

2024 ACA Small Group Snapshot Grid

HMO BSW Plus HMO BSW Premier HMO



				РҮ2	4 ACA Smal	l Group HN	10 Snapsh	ot Grid							Networks Ava remier HMO N		
	Small Gro	oup		Coins	Deductible Individual Family			Office Visi In-Networ			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	BHG24P30	No	100%	\$9,450	\$9,450	No	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	100 9450	впо24РЗО	INO	100%	\$18,900	\$18,900	charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	U% AFD	0% AFD	0% AFD	U% AFD
	Bronze HMO	BHG24P01	No	90%	\$7,900	\$9,450	No	\$45	\$50 copay/visit	\$50	10% AED	10% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
Bronze	90 7900	611024701	NO	50%	\$15,800	\$18,900	charge	copay/visit	AFD	AFD	10%AFD	10%AFD	No charge	Этэсорау	AFD	AFD	AFD
Bro	Bronze HMO	BHG24P03	No	80%	\$7,500	\$9,450	No	\$55	\$60 copay/visit	\$60	20% 450	20% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
	80 7500	611024703		80%	\$15,000	\$18,900	charge	copay/visit	AFD	AFD	20%AFD	20%AFD	No charge	Этэсорау	AFD	AFD	AFD
	Bronze HMO	BHG24P02	Yes	100%	\$7,300	\$7,300	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 7300	рпб24202	res	100%	\$14,600	\$14,600	U% AFD	U% AFD	U% AFD	U% AFD	U% AFD	U% AFD	No charge	U% AFD	U% AFD	U% AFD	U% AFD

*For a covered dependent through the age of 18. Applies to all PCP office visits.

** 3x copay for 90-day maintenance eligible drug. This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



Subject to regulatory approval.

					PY24 A	CA Small Gro	up HMO Sna	apshot Grid) Networks Av Premier HMO I		
	Small Gr	roup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Networ			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	SHG24P31	No	80%	\$8,900	\$9 <i>,</i> 450	Nocharge	\$50	\$100	\$100	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 8900	51102 11 51			\$17,800	\$18,900		copay/visit	copay/visit	copay/visit	AFD	20/07 11 2		910 copuy	, , , , , , , , , , , , , , , , , , ,	\$150 copuy	\$300 copuy
	Silver HMO	SHG24P32	No	80%	\$7,500	\$9,450	No charge	\$45	\$80	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 7500	311024732	NO	8078	\$15,000	\$18,900	Nocharge	copay/visit	copay/visit	copay/visit	AFD	2078 AFD	Nocharge	313 COpay	333 copay	\$150 copay	\$500 copay
	Silver HMO	SHG24P13	Ne	100%	\$7,300	\$9,100	No oboveo	\$25	\$60	\$60	\$750		Nechargo	Ć1E oprovi	ĆEE oo pov	ć150 serev	ć F O O o o pov
	100 7300	30024213	No	100%	\$14,600	\$18,200	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO	CUC24022	Nia	0.00/	\$7,000	\$8,200	No obover		100/ 450	100/ 150	100/ 450	100/ 455		ć4 E o o o o o	ĆEE aanau	¢150	¢500
er (90 7000	SHG24P33	No	90%	\$14,000	\$16,400	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silver	Silver HMO	CU CO 4000	N	0.00/	\$6,900	\$9,100	N	\$45	\$85	\$85	\$750	200/ 455			¢FF	6450	¢500
	80 6900	SHG24P08	No	80%	\$13,800	\$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			700/	\$6,700	\$9,450		\$45	\$85	\$85	\$750	200/ 155		64 F	655	6450	<i></i>
	70 6700	SHG24P34	No	70%	\$13,400	\$18,900	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO				\$6,500	\$9,100		\$40	\$80	\$80	\$750			A 4 -	4	<i></i>	4500
	90 6500	SHG24P10	No	90%	\$13,000	\$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	0100.000		0.001	\$6,250	\$9,100		\$40	\$75	\$75	\$750	200/ 175		64 F	655	6450	<i>4500</i>
	80 6250	SHG24P09	No	80%	\$12,500	\$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

