan Nam	e and Medica	l Rider Name	es	Ded	luctible and M	OOP INN and	OON				In Network Benefits		
	Plan Name	Calendar Year	Med Rider	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
	PHCS23 500 01	Calendar	PHCS3001	20% / 50%	\$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,	20% AFD
		Year	111000001	20707 0070	\$1,000	\$4,000	\$3,000	\$9,000	φ20 σοραγ/ νισιι		ψτο σοραγήτιοι:	que capay, non	deductible does not apply	20,07.11.2
	PHCS23_500_02	Calendar	PHCS3002	20% / 50%	\$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,	20% AFD
	1110020_000_02	Year	111000002	20707 0070	\$1,000	\$2,000	\$6,000	\$18,000	φ20 σοραγ/νισιτ	φο σοραγίνιση	ψ το σοραγ/ viole	φου σοραγ/ νισικ	deductible does not apply	207071113
	PHCS23 750 01	Calendar	PHCS3003	20% / 50%	\$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,	20% AFD
		Year			\$1,500	\$3,000	\$4,500	\$13,500	<b>4_0</b> 35pay,		voc copey, men	*** **********************************	deductible does not apply	
	PHCS23_1000_01	Calendar	PHCS3004	10% / 50%	\$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,	10% AFD
,500		Year	111000001	10707 0070	\$2,000	\$4,000	\$7,000	\$21,000	φ20 σοραγ/ νισιι		φου συρώγ, vieix	que capay, non	deductible does not apply	10,07.11.2
\$1,	PHCS23_1000_02	Calendar	PHCS3005	20% / 50%	\$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,	20% AFD
-0		Year	111000000	20,07 00,0	\$2,000	\$4,000	\$7,000	\$21,000	φ20 σοραίμη νιοιί		φου συραγή vieix	que capay, non	deductible does not apply	20,07.1.2
\$500	PHCS23_1000_03	Calendar	PHCS3006	20% / 50%	\$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,	20% AFD
S		Year	111000000	20707 0070	\$2,000	\$4,000	\$8,000	\$24,000	φτο σεραγίνιση		ψ2ο σοραγ, vien	que capay, non	deductible does not apply	207071112
l O	PHCS23_1000_04	Calendar	PHCS3007	30% / 50%	\$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,	30% AFD
품		Year			\$2,000	\$4,000	\$9,000	\$27,000	, , , , , , , , , , , , , , , , , , ,		ψ. σ σσραγσ	*** **********************************	deductible does not apply	
LG	PHCS23_1000_05	Calendar	PHCS3008	30% / 50%	\$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,	30% AFD
		Year			\$2,000	\$4,000	\$12,000	\$36,000	<b>*</b> *** *******************************	<b>***</b> *********************************	voc copey, men	<b>4</b> 00 00 p 0 y 110 11	deductible does not apply	
	PHCS23_1500_01	Calendar	PHCS3009	20% / 50%	\$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,	20% AFD
		Year			\$3,000	\$6,000	\$8,000	\$24,000	, , , , , , ,		, ,	************	deductible does not apply	
	PHCS23_1500_02	Calendar	PHCS3010	20% / 50%	\$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,	20% AFD
		Year			\$3,000	\$6,000	\$9,000	\$27,000	, , , , , ,	, ,	, ,	************	deductible does not apply	
	PHCS23_1500_03	Calendar	PHCS3011	20% / 50%	\$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,	20% AFD
		Year			\$3,000	\$6,000	\$12,000	\$36,000					deductible does not apply	
	PHCS23_1500_04	Calendar	PHCS3012	20% / 50%	\$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,	20% AFD
	_	Year			\$3,000	\$6,000	\$10,000	\$30,000	. ,	. ,		, ,	deductible does not apply	
	PHCS23_1500_05	Calendar	PHCS3013	30% / 50%	\$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,	30% AFD
		Year			\$3,000	\$6,000	\$10,000	\$30,000					deductible does not apply	) 1 C 2 VVI-:

<sup>\*</sup>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.



### Network Available: PHCS Network

	<u> </u>		PHCS L	arge Gr	oup Snaps	hot Grid				N	etworks Availa	able: PHCS N	Network	
	Plan Nam	e and Medical	Rider Names	5	Dec	ductible and M	OOP INN and O	ON			In Net	work Benefits		
	Plan Name	Calendar Year	TBD	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.
	PHCS23 2000 01	Calendar	PHCS3014	20% / 50%	\$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,	20% AFD
		Year	111000011	20707 0070	\$4,000	\$8,000	\$10,000	\$30,000	φου συραγ, vieix	φο σοραγ/ vieix	φου σοραγ/ viole	φου συραγ <sub>ε</sub> ντισικ	deductible does not apply	20,07112
	PHCS23_2000_02	Calendar	PHCS3015	20% / 50%	\$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,	20% AFD
	1110020_2000_02	Year	111003013	20707 3070	\$4,000	\$8,000	\$11,000	\$33,000	φου copay/visit	φο σοραγίνιστ	ψου σοραγ/visit	φου συραγίνισι	deductible does not apply	207071111
	PHCS23_2000_03	Calendar	PHCS3016	30% / 50%	\$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,	30% AFD
0	1110023_2000_03	Year	F11033010	30707 3070	\$4,000	\$8,000	\$10,000	\$30,000	ψ20 copay/visit	фо сорау/изи	ψ30 copay/visit	фэо сорау/изи	deductible does not apply	30 % Al D
\$2,500	PHCS23_2000_04 Caler Yes	Calendar	PHCS3017	10% / 50%	\$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,	10% AFD
\$2,	1110023_2000_04	Year	F11033017	10707 3070	\$4,000	\$8,000	\$10,000	\$30,000	ψ20 copay/visit	фо сорау/изи	ψ30 copay/visit	фэо сорау/изи	deductible does not apply	1070 AT D
- 00		Calendar	PHCS3018	30% / 50%	\$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,	30% AFD
\$2,000	1110020_2000_00	Year	111003010	30707 3070	\$4,000	\$8,000	\$11,000	\$33,000	φου copay/visit	φο σοραγίνιση	φου συραγ/visit	φου συραγίνιση	deductible does not apply	3070711 B
	PHCS23_2500_01	Calendar	PHCS3019	10% / 50%	\$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,	10% AFD
CS	1110020_2000_01	Year	F11033019	10707 3070	\$5,000	\$10,000	\$12,000	\$36,000	ψ20 copay/visit	фо сорау/изи	ψ30 copay/visit	фэо сорау/изи	deductible does not apply	1070 AT D
PHCS	PHCS23_2500_02	Calendar	PHCS3020	20% / 50%	\$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,	20% AFD
LG	F110323_2300_02	Year	PHC33020	20/8/30/8	\$5,000	\$10,000	\$12,000	\$36,000	φ25 copay/visit	φυ copay/visit	\$50 copay/visit	\$50 copay/visit	deductible does not apply	20% AT D
	PHCS23_2500_03	Calendar	PHCS3021	20% / 50%	\$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,	20% AFD
	F110323_2300_03	Year	PHC33021	20/8/30/8	\$5,000	\$10,000	\$11,000	\$33,000	φ25 copay/visit	φυ copay/visit	\$50 copay/visit	\$50 copay/visit	deductible does not apply	20% AT D
	PHCS23 2500 04	Calendar	PHCS3022	20% / 50%	\$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,	20% AFD
	F110323_2300_04	Year	PHC33022	20/8/30/8	\$5,000	\$10,000	\$10,000	\$30,000	\$30 copay/visit	φυ copay/visit	\$60 copay/visit	\$50 copay/visit	deductible does not apply	20% AT D
	PHCS23_2500_05	Calendar	PHCS3023	20% / 50%	\$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,	20% AFD
	1110323_2300_03	Year	F FIC33023	20 /0 / 30 /0	\$5,000	\$10,000	\$12,000	\$36,000	ψ10 copay/visit	ψυ copay/visit	ψ20 copay/visit	ψου copay/visit	deductible does not apply	20/0 AT D
	PHCS23_2500_06	Calendar	PHCS3024	30% / 50%	\$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,	30% AFD
	1110323_2300_06	Year	FFIC63024	30 /6 / 30 /6	\$5,000	\$10,000	\$12,000	\$36,000	φου copay/visit	φυ copay/visit	φιο copay/visit	φου copay/visit	deductible does not apply	30 /0 AFD
	PHCS23_2500_07	Calendar	DHCS3035	20% / 50%	\$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,	20% AFD
	F110323_2300_07	Year	PHCS3025	20% / 30%	\$5,000	\$10,000	\$12,000	\$36,000	φου copay/visit	φυ copay/visit	\$70 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD

<sup>\*</sup>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.