					PY24	ACA Small G	iroup HMO S	Snapshot Gric	ł						Networks Av		
	Small G	roup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefi In-Netw				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		N	100%	\$6,200	\$6,200	00/ 455	00/ 455	00/ 455	00/ 455	00/ 455	00/ 455	N	00/ 455	00/ 455	00/ 455	00/ 455
	HSA 6200	SHG24P35	Yes	100%	\$12,400	\$12,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Silver HMO 90	SHG24P15		90%	\$5 <i>,</i> 900	\$9,100	Nochorgo	\$35	\$70	\$70	\$750	10% AFD	Nechargo	¢15 concu	ĆEE oonov	¢150 conov	¢Г.00 соло)
	5900	SHG24P15	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	SHG24P11	No	80%	\$5 <i>,</i> 000	\$9,100	Nocharge	\$40	\$80	\$80	\$750 copay/visit	20% AFD	No charge	\$15 coppy	\$55 copay	\$150 copay	\$500 com
	5000	36024711	NU	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	SHG24P14	Yes	100%	\$5,100	\$5,100	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 5100	511024114	103	10070	\$10,200	\$10,200	0/0710	070710	UNALD	UNALD	0/0/410	0/0/11/0	No charge	UNALD	0/0710	0/0710	070 A D
er	Silver HMO 70	SHG24P12	No	70%	\$4 <i>,</i> 500	\$9,100	Nocharge	\$40	\$80	\$80	\$750 copay/visit	30% AFD	No charge	\$15 conav	\$55 copay	\$150 copay	\$500 copay
Silver	4500	5110241 12	NO	7070	\$9,000	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	30/04/0	No charge	919 copay	233 copay	9130 copay	200 copay
	Silver HMO 80	SHG24P40	No	80%	\$4,250	\$9,100	Nocharge	\$50	\$95	\$95	\$750 copay/visit	20% AFD	Nocharge	\$15 copay	\$55 conav	\$150 copay	\$500 copay
	4250	511024140	NO	80%	\$8 <i>,</i> 500	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	2070 AID	No charge	313 copay	555 copay	Ş190 copay	500 copay
	Silver HMO 70	SHG24P17	No	70%	\$3 <i>,</i> 800	\$9,100	No charge	\$50	\$95	\$95	\$750 copay/visit	30% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 coppy
	3800	511024717	NO	7078	\$7,600	\$18,200	No charge	copay/visit	copay/visit	copay/visit	AFD	50%AID	No charge	313 copay	555 copay	\$150 copay	5500 copay
	Silver HMO 60	SHG24P37	No	60%	\$3,250	\$9,100	Nocharge	\$55	\$95	\$95	\$750 copay/visit	40% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 coppy
	3250	311024737	NO	00%	\$6 <i>,</i> 500	\$18,200	Nocharge	copay/visit	copay/visit	copay/visit	AFD	40%ArD	Nocharge	313 copay	333 COpay	3130 сорау	3300 copay
	Silver HMO 90				\$650	\$9 <i>,</i> 450		\$50	\$100	\$100	\$750	\$1,500 copayment per day AFD					
	Silver HMO 90 650 SI	SHG24P16	No	90%	\$1,300	\$18,900	No charge	copay/visit.	•	· ·	copay/visit AFD	(not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay

HMO Networks Available

BSW Premier HMO Network

	Small Group												B2M bi	remier HMO N	etwork			
		Small G	roup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Network				Drugs** In-Network		
м	etal	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		Nia	0.0%	\$4,500	\$6 <i>,</i> 300	No showed	ćr.	\$40	\$40	\$750	100/ 450		ć1 E comor	ĆEE ARANA	¢150	¢5.00
		4500	GHG24P07	No	90%	\$9,000	\$12,600	Nocharge	\$5 copay/visit	copay/visi	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		Gold HMO 100 4000	<u></u>		1000/	\$4,000	\$6,500		\$15	\$25	\$25	\$750	00/ 455		64 F	<i></i>	<i></i>	6500
	4000 Gold HMO 10 3500	4000	GHG24P38	No	100%	\$8,000	\$13,000	No charge	copay/visit.		copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		Gold HMO 100		No	100%	\$3,500	\$6,900	Nechoras	Necharge	\$65	\$65	\$750		Necharge	ć15 corov	¢FF corou	¢150 concu	ć500 sonov
		3500	GHG24P19	No	100%	\$7,000	\$13,800	No charge	No charge	copay/visi	t copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold	Gold HMO HSA	CUC24019	Vac	100%	\$3,700	\$3,700		0% AFD	0% AFD	0% AFD	0% AFD	0% AFD				0% AFD	
	9	3700	GHG24P18	Yes	100%	\$7,400	\$7,400	0% AFD	U% AFD	U% AFD	U% AFD	U% AFD	U% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
		Gold HMO 100 3000	CUC24027		100%	\$3,000	\$4,000	Nechorgo	\$25	\$60	\$60	\$750			ć15 corov	¢FF corou	¢150 concu	ć 500 sonov
		3000	GHG24P27	No	100%	\$6,000	\$8,000	No charge	copay/visit.	copay/visi [.]	t copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO HSA 3200 Gold HMO 100 2300 GHG	Gold HMO HSA		N	100%	\$3,200	\$3,200	00/ 455	00/ 455	00/ 455	00/ 455	00/ 455	00/ 455		00/ 455	00/ 455	00/ 450	
		GHG24P20	Yes	100%	\$6,400	\$6,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD	
			N	100%	\$2,300	\$8,500		Nester	\$60	\$60	\$750	00/ 455		645	¢FF	¢450	¢500	
		GHG24P26	No	100%	\$4,600	\$17,000	No charge	No charge	copay/visi	t copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	



*For a covered dependent through the age of 18. Applies to all PCP office visits.

** 3x copay for 90-day maintenance eligible drug. This is a summary of benefit highlights only; all benefits shown indicate member responsibility