		PY2	3 PHCS	Large G	roup Sna	pshot Gric	ı			N	letworks Availa	able: PHCS	Network	
	Plan Nam	ne and Medic	al Rider Name	s		Deductible and	MOOP INN and C	OON			In Net	work Benefits		
	Plan Name	Calendar Year	TBD	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
	PHCS23_3000_01	Calendar Year	PHCS3026	0% / 50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$3,000	\$6,000	\$6,000	\$18,000						
	PHCS23_3000_02	Calendar Year	PHCS3027	10% / 50%	\$6,000	\$12,000	\$12,000	\$36,000	\$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
					\$3,000	\$6,000	\$6,000	\$18,000						
0	PHCS23_3000_03	Calendar Year	PHCS3028	20% / 50%	\$6,000	\$12,000	\$12,000	\$36,000	\$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
1,500					\$3,000	\$6,000	\$6,000	\$18,000						
- \$4	PHCS23_3000_04	Calendar Year	PHCS3029	30% / 50%	\$6,000	\$12,000	\$12,000	\$36,000	\$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		Calendar			\$3,000	\$6,000	\$6,000	\$18,000					\$500 copay/visit, then 30% of charges,	
\$3,	PHCS23_3000_05	Year	PHCS3030	30% / 50%	\$6,000	\$12,000	\$12,000	\$36,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	deductible does not apply	30% AFD
SS		Calendar			\$3,500	\$7,000	\$6,000	\$18,000		<b>A</b>		4 /	\$500 copay/visit, then 20% of charges,	
PHC	PHCS23_3500_01	Year	PHCS3031	20% / 50%	\$7,000	\$14,000	\$12,000	\$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
LG	DI 10000 0500 00	Calendar	BUGGGGG	000/ / 500/	\$3,500	\$7,000	\$6,000	\$18,000	<b>CO5</b>	Φ0 ··/ ·i-it	(CC)/	<b>CFO</b> /-i-it	\$500 copay/visit, then 20% of charges,	000/ AFD
	PHCS23_3500_02	Year	PHCS3032	20% / 50%	\$7,000	\$14,000	\$12,000	\$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	deductible does not apply	20% AFD
	PHCS23 4000 01	Calendar	PHCS3033	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
	F11C323_4000_01	Year	FHC33033	0 /8 / 30 /8	\$8,000	\$16,000	\$14,000	\$42,000	\$25 copay/visit	φο copay/visit	\$30 copay/visit	φου copay/visit	deductible does not apply	0 % AI D
	PHCS23_4000_02	Calendar	PHCS3034	20% / 50%	\$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,	20% AFD
	1110020_4000_02	Year	111003034	20707 3070	\$8,000	\$16,000	\$13,000	\$39,000	φου σοραγ/visit	φο σοραγίνισι	ψου coραy/visit	φου συραγ/ visit	deductible does not apply	2070711115
	PHCS23 4000 03	Calendar	PHCS3035	30% / 50%	\$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,	30% AFD
		Year	11.00000	20,0,00,0	\$8,000	\$16,000	\$15,000	\$45,000	420 Supayi viole	φο σοραγινιοίτ	too copay, vion	200 Sopay, viole	deductible does not apply	55,5741 5
	PHCS23 4500 01	Calendar	PHCS3036	20% / 50%	\$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,	20% AFD
	. 110020_4000_01	Year	11.00000	20,07 00,0	\$9,000	\$18,000	\$14,000	\$42,000	φ20 σοραγίνιση	ψο σοραγίνιση	φου συραγίνισης	\$00 copay/visit	deductible does not apply	20,0741 D

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



		PY23 P	PHCS La	ırge Grou	ıp Snapsh	ot Grid				1	Networks Availa	able: PHCS Ne	etwork	
	Plan Nam	e and Medica	l Rider Names	S	Dedu	uctible and Mo	OOP INN and C	OON			In Net	work Benefits		
	Plan Name	Calendar Year	TBD	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
	PHCS23_5000_01	Calendar Year	PHCS3037	0% / 50%	\$5,000 \$10,000	\$10,000 \$20,000	\$6,000 \$12,000	\$18,000 \$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
\$7,500	PHCS23_5000_02	Calendar Year	PHCS3038	20% / 50%	\$5,000 \$10,000	\$10,000 \$20,000	\$7,000 \$14,000	\$21,000 \$42,000	\$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
\$2,000 - \$	PHCS23_5000_03	Calendar	PHCS3039	30% / 50%	\$5,000 \$10,000	\$10,000 \$20,000	\$7,000 \$14,000	\$21,000 \$42,000	\$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
LG PHCS	PHCS23_5500_01	Calandar	PHCS3040	20% / 50%	\$5,500 \$11,000	\$11,000 \$22,000	\$7,000 \$14,000	\$21,000 \$42,000	\$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	PHCS23_6000_01	Year PHC:	PHCS3041	30% / 50%	\$6,000 \$12,000	\$12,000 \$24,000	\$7,500 \$15,000	\$22,500 \$45,000	\$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
	PHCS23_7150_01	Calendar Year	PHCS3042	0% / 50%	\$7,150 \$14,300	\$14,300 \$28,600	\$7,500 \$15,000	\$22,500 \$45,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
	PHCS23_7500_01	Calendar Year	PHCS3043	10% / 50%	\$7,500 \$15,000	\$15,000 \$30,000	\$9,100 \$18,200	\$27,300 \$54,600	\$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

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility.