PY24 ACA Small Group HMO Snapshot Grid

Subject to regulatory

approval. 6

					PY24 A	CA Small Gro	oup HMO Sna	apshot Grid							O Networks Av Premier HMO		
	Small G	Group		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Networ				Drugs** In-Network	ĸ	
Meta	al 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	GHG24P25	No	90%	\$2,000	\$5,500	Nechargo	\$25	\$60	\$60	\$750 copay/visit	10% AFD	Nechargo	¢1E copov	¢EE copoy	¢150 copov	¢E00 conov
	2000	GHGZ4PZ5	INO	90%	\$4,000	\$11,000	No charge	copay/visit.	copay/visit	copay/visit	AFD	TO% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO 90 1800 GI	GHG24P28	No	90%	\$1,800	\$7,500	Nocharge	No charge	\$50	\$50	\$750 copay/visit	10% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1800	0024720	NU	9070	\$3,600	\$15,000	Notharge	Notharge	copay/visit	t copay/visit	AFD	10%AFD	Notharge	212 cohay	Şəə copay	ŞISUCOPAy	\$500 copay
	Gold HMO 80	GHG24P23	No	80%	\$1,500	\$7,000	No charge	\$25	\$60	\$60	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1500			0070	\$3,000	\$14,000	Notharge	copay/visit.	copay/visit	copay/visit	AFD		Notharge	\$15 copay	333 copay	3130 copay	
Gold	Gold HMO 80 1000	GHG24P24	No	80%	\$1,000	\$8,200	No charge	\$25	\$60	\$60	\$750 copay/visit	20% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Ğ	1000	01102 11 2 1			\$2,000	\$16,400		copay/visit.	copay/visit	copay/visit	AFD	20/01.2		910 00 pc,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	φ100 cop.,	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>
	Gold HMO 80	GHG24P39	No	80%	\$750	\$8,250	No charge	\$40	\$70	\$70	\$750 copay/visit	20% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	750				\$1,500	\$16,500		copay/visit.	copay/visit	copay/visit	AFD			919 copu,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	9130 copu,	, , , , , , , , , , , , , , , , , , ,
	Gold HMO copayment 0	GHG24P22	No	90%	\$0	\$7,000	No charge	\$15	\$50	\$50	\$750	\$500 copayment per day		\$15 copay	\$55 copay	\$150 copay	\$500 copay
	7000			50%	\$0	\$14,000	No charge	copay/visit.	copay/visit	t copay/visit	copay/visit	(not to exceed \$2,500)	No charge	919 copay	555 copay	\$150 copay	5500 copay
		GHG24P29	No	80%	\$0	\$9,450	No charge	\$60	\$95	\$95	\$750	20% of charges	Nocharge	\$15 conav	\$55 copay	\$150 copay	\$500 copay
	7000				\$0	\$18,900		copay/visit.	copay/visit	t copay/visit	copay/visit	207001 charges	Nocharge	919 copay	555 copay	\$150 copay	

				PY2	24 ACA Sma	ll Group HN	10 Snapsh	ot Grid							Networks Ava		
	Small Gr	oup		Coins	Deductible Individual Family			Office Vis In-Netwo			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	DUC24420	Ne	100%	\$9,450	\$9,450	No	0% AFD					No chorgo				
	100 9450	BHG24A30	No	100%	\$18,900	\$18,900	charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Bronze HMO	BHG24A01	No	90%	\$7,900	\$9,450	No	\$45	\$50 copay/visit	\$50	10% 450	10% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
Bronze	90 7900	BHG24A01	NO	90%	\$15,800	\$18,900	charge	copay/visit	AFD	AFD	10%AFD	10% AFD	Nocharge	313 CObay	AFD	AFD	AFD
Bro	Bronze HMO	BHG24A03	No	80%	\$7,500	\$9,450	No	\$55	\$60 copay/visit	\$60	20% 450	20% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500 copay,
	80 7500	BHG24A03	NO	80%	\$15,000	\$18,900	charge	copay/visit	AFD	AFD	20%AFD	20%AFD	Nocharge	313 CObay	AFD	AFD	AFD
	Bronze HMO	BHG24A02	Yes	100%	\$7,300	\$7 <i>,</i> 300	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Nochargo	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 7300	BHG24AU2	res	100%	\$14,600	\$14,600	0% AFD	U% AFD	0% AFD	0% AFD	U% AFD	0% AFD	No charge	0% AFD	U% AFD	U% AFD	0% AFD

					PY24 A	CA Small Gro	up HMO Sna	apshot Grid) Networks Av / Plus HMO Ne		
	Small Gr	oup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Networ			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	SHG24A31	No	80%	\$8,900	\$9 <i>,</i> 450	Nocharge	\$50	\$100	\$100	\$750 copay/visit	20% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 8900	51162-17.01			\$17,800	\$18,900		copay/visit	copay/visit	copay/visit	AFD	20/07412	no churge	\$10 copuy	\$55 copuy	\$150 copuy	çsee copuy
	Silver HMO	SHG24A32	No	80%	\$7 <i>,</i> 500	\$9,450	Nocharge	\$45	\$80	\$80	\$750 copay/visit	20% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	80 7500	511024A52	NO	8070	\$15,000	\$18,900	Nocharge	copay/visit	copay/visit	copay/visit	AFD	20/0 AI D	Nocharge	\$15 copay	555 copay	5150 copay	\$500 copay
	Silver HMO	SHG24A13	No	100%	\$7,300	\$9,100	Nocharge	\$25	\$60	\$60	\$750 copay/visit	0% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	100 7300	3HG24A13	NO	100%	\$14,600	\$18,200	Nocharge	copay/visit	copay/visit	copay/visit	AFD	0% AFD	Nocharge	этэ сорау	\$55 COpay	\$150 copay	\$500 copay
	Silver HMO	SHG24A33	No	90%	\$7,000	\$8,200	Nechorgo	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	Necharge	¢15 conov	ĆEE oonov	¢150 aanaw	ć 500 serev
Silver	90 7000	SHG24A33	NO	90%	\$14,000	\$16,400	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Silv	Silver HMO	SHG24A08	No	0.00/	\$6,900	\$9,100	Nechorgo	\$45	\$85	\$85	\$750	200/ 450	Nochorgo	¢15 conov	ĆEE sonov	¢150 aanaw	ć 500 serev
	80 6900	SHG24A08	No	80%	\$13,800	\$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	SHG24A34	No	70%	\$6,700	\$9,450	Nochargo	\$45	\$85	\$85	\$750	30% AFD	Nochargo	\$15 copay	¢EE conou	\$150 copay	\$500 copay
	706700	SHG24A34	NO	70%	\$13,400	\$18,900	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	30% AFD	No charge	\$15 CODAA	\$55 copay	\$120 cobay	\$500 copay
	Silver HMO	SHG24A10	No	0.00/	\$6,500	\$9,100	Nechorgo	\$40	\$80	\$80	\$750	100/ 450	Nochorgo	¢15 conov	ĆEE sonov	¢150 aanaw	ć F O O o o novi
	90 6500	3NGZ4A10	No	90%	\$13,000	\$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	CUC24400	Nia	0.00/	\$6,250	\$9,100	Nasharra	\$40	\$75	\$75	\$750	200/ 455	Neshawa	¢15	¢FF eens	¢150 aans	¢500
	806250	SHG24A09	No	80%	\$12,500	\$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