### Network Available: PHCS Network

		PY23 F	PHCS Wra	ap Large	Group Sn	apshot Grid	d			Net	works Availabl	e: PHCS Netv	vork	
	Plan Name	and Medic	al Rider Names		D	eductible and MO	OP INN and OC	N			In Networ	k Benefits		
	Plan Name	Calendar Year	TBD	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
	PHCS23_3000_01HD	Calendar	PHC3H012	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1110020_0000_0111B	Year	1110011012	0707 0070	\$6,000	\$12,000	\$6,000	\$18,000	0,074 2	0707112	0707112	0707112	070711 2	070711 2
	PHCS23_3000_02HD	Calendar	PHC3H022	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	1110023_3000_02110	Year	F110311022	20707 3070	\$6,000	\$12,000	\$10,500	\$31,500	20 /0 AT D	20% AI D	20% AI D	20 /0 Al D	20/0 AT D	2070 AT D
	PHCS23_3500_01HD	Calendar	PHC3H032	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	F110323_3300_0111D	Year	PHC3H032	07873078	\$7,000	\$14,000	\$7,000	\$21,000	0 % AI D	0% AI D	0% AI D	0% AI D	0% AI D	0% AI D
HOH	PHCS23_4000_01HD	Calendar	PHC2H042	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1110025_4000_0111B	Year	1110211042	0707 3070	\$8,000	\$16,000	\$8,000	\$24,000	07071112	0707N B	0707112	07071125	078711 15	070711 15
PHCS	PHCS23_4500_01HD	Calendar	PHC3H052	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
LG P	1110023_4300_01110	Year	1 110311032	30707 3070	\$9,000	\$18,000	\$13,100	\$39,300	30 % AT D	30% AI D	30 % AI D	30 /0 Al D	30 /0 AT D	30 % AT D
_	PHCS23_5000_01HD	Calendar	PHC3H062	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1110025_0000_0111B	Year	1110311002	0707 3070	\$10,000	\$20,000	\$10,000	\$30,000	070711115	0707N B	07071112	07071125	070711115	070711 15
	PHCS23_5000_02HD	Calendar	PHC3H072	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	1110020_0000_02110	Year	1110311072	20707 3070	\$10,000	\$20,000	\$13,300	\$39,900	207071112	20707112	207071175	207071115	20/071115	207071113
	PHCS23_6450_01HD	Calendar	PHC3H082	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1110020_0100_01110	Year	1110011002	0707 0070	\$12,900	\$25,800	\$12,900	\$38,700	0,074.2	0,07412	0,0,1,1,2	0707112	070711 2	070711 2
	PHCS23_6550_01HD	Calendar	PHC3H092	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
		Year	1110011002	2,2, 33,3	\$13,100	\$26,200	\$13,100	\$39,300	0,07412	3,0,1112	5,5,11 5	0,0711 D	0,07112	0,0.11 5
	PHCS23_7000_01HD	Calendar	PHC3H102	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1110020_7000_01110	Year	1110311102	3707 3076	\$14,000	\$28,000	\$14,000	\$42,000	070 AI D	070 ALD	0 /0 AT D	0/0 AI D	070 AI D	070 AI D

<sup>\*</sup>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. This is a summary of benefit highlights only. All benefits shown indicate member responsibility. Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



# 2023 Individual & Family Plans



# Overview

	Individual HMO			Calendar Year Deductible	Calendar Year MOOP	(	Office Visits			Benefits			/lm	Drugs	د)		
				Individual	Individual Family				(	In-Network	)		(III	-Network	<b>(</b> )		
Metal Level	Plan Name	HSA	Coins	Family INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non- Preferred**	Specialty
	FirstCare Savers Bronze	V	00/	\$7,500	\$7,500	00/ AFD	00/ AFD	00/ AFD	00/ AFD	00/ AFD	00/ AED	ACA Preventive and Tier 1: \$0	<b>#</b> 0	00/ AED	00/ AED	00/ AED	00/ 450
	HMO HSA 006	Yes	0%	\$15,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Tier 2-4 Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD
Bronza	FirstCare Vital Bronze	Na	400/	\$7,500	\$9,000	<b>\$</b> 50	ΦO	<b>\$400</b>	\$75	500/ AED	500/ AED	ACA Preventive and Tier 1: \$0	¢o.	\$25	ФE0 ЛЕВ	\$100	\$500
Bronze	HMO 013	No	40%	\$15,000	\$18,000	\$50	\$0	\$100	\$/5	50% AFD	50% AFD	Tier 2-4 Integrated with Medical	\$0	\$25	\$50 AFD	AFD	AFD
	FirstCare Vital Bronze	No	200/	\$7,600	\$9,100	1 free, then	<b>\$</b> 0	\$100	<b>\$100</b>	30% AFD	200/ AED	ACA Preventive and Tier 1: \$0	¢o.	\$25	¢55 AED	\$150	\$500
	HMO 009	INO	20%	\$15,200	\$18,200	\$35	\$0	Φ100	\$100	30% AFD	30% AFD	Tier 2-4 Integrated with Medical	\$0	<b>⊅</b> ∠5	\$55 AFD	AFD	AFD