						CA Small Gro		anch at Crid						нма	O Networks Av	vailable	
					P124 A	CA Small Gro		apsnot Grid						BSV	V Plus HMO Ne	etwork	
	Small G	iroup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Netwo				Drugs** In-Network	ζ	
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
	Silver HMO	SHG24A35	Vac	100%	\$6,200	\$6,200			0% 450				No sharea				
	HSA 6200	SHG24A35	Yes	100%	\$12,400	\$12,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Silver HMO 90	CUC24445	Na	0.00/	\$5 <i>,</i> 900	\$9,100	Nashavaa	\$35	\$70	\$70	\$750	100/ 450		ć15	ĆEE eenen	¢150	¢500
	5900	SHG24A15	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 SHG	CUC24411	Na	0.00/	\$5,000	\$9,100	Neshaves	\$40	\$80	\$80	\$750	200/ 450		Ć15	ĆEE eenen	¢150	ć500
	5000 Silver HMO	SHG24A11	No	80%	\$10,000	\$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	SUC24414	Vac	100%	\$5,100	\$5,100							No oborgo				
		SHG24A14	Yes	100%	\$10,200	\$10,200	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Silver HMO 70	SHG24A12	No	70%	\$4,500	\$9,100	Nochargo	\$40	\$80	\$80	\$750	30% AFD	Nochargo	¢1E conov	ŚEE conov	\$150 conov	¢Ε00 conov
Silver	4500	SHG24A12	NO	70%	\$9,000	\$18,200	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	30% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 80	SHG24A40	No	80%	\$4,250	\$9,100	Nochargo	\$50	\$95	\$95	\$750	20% AFD	Nochargo	\$15 copay	¢EE conov	\$150 copay	\$500 copay
	4250	SHG24A40	NO	80%	\$8,500	\$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 70	SHG24A17	No	70%	\$3 <i>,</i> 800	\$9,100	Nocharge	\$50	\$95	\$95	\$750	200/ 455	No shares	<u>с</u> 1Г артан	Ć 🗆 🗠	¢150 aanay	¢500 conou
	3800	SHG24A17	No	70%	\$7,600	\$18,200	Nocharge	copay/visit	copay/visit	copay/visit	copay/visit AFD	30% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver HMO 60 3250 Silver HMO 90	SHG24A37	No	C00/	\$3,250	\$9,100	Nochorgo	\$55	\$95	\$95	\$750		No shares	<u>с</u> 1Г. совои	¢EE conov	¢150 aanay	¢500 corrow
		SHG24A37	NO	60%	\$6,500	\$18,200	No charge	copay/visit	copay/visit	copay/visit	copay/visit AFD	40% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		SHG24A16	No	90%	\$650	\$9,450	Nocharge	\$50	\$100	\$100	\$750 copay/visit	\$1,500 copayment per day AFD		\$15 copay	\$55 copay	\$150 copay	\$500 copay
		511GZ4A10	INU	50%	\$1,300	\$18,900	No charge	copay/visit.	copay/visit	copay/visit	AFD	(not to exceed \$7,500)	NO CHAIge	Ş13 coµay		\$150 copay	

HMO Networks Available

BSW Plus HMO Network

														BSW	Plus HIVIO Net	(WORK	
	Small G	Group		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network		I	Benefits In-Network				Drugs** In-Network		
Met	al 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	CUC24407	Nia	0.0%	\$4,500	\$6,300	No obovoo	ćr.	\$40	\$40	\$750	100/ 450		ć1 E o o o o o	ĆEE anama	¢150	ć500
	4500	GHG24A07	No	90%	\$9,000	\$12,600	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			100%	\$4,000	\$6,500		\$15	\$25	\$25	\$750	00/ 455		64 F	655	6450	AF00
		GHG24A38	No	100%	\$8,000	\$13,000	Nocharge	copay/visit.		copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold HMO 100 3500 GH		Na	100%	\$3,500	\$6 <i>,</i> 900	Necharge	Nechorge	\$65	\$65	\$750	00/ 450	No obovro	Ć1E conovi	¢FF corrow	¢150 concu	ć.
		GHG24A19	No	100%	\$7,000	\$13,800	Nocharge	No charge	copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Gold	Gold HMO HSA 3700		N	100%	\$3,700	\$3,700	00/ 450	00/ 450	00/ 450		00/ 450	00/ 450			00/ 450	00/ 450	
6 B	3700	GHG24A18	Yes	100%	\$7,400	\$7,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Gold HMO 100 3000		Nia	100%	\$3,000	\$4 <i>,</i> 000		\$25	\$60	\$60	\$750	00/ 450		ć1 E o o o o o	ĆEE anama	¢150	¢500
	3000	GHG24A27	No	100%	\$6,000	\$8 <i>,</i> 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 HSA 3200 Gold HMO 100 2300 GH		Nee	100%	\$3,200	\$3,200	00/ 455	00/ 455	00/ 455	00/ 455	00/ 450	00/ 455		00/ 455	00/ 455	00/ 455	00/ 455
		GHG24A20	Yes	100%	\$6,400	\$6,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
			NI-	100%	\$2,300	\$8 <i>,</i> 500	Nasharra	Neshense	\$60	\$60	\$750	00/ 455		ć4 E o o o o	ĆEE anno	¢150 com	¢500 com
		GHG24A26	No	100%	\$4,600	\$17,000	No charge	No charge		copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay

					PY24 A	CA Small Gro	oup HMO Sna	apshot Grid							O Networks A V Plus HMO N		
	Small G	iroup		Coins	Deductible Individual Family	MOOP Individual Family		Office Visit In-Network			Benefits In-Networ				Drugs** In-Networ	ĸ	
Meta	l 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 2000	64624425	No	90%	\$2,000	\$5,500	Nocharge	\$25	\$60	\$60	\$750 copay/visit	10% AFD	No charge	\$15 coppy	\$55 copay	\$150 copay	\$500 copay
	2000	GHGZ4AZ5	NO	90%	\$4,000	\$11,000	Nocharge	copay/visit.	copay/visit	copay/visit	AFD	10% AFD	Nocharge	\$15 cohay	\$55 copay	\$130 Cobay	\$500 copay
	Gold HMO 80 GH	GHG24A28	No	90%	\$1,800	\$7,500	Nocharge	Nocharge	\$50	\$50	\$750 copay/visit	10% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		011024A20	NO	9078	\$3,600	\$15,000	Nocharge	Nocharge	copay/visit	copay/visit	AFD	10%ArD	Nocharge	\$15 copay	355 copay	\$130 copay	\$500 copay
		64624423	No	80%	\$1,500	\$7,000	Nocharge	\$25	\$60	\$60	\$750 copay/visit	20% AFD	Nocharge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1500	GI1024A25	NO	8078	\$3,000	\$14,000	Nocharge	copay/visit.	copay/visit	copay/visit	AFD	20%ArD	Nocharge	\$15 copay	335 copay	\$150 copay	\$500 copay
Gold	Gold HMO 80 1000	GHG24A24	No	80%	\$1,000	\$8,200	Nocharge	\$25	\$60	\$60	\$750 copay/visit	20% AFD	No charge	\$15 conav	\$55 copay	\$150 copay	\$500 copay
U U U	1000		NO	0070	\$2,000	\$16,400	No charge	copay/visit.	copay/visit	copay/visit	AFD	20/0710	No charge	\$15 copay	φου copay	\$150 copay	\$500 copay
	Gold HMO 80 750	64624420	No	80%	\$750	\$8,250	Nocharge	\$40	\$70	\$70	\$750 copay/visit	20% AFD	Nochargo	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	750	00024A39	NO	80%	\$1,500	\$16,500	Nocharge	copay/visit.	copay/visit	copay/visit	AFD	20%AFD	Nocharge	\$15 cohay	\$55 copay	\$130 cobay	\$500 copay
	Gold HMO	CHC24A22	No	90%	\$0	\$7,000	Nocharge	\$15	\$50	\$50	\$750	\$500 copayment per day		\$15 copay	\$55 copay	\$150 copay	\$500 copay
	copayment 0 7000	GUGZ4AZZ	NU	90%	\$0	\$14,000	Nocharge	copay/visit.	copay/visit	copay/visit	copay/visit	(not to exceed \$2,500)	Nocharge	οτο cohaλ	355 copay	3120 CObak	\$500 copay
	Gold HMO SM	CHC24420	No	80%	\$0	\$9,450	Nocharge	\$60	\$95	\$95	\$750	20% of charges	Nocharge	\$15 consu	\$55 copay	\$150 copay	\$500 copay
	Gold HMO SM	INU	00%	\$0	\$18,900	inocitarge	copay/visit.	copay/visit	copay/visit	copay/visit	20% OF CHATGES	NUCHAIge	этэ сорау	300 copay	3120 CODAA	2200 cohaà	