Metal Level	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
	FirstCare Prime Silver			\$4,800	\$9,100	2 free, then	40	Φ=0	470	100/ 150	100/ 155	ACA Preventive and Tier 1: \$0	•	<b>0.4 -</b>	400	4450	<b>4500</b>
	HMO 008	No	0%	\$9,600	\$18,200	\$30	\$0	\$70	\$70	40% AFD	40% AFD	Tier 2-4 Integrated with Medical	\$0	\$15	\$90	\$150	\$500
	FirstCare Prime Silver	NIa	00/	\$3,400	\$7,250	2 free, then	ФО.	ф <b>7</b> О	<b>#</b> 70	400/ AED	400/ AED	ACA Preventive and Tier 1: \$0	9	<b>#4 F</b>	<b>#</b> 00	<b>C450</b>	<b>#</b> 500
Cibrar	HMO 008- CSR 73% AV	No	0%	\$6,800	\$14,500	\$30	\$0	\$70	\$70	40% AFD	40% AFD	Tier 2-4 Integrated with Medical	\$0	\$15	\$90	\$150	\$500
Silver	ilver	NI-	00/	\$1,000	\$3,000	2 free, then	ФО.	ФОО	<b>#</b> 00	050/ 450	050/ A5D	ACA Preventive and Tier 1: \$0	9	<b>#</b> 0	<b>.</b> 4.5	<b>#450</b>	<b>#</b> 500
	FiretCare Prime Silver	No	0%	\$2,000	\$6,000	\$5	\$0	\$20	\$20	35% AFD	35% AFD	Tier 2-4 Integrated with Medical	\$0	\$0	\$45	\$150	\$500
	FirstCare Prime Silver	Na	00/	\$0	\$1,500	2 free, then	ФО.	¢г	ΦE	200/	200/	ACA Preventive and Tier 1: \$0	¢0	¢0	¢4.5	<b>0</b>	<b>\$</b> 500
	FirstCare Prime Silver HMO 008- CSR 94% AV	No	0%	\$0	\$3,000	\$5	\$0	\$5	\$5	20%	20%	Tier 2-4 Integrated with Medical	\$0	\$0	\$15	\$55	\$500

<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits \*\*3x copay for 90-day maintenance eligible drug



FirstCare Individual Plan Year 2023 Portfolio

	Individual HMC	)		Deductible	Calendar Year MOOP Individual Family	C	office Visit	ts	(	Benefits [In-Network]				ugs etwork)			
Metal Level	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
	FirstCare Prime Silver HMO			\$5,800	\$8,900		4 -		4			ACA Preventive and Tier 1: \$0	•	4			\$350
	003	No	40%	\$11,600	\$17,800	\$40	\$0	\$80	\$60	40% AFD	40% AFD	Tier 2-4 Integrated with Medical	\$0	\$20	\$40	\$80 AFD	AFD
	FirstCare Prime Silver HMO			\$5,700	\$7,200		<b>.</b> .		<b>4</b>			ACA Preventive and Tier 1: \$0	• -				\$350
0:1	003 - CSR 73% AV	No	40%	\$11,400	\$14,400	\$30	\$0	\$60	\$45	40% AFD	40% AFD	Tier 2-4 Integrated with Medical	\$0	\$20	\$40	\$80 AFD	AFD
Silver	FirstCare Prime Silver HMO			\$800	\$3,000				4			ACA Preventive and Tier 1: \$0	•-	4	4		\$250
	003 - CSR 87% AV	No	30%	\$1,600	\$6,000	\$20	\$0	\$40	\$30	30% AFD	30% AFD	Tier 2-4 Integrated with Medical	\$0	\$10	\$20	\$60 AFD	AFD
	FirstCare Prime Silver		050/	\$0	\$1,700	0.5	40	<b>0.4.0</b>	0.5	050/	050/	ACA Preventive and Tier 1: \$0	Ф0	0.0	0.4.5	050	<b>#</b> 450
	HMO 003- CSR 94% AV	No	25%	\$0	\$3,400	\$5	\$0	\$10	\$5	25%	25%	Tier 2-4 Integrated with Medical	\$0	\$0	\$15	\$50	\$150
Metal Level	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
	FirstCare Prime Silver HMO	No	20%	\$0	\$9,100	\$0 first	\$0	\$85	Фол	\$750	\$2,000	ACA Preventive and Tier 1: \$0	фo.	\$15	<b>Ф</b> Г.Г	¢4.50	\$500
	012	NO	20%	\$0	\$18,200	visit then \$45	φU	<b>\$85</b>	\$85	copay/visit	copay/stay	Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
	FirstCare Prime Silver HMO	No	20%	\$0	\$7,250	\$0 first	\$0	\$85	\$85	\$750	\$2,000	ACA Preventive and Tier 1: \$0	\$0	\$15	\$55	\$150	\$500
Silver	012 - CSR 73% AV	NO	2070	\$0	\$14,500	\$45	φυ	φου	φου	copay/visit	copay/stay	Tier 2-4 Integrated with Medical	φυ	ф15	φυυ	φ150	φυσο
Silver	FirstCare Prime Silver HMO	No	10%	\$0	\$3,000	\$0 for 2 visits then	\$0	\$50	\$50	\$500	\$500	ACA Preventive and Tier 1: \$0	\$0	\$10	\$55	\$150	\$500
	012 - CSR 87% AV	INU	10%	\$0	\$6,000	\$10	φυ	φου	φου	copay/visit	copay/stay	Tier 2-4 Integrated with Medical	φυ	φιυ	φοο	φιου	φυυυ
	FirstCare Prime Silver HMO	No	10%	\$0	\$1,000	\$0	\$0	\$10	\$10	\$200	\$100	ACA Preventive and Tier 1: \$0	\$0	\$10	\$55	\$150	\$500
	012 - CSR 94% AV	140	1070	\$0	\$2,000	ΨΟ	ΨΟ	Ψ10	ΨΙΟ	copay/visit	copay/stay	Tier 2-4 Integrated with Medical	ΨΟ	Ψ10	ΨΟΟ	Ψ100	φοσο