PPO BSW Plus PPO BSW Access PPO



						F	24 ACA 9	Small Group	o PPO Sna	oshot Grid							PPO N	etworks Avai	lable	
																	BSW P	lus PPO Netv	work	
	Small G	roup		Co	vins	Dedu Indiv Fan		MO Indiv Fan	idual		Office Visit In-Networ			Benefits In-Netwo			1	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
	Bronze PPO 100	BPG24D30	No	100%	50%	\$9,450	\$18,900	\$9,450	\$28,350	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	9450	BF 624030	NO	100%	50%	\$18,900	\$37,800	\$18,900	\$56,700		0% APD	0% APD	0 % AFD	0 % AFD	0% AFD	NO Charge	0% AFD	0% AFD	0% APD	0% AFD
	Bronze PPO 90	BPG24D01	No	90%	50%	\$7,900	\$15,800	\$9,450	\$28,350	No charge	\$45	\$50	\$50 copay/visit	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	\$500
Bronze	7900	BF 624D01	NO	50%	50%	\$15,800	\$31,600	\$18,900	\$56,700		copay/visit	AFD	AFD	10% AFD	10% AFD	NO Charge	ŞIS COPAY	AFD	AFD	copay, AFD
Bro	Bronze PPO 80	BPG24D03	No	80%	50%	\$7,500	\$15,000	\$9,450	\$28,350	No charge	\$55	\$60	\$60 copay/visit	20% AFD	20% AFD	No charge	\$15 copay		\$150 copay,	\$500
	7500	BF 024003	NO	80%	50%	\$15,000	\$30,000	\$18,900	\$56,700		copay/visit	AFD	AFD	2078 AI D	20% A D	No charge	313 COpa y	AFD	AFD	copay, AFD
	Bronze PPO HSA	BPG24D02	Yes	100%	50%	\$7,300	\$14,600	\$7,300	\$21,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	7300	DF G24D02	105	100%	50%	\$14,600	\$29,200	\$14,600	\$43,800	070 AFD	070 AFD	070 AFD	0 % AFD	070 AFD	070 AFD	No charge	0 /0 AFD	0 /0 AFD	070 AFD	U/0 AFD

							PY24 AC	A Small G	Group PPO	Snapshot G	rid							Networks Av		
	Small G	roup		Со	ins	Dedu Indiv Fan	idual	Indiv	DOP vidual mily		Office Visi In-Networ			Benefits In-Network			BSV	V Plus PPO Ne 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
	Silver PPO 80 8900	SPG24D31	No	80%	50%		\$17,800	\$9,450	\$28,350	No charge	\$50 copay/visit	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 80							\$18,900 \$9,450	\$56,700 \$28,350		¢15		\$80	AFD \$750						
	7500	SPG24D32	No	80%	50%	\$15,000	\$30,000	\$18,900	\$56,700	No charge	copay/visit	\$80 copay/visit	copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 100 7300	SPG24D13	No	100%	50%			\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 90	SPG24D33	No	90%	50%		\$14,000		\$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	51 62 4 5 5 5		5070	5070			\$16,400	\$49,200			10/07410	10/0/110		10/07410				9150 copuy	\$500 copuş
S	Silver PPO 80 6900	SPG24D08	No	80%	50%		\$13,800 \$27,600	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 70	SPG24D34	No	70%	50%	\$6,700	\$13,400	\$9,450	\$28,350	No charge	\$45	\$85 copay/visit	\$85	\$750 copay/visit	30% AFD	No charge	\$15 copoy	\$55 copay	\$150 copay	\$500 coppy
	6700	5624034	NO	70%	30%	\$13,400	\$26,800	\$18,900	\$56,700		copay/visit		copay/visit	AFD	50% AFD	No charge	\$15 copay	333 COpay	3130 copay	\$500 copay
	Silver PPO 90 6500	SPG24D10	No	90%	50%	-	\$13,000 \$26,000	\$9,100 \$18,200	\$27,300 \$54,600	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO 80	SPG24D09	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 copav	\$55 copay	\$150 copay	\$500 copay
	6250	51 024009	NO	0070	5070	\$12,500	\$25,000	\$18,200	\$54,600		copay/visit		copay/visit	AFD	2070 AI D		915 copay	φου τοραγ	\$130 copay	200 copay



						D	V74 ACA 9	Small Group	n PPA Sna	unshot Grid							PPO N	etworks Ava	ilable	
						•											BSW P	lus PPO Net	work	
	Small	Group		Co	ins	Dedu Indiv Far		MO Indivi Fam	dual		Office Visit In-Network			Benefit: In-Netwo	-		l	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 HSA 6200	SPG24D35	Yes	100%	50%	\$6,200	\$12,400	\$6,200	\$18,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 6200					\$12,400	\$24,800	\$12,400	\$37,200							-				
	Silver PPO	SPG24D15	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	51 624015	No	50%	5070	\$11,800	\$24,600	\$18,200	\$54,600	No charge	233 copu y/ visit	copay/visit	copay/visit	AFD	10/0/110	No charge	φ13 copuy	\$55 copuy	\$150 copu y	\$500 copu y
	Silver PPO	SPG24D11	No	80%	50%	\$5 <i>,</i> 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 copay	\$500 copay
	80 5000	51 024011	NO	0070	5070	\$10,000	\$20,000	\$18,200	\$54,600			copay/visit	copay/visit	AFD	20/0710	No charge	915 copay	\$55 copay	\$150 copay	2500 copa y
	Silver PPO	SPG24D14	Yes	100%	50%	\$5,100	\$10,200	\$5,100	\$15,300	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 5100	3PG24D14	res	100%	50%	\$10,200	\$20,400	\$10,200	\$30,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	NO Charge	0% AFD	0% AFD	0% AFD	0% AFD
	Silver PPO	SPG24D12	No	70%	F.0.0/	\$4,500	\$9,000	\$9,100	\$27,300	No. she was	ć 10. se se su ki si i	\$80	\$80	\$750 copay/visit	200/ 455	No. shawes	Ć15 sonovi	ĆEE aanau	¢150	¢500
Silver	70 4500	SPG24D12	NO	70%	50%	\$9,000	\$18,000	\$18,200	\$54,600	No charge	\$40 copay/visit	copay/visit	copay/visit	AFD	30% AFD	No charge	\$15 copay	\$55 COPAY	\$150 copay	\$500 copay
S	Silver PPO	SPG24D40	No	80%	50%	\$4,250	\$8,500	\$9,100	\$27,300	No chargo	\$50 copay/visit	\$95	\$95	\$750 copay/visit	20% AFD	No charge	¢1E conov	ÉEE conov	\$150 copay	¢E00 conov
	80 4250	3PG24D40	NO	80%	50%	\$8,500	\$17,000	\$18,200	\$54,600	No charge		copay/visit	copay/visit	AFD	20% AFD	NO Charge	\$15 copay	555 COPAY	\$150 copay	5500 copay
	Silver PPO	SPG24D17	No	70%	50%	\$3,800	\$7 <i>,</i> 600	\$9,100	\$27,300	No chargo	\$50 copay/visit	\$95	\$95	\$750 copay/visit	30% AFD	No charge	¢1E conov	ÉEE conov	¢1E0 copoy	\$500 copay
	70 3800	3PG24D17	NO	70%	50%	\$7,600	\$15,200	\$18,200	\$54,600	No charge		copay/visit	copay/visit	AFD	50% AFD	NO Charge	\$15 copay	\$55 COPAY	\$150 copay	5500 copay
	Silver PPO	60.004007		6004	500/	\$3,250	\$6,500	\$9,100	\$27,300		AFF ()	\$95	\$95	\$750	400/ 455		A.F.	A.F.F.	4450	4500
	60 3250	SPG24D37	No	60%	50%	\$6,500	\$13,000	\$18,200	\$54,600	No charge	\$55 copay/visit		copay/visit	copay/visit AFD	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Silver PPO	CDC24546	N	0.001	F.0.0/	\$650	\$1,300	\$9,450	\$28,350	Neisterr	\$50	\$100	\$100	\$750	\$1,500 copayment per		Ć1 E sa sa	érr	¢150	Ċ. D. D. J. J.
	90 650	SPG24D16	No	90%	50%	\$1,300	\$2,600	\$18,900	\$56,700	No charge	copay/visit.	copay/visit	copay/visit	copay/visit AFD	day AFD (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay

							PY24 AC	A Small Grou	p PPO Snaps	shot Grid								Networks Avai Plus PPO Net		
	Small Gro	oup		Co	oins	Ind	luctible lividual amily	MC Indiv Fan	idual		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	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Gold PPO 90	GPG24D07	No	90%	50%	\$4,500	\$9,000	\$6,300	\$18,900	No charge	ć E opnov / visit	¢40 conov (vicit	\$40	\$750	10% AFD	No charge	61F 200014	\$55 copay	\$150 copay	¢500 conov
	4500	GPG24D07	NO	90%	50%	\$9,000	\$18,000	\$12,600	\$37,800	No charge	\$5 copay/visit.	\$40 copay/visit	copay/visit	copay/visit AFD	10% AFD	No charge	\$15 copay	SSS cobay	\$150 copay	\$500 copay
	Gold PPO 100	GPG24D38	No	100%	50%	\$4,000	\$8,000	\$6,500	\$19,500	- No charge	\$15	\$25 copay/visit	\$25	\$750 copay/visit	0% AFD	No chargo	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	4000	GPG24D36	NO	100%	50%	\$8,000	\$16,000	\$13,000	\$39,000	NO Charge	copay/visit.	\$25 COpay/visit	copay/visit	AFD	0% AFD	No charge	313 cobay	555 copay	этэр сорах	5500 copay
	Gold PPO 100	GPG24D19	No	100%	50%	\$3,500	\$7,000	\$6,900	\$20,700	No charge	No charge	\$65 copay/visit	\$65	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	3500	GPG24D19	NO	100%	50%	\$7,000	\$14,000	\$13,800	\$41,400	NO Charge	NO Charge		copay/visit	AFD	0% AFD	No charge	\$15 copay	555 COpay	\$150 copay	
	Gold PPO HSA	GPG24D18	Yes	100%	50%	\$3,700	\$7,400	\$3,700	\$11,100	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	3700	GPG24D18	Tes	100%	50%	\$7,400	\$14,800	\$7,400	\$22,200	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Gold PPO 100	GPG24D27	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	d PPO HSA	NO	100%	50%	\$6,000	\$12,000	\$8,000	\$24,000	No charge	copay/visit.		copay/visit	AFD	0% AT D	No charge	\$15 copay	555 copay	\$150 copay	
	Gold PPO HSA	bld PPO HSA 3200 GPG24D20	Yes	100%	50%	\$3,200	\$6,400	\$3,200	\$9,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	3200	GPG24D20	103	10070	5070	\$6,400	\$12,800	\$6,400	\$19,200	0/0/ATD	0/0 AT D	UNALD	0/0/110		UNALD	No charge	0/07410	0,0 AI D	0/0/ATD	
	Gold PPO 100	3200 d PPO 100	No	100%	50%	\$2,300	\$4,600	\$8,500	\$25,500	No charge	No charge	\$60 copay/visit	\$60	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
Gold	2300	01 024020	No	10070	5070	\$4,600	\$9,200	\$17,000	\$51,000	No charge	No charge		copay/visit	AFD	UNALD	No charge	919 copuy	çəə copuy	\$150 copuy	
G	Gold PPO 90	GPG24D25	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	0. 02 10 20				\$4,000	\$8,000	\$11,000	\$33,000		copay/visit.		copay/visit	AFD	10,01112	ine charge	+ 10 00pu }	<i>•••••••••••••••••••••••••••••••••••••</i>	¢100 copu,	<i>•••••••••••••••••••••••••••••••••••••</i>
	Gold PPO 90 1800	GPG24D28	No	90%	50%	\$1,800	\$3,600	\$7,500	\$22,500	No charge	No charge	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1000					\$3,600	\$7,200	\$15,000	\$45,000				copay/visit	AFD						
	Gold PPO 80	GPG24D23	No	80%	50%	\$1,500	\$3,000	\$7,000	\$21,000	No charge	\$25	\$60 copay/visit	\$60	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1500	0F024D23	NO	80%	50%	\$3,000	\$6,000	\$14,000	\$42,000	No charge	copay/visit.		copay/visit	AFD	20% AT D	No charge	\$15 copay	555 copay	\$150 copay	
	Gold PPO 80	GPG24D24	No	80%	50%	\$1,000	\$2,000	\$8,200	\$24,600	No charge	\$25	\$60 copay/visit	\$60	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1000	0F024D24	NO	80%	50%	\$2,000	\$4,000	\$16,400	\$49,200	No charge	copay/visit.		copay/visit	AFD	20% AT D	No charge	\$15 copay	555 copay	\$150 copay	5500 copay
	Gold PPO 80 750 GPG24	GPG24D39	No	80%	50%	\$750	\$1,500	\$8,250	\$24,750	No charge	\$40	\$70 copay/visit	\$70	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
		01 02 1000	24D39 No 80% 50% \$1,500 \$3,000 \$16,500 \$49,		\$49,500	no chuige	copay/visit.		copay/visit	AFD			, 10 copu y	, , , , , , , , , , , , , , , , , , ,	, 150 copuy	çooo copu y				
	Gold PPO			50%	\$0	\$2,750	\$7,000	\$21,000	No charge	\$15	\$50 copay/visit	\$50	\$750	\$500 copayment per day	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
	7000	0F024022	NU	90%	50%	\$0	\$5,500	\$14,000	\$42,000		copay/visit.	250 copay/visit	copay/visit	copay/visit	(not to exceed \$2,500)	NO GIAIge	этэ сорау			\$500 copay