<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits \*\*3x copay for 90-day maintenance eligible drug



### FirstCare Individual Plan Year 2023 Portfolio

				Calendar Year Deductible	Calendar Year MOOP					Benefits				Drugs			
	Individual HMO			Individual	Individual	C	Office Visit	S	(	In-Network	<b>(</b> )			-Networ	k)		
Metal Level	Plan Name	HSA	Coins	Family	Family INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive		Preferred Brand**	Non- Preferred**	Specialty
	FirstCare Elite Gold HMO 001	No	25%	\$2,000	\$8,700	\$30	\$0	\$60	\$60	25% AFD	25% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated	\$0	\$15	\$30	\$60	\$250
				\$4,000	\$17,400							with Medical					
Gold	FirstCare Elite Gold HMO 011	No	25%	\$750 \$1,500	\$9,100 \$18,200	2 free, then \$30	\$0	\$60	\$60	\$750 copay plus 25% AFD	\$1,500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	500
				\$1,500	\$9,100	•	•-		<b>.</b>	\$750		ACA Preventive and Tier 1: \$0		•		•	
	FirstCare Elite Gold HMO 015	No	20%	\$3,000	\$18,200	\$0	\$0	\$60	\$60	copay/visit AFD	20% AFD	Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500

					Calendar Year Deductible	Calendar Year MOOP					Benefits				Drugs			
		Individual HMO			Individual	Individual	C	Office Visit	S	(	In-Network	<b>c)</b>			-Networ	·k)		
					Family	Family												
	Metal Level	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
		FirstCare Prime Silver HMO 010	No	20%	\$4,950	\$9,100	\$30	\$0	\$60	\$60	\$750 copay/visit	20% VED	ACA Preventive and Tier 1: \$0	\$0	\$15	\$55 AFD	\$150	\$500
Эе	Silver FirstO	Thistoare Filme Silver Filmo 010	INO	2076	\$9,900	\$18,200	ψου	ΨΟ	φου	φου	AFD	2076 AT D	Tier 2-4 Integrated with Medical	ΨΟ	ΨΙΟ	ψ33 AI D	AFD	AFD
chanç		FirstCare Prime Silver HMO 014	No	10%	\$0	\$9,100	\$55	\$0	\$85	\$85	\$750 copay	A	ACA Preventive and Tier 1: \$0	\$0	\$15	\$55	\$150	\$500
		Thistoare Filme Silver Tilvio 014	INO	10 /6	\$0	\$18,200	ψυυ	ΨΟ	φου	ψΟΟ	\$750 copay	copay/stay	Tier 2-4 Integrated with Medical	ΨΟ	φισ	ψυυ	\$150	Ψ500
O		FirstCare Elite Gold HMO 002	No	25%	\$0	\$9,100	\$50	\$0	\$85	\$85	\$750	25%	ACA Preventive and Tier 1: \$0	\$0	\$15	\$55	\$150	\$500
		Filstoare Line Gold Hivio 002	INU	25%	\$0	\$18,200	φυυ	φυ	φου	φου	copay/visit	2070	Tier 2-4 Integrated with Medical	φυ	φισ	φυυ	φ130	φουυ

<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits \*\*3x copay for 90-day maintenance eligible drug

**BSW** Individual Plan Year 2023 Portfolio Network: BSW Premier HMO

	Individual HMO			Calendar Year Deductible Individual Family	Calendar Year MOOP Individual Family	C	Office Visits	S	(	Benefits In-Network	<b>s</b> )			Orugs Network)			
Metal Level	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
	BSW Savers Bronze HMO	Yes	0%	\$7,500	\$7,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0	\$0	00/ AED	09/ AED	00/ AED	0% AFD
	HSA 006	165	0%	\$15,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Tier 2-4 Integrated with Medical	φυ	0% AFD	0% AFD	0% AFD	0% AFD
Bronze B	BSW Vital Bronze HMO 007	No	40%	\$7,500	\$9,000	\$50	50% AFD	\$100	\$75	50% AFD	50% AFD	ACA Preventive and Tier 1: \$0	\$0	\$25	\$50 AFD	\$100	\$500
Dionze	Bow vital Biolize HiviO 007	NO	40%	\$15,000	\$18,000	φου	50% AFD	φ100	φ/5	50% AFD	50% AFD	Tier 2-4 Integrated with Medical	φυ	<b>Φ</b> 20	φου AFD	AFD	AFD
	BSW Vital Bronze HMO 009	No	20%	\$7,600	\$9,100	1 free, then	\$0	\$100	\$100	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0	\$0	\$25	\$55 AFD	\$150	\$500
	DSW VIIai Biolize HWO 009	INU	20%	\$15,200	\$18,200	\$35	φυ	φ100	φ100	30 /0 AFD	30 /0 AFD	Tier 2-4 Integrated with Medical	φυ	φ20	φυυ ΑΓΙ	AFD	AFD

Metal Level	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
	BSW Prime Silver HMO 008	No	0%	\$4,800	\$9,100	2 free, then	\$0	\$70	\$70	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0	\$0	<b>\$</b> 15	\$90	\$150	\$500
	BOW I TIME SILVET TIME GOO	140	070	\$9,600	\$18,200	\$30	ΨΟ	Ψίο	Ψίο	4070 AI D	40 % AI B	Tier 2-4 Integrated with Medical	ΨΟ	ΨΙΟ	ΨΘΟ	Ψ130	Ψ300
	BSW Prime Silver HMO 008-	No	0%	\$3,400	\$7,250	2 free, then	\$0	\$70	\$70	40% AFD		ACA Preventive and Tier 1: \$0	\$0	<b>\$</b> 15	\$90	\$150	\$500
Silver	CSR 73% AV	140	070	\$6,800	\$14,500	\$30	ΨΟ	Ψίο	Ψίο	4070 AI D	40 % AI B	Tier 2-4 Integrated with Medical	ΨΟ	ΨΙΟ	ΨΘΟ	Ψ130	ΨΟΟΟ
Silver	BSW Prime Silver HMO 008 -	No	0%	\$1,000	\$3,000	2 free, then	\$0	\$20	\$20	35% AFD	35% AFD	ACA Preventive and Tier 1: \$0	\$0	\$0	\$45	\$150	\$500
	BSW Primo Silver HMO 008	140	0 76	\$2,000	\$6,000	\$5	ΨΟ	Ψ20	ΨΖΟ	33 % AI D	33 % Al D	Tier 2-4 Integrated with Medical	ΨΟ	ΨΟ	ΨΨΟ	\$130	\$500
	BSW Prime Silver HMO 008-	No	0%	\$0	\$1,500	2 free, then	\$0	\$5	<b>\$</b> 5	20%	20%	ACA Preventive and Tier 1: \$0	\$0	\$0	<b>\$</b> 15	\$55	\$500
	BSW Prime Silver HMO 008- CSR 94% AV	140	0 /6	\$0	\$3,000	\$5	ΨΟ	ψυ	ψυ	2076	2076	Tier 2-4 Integrated with Medical	ΨΟ	ΨΟ	ΨΙΟ	φυυ	φυσο

<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits \*\*3x copay for 90-day maintenance eligible drug



BSW Individual Plan Year 2023 Portfolio Network: BSW Premier HMO

	Individual HMO			Deductible	Calendar Year MOOP Individual Family	C	Office Visit	s		Benefits (In-Network)				ugs etwork)			
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive		Preferred Brand**	Non- Preferred* *	Specialty
	BSW Prime Silver HMO	No	40%	\$5,800	\$8,900	\$40	\$0	\$80	\$60	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$20	\$40	\$80 AFD	\$350
	003	NO	40 /0	\$11,600	\$17,800	φ40	φυ	φου	φου	40 % AFD	40 % AFD	Medical	φυ	φ20	Ψ40	ф60 AFD	AFD
	BSW Prime Silver HMO	No	40%	\$5,700	\$7,200	\$30	\$0	\$60	\$45	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$20	\$40	\$80 AFD	\$350
Silver	003 - CSR 73% AV	110	1070	\$11,400	\$14,400	ΨΟΟ	ΨΟ	ΨΟΟ	ΨΙΟ	10707112	107071112	Medical	ΨΟ	Ψ20	Ψισ	φοστιι Β	AFD
	BSW Prime Silver HMO 003 - CSR 87% AV	No	30%	\$800	\$3,000	\$20	\$0	\$40	\$30	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$10	\$20	\$60 AFD	\$250
	003 - CSR 67% AV			\$1,600	\$6,000							Medical					AFD
	BSW Prime Silver HMO	No	25%	\$0	\$1,700	\$5	\$0	\$10	\$5	25%	25%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$0	\$15	\$50	\$150
	003- CSR 94% AV			\$0	\$3,400	, ,	•	,	• •			Medical	• •	, -	,	,	,
Metal Level	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
	BSW Prime Silver HMO	No	20%	\$0	\$9,100	\$0 first visit then	\$0	\$85	\$85	\$750	\$2,000	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$15	\$55	\$150	\$500
	005	NO	20%	\$0	\$18,200	\$45	ΦΟ	φου	φου	copay/visit	copay/stay	Medical	ΦΟ	<b>Φ1</b> 0	φυυ	φ130	φ300
	BSW Prime Silver HMO	No	20%	\$0	\$7,250	\$0 first visit then	\$0	\$85	\$85	\$750	\$2,000	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$15	\$55	\$150	\$500
Silver	005 - CSR 73% AV	140	2070	\$0	\$14,500	\$45	ΨΟ	ΨΟΟ	ΨΟΟ	copay/visit	copay/stay	Medical	ΨΟ	ΨΙΟ	ΨΟΟ	Ψ130	ψυσο
Onver	BSW Prime Silver HMO	No	10%	\$0	\$3,000	\$0 for 2 visits then	\$0	\$50	\$50	\$500	\$500	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$10	\$55	\$150	\$500
	005 - CSR 87% AV	140	1070	\$0	\$6,000	\$10	ΨΟ	ΨΟΟ	ΨΟΟ	copay/visit	copay/stay	Medical	ΨΟ	Ψισ	ΨΟΟ	Ψ100	ΨΟΟΟ
	BSW Prime Silver HMO	No	10%	\$0	\$1,000	\$0	\$0	\$10	\$10	\$200	\$100	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$10	\$55	\$150	\$500
	005 - CSR 94% AV	110	1370	\$0	\$2,000		Ψ0	410	<b>410</b>	copay/visit	copay/stay	Medical	Ψ	Ψίο	<b>450</b>	<b>V.00</b>	<b>\$500</b>

<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits \*\*3x copay for 90-day maintenance eligible drug

BSW Individual Plan Year 2023 Portfolio Network: BSW Premier HMO

	١١١٨٥ احدادة المساوات			Calendar Year Deductible	Calendar Year MOOP		Mine Vinit			Benefits				Drugs			
	Individual HMO			Individual Family	Individual Family		Office Visit	S	(	In-Networl	k)		(In-	Networl	k)		
Metal Level	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
	BSW Elite Gold HMO 001	No	25%	\$2,000	\$8,700	\$30	\$0	\$60	\$60	25% AFD	25% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with	\$0	\$15	\$30	\$60	\$250
				\$4,000	\$17,400		-	·				Medical		·	·	·	
Gold	BSW Elite Gold HMO 004	No	25%	\$750	\$9,100	2 free, then	\$0	\$60	\$60	\$750 copay plus	\$1,500	ACA Preventive and Tier 1: \$0	\$0	<b>\$</b> 15	\$55	\$150	500
Cold	BOW Line Gold Filvio 004	140	2070	\$1,500	\$18,200	\$30	ΨΟ	ΨΟΟ	ΨΟΟ	25% AFD	copay/stay	Tier 2-4 Integrated with Medical	Ψ	Ψισ	ΨΟΟ	Ψ100	500
	BSW Elite Gold HMO 015	No	20%	\$1,500	\$9,100	\$0	\$0	\$60	\$60	\$750 copay/visit	20% AFD	ACA Preventive and Tier 1: \$0	\$0	\$15	\$55	\$150	\$500
	BOW Line Gold Fillio 013	140	2076	\$3,000	\$18,200	ΨΟ	ΨΟ	ΨΟΟ	ΨΟΟ	AFD	20/0 AT D	Tier 2-4 Integrated with Medical	Ψ0	ΨΙΟ	ΨΟΟ	Ψ130	Ψ500

	Individual HMO				Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
					Individual Family	Individual Family												
•	Metal Level	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
Off Exchange	Silver	BSW Prime Silver HMO 010	No	20%	\$4,950	\$9,100	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	ACA Preventive and Tier 1: \$0	Tier 1: \$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
					\$9,900	\$18,200							Tier 2-4 Integrated with Medical					
		BSW Prime Silver HMO 011	No	10%	\$0	\$9,100	\$55	\$0	\$85	\$85	\$750 copay	\$2,500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
					\$0	\$18,200												
	Gold	BSW Elite Gold HMO 002	No	25%	\$0	\$9,100	\$50	\$0	\$85	\$85	\$750 copay/visit	25%	ACA Preventive and Tier 1: \$0	\$0	\$15	\$55	\$150	\$500
					\$0	\$18,200							Tier 2-4 Integrated with Medical	φυ				

<sup>\*</sup>For a covered dependent through the age of 18. Applies to all PCP office visits \*\*3x copay for 90-day maintenance eligible drug