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

						F	PY24 ACA S	Small Grou	p PPO Snaj	oshot Gric	I							etworks Avail ccess PPO Net		
	Small G	iroup		Coins	urance	Dedu Indiv Fan	idual	MO Indiv Fan	idual		Office Visit In-Network			Benefits I-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	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
	Bronze PPO 100	UHC24F30	No	100%	50%	\$9,450	\$18,900	\$9,450	\$28,350	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	9100	011024730	NO	100%	30%	\$18,900	\$37,800	\$18,900	\$56,700		0% AFD	0% APD	0% AFD	0%AFD	0% AFD	No charge	0% AFD	0% AFD	0% APD	0%APD
	Bronze PPO 90	UHC24F01	No	90%	50%	\$7,900	\$15,800	\$9,450	\$28,350	No charge	\$45	\$50 copay/visit	\$50 copay/visit	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay,	\$150 copay,	, \$500
Bronze	7900	011024701	NO	90%	30%	\$15,800	\$31,600	\$18,900	\$56,700		copay/visit	AFD	AFD	10% AFD	10% AFD	No charge	\$15 COPay	AFD	AFD	copay, AFD
Bro	Bronze PPO 80	UHC24F03	No	80%	50%	\$7,500	\$15,000	\$9,450	\$28,350	No charge	\$55	\$60	\$60 copay/visit	20% AFD	20% AFD	No charge	\$15 copay		\$150 copay,	, \$500
	7500	011024103		0070	50%	\$15,000	\$30,000	\$18,900	\$56,700		copay/visit	AFD	AFD	2070 AI D	2070 AI D	No charge	\$15 copay	AFD	AFD	copay, AFD
	Bronze PPO HSA	UHC24F02	Yes	100%	50%	\$7,300	\$14,600	\$7,300	\$21,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	7300	011024102	163	100%	5070	\$14,600	\$29,200	\$14,600	\$43,800	070 AI D	070 AI D	070 A D	070 AI D	070 A D	070 A D	No charge	070 AI D	070 AI D	070 AI D	070 AT D

							PY24 A	CA Small (Group PPO	Snapshot G	rid						PPO	Networks Av	ailable	
	Small G	roup		Coinsu	urance	Dedu Indiv	ctible	M(Indi	DOP vidual mily		Office Visi In-Networ			Benefits In-Network			BSW	Access PPO N 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
	Silver PPO 80	UHC24F31	No	80%	50%	\$8,900	\$17,800	\$9,450	\$28,350	No charge	\$50	\$100	\$100	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	8900					\$17,800	\$35,600	\$18,900	\$56,700		copay/visit	copay/visit	copay/visit	AFD			+ 10 00 pu y	<i>•••••••••••••••••••••••••••••••••••••</i>	+100 00pd)	
	Silver PPO 80	UHC24F32	No	80%	50%	\$7,500	\$15,000	\$9 <i>,</i> 450	\$28,350	No charge	\$45	\$80 copay/visit	\$80	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	7500					\$15,000	\$30,000	\$18,900	\$56,700		copay/visit		copay/visit	AFD				, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Silver PPO 100	Ver PPO 100 7300 UHC24F13 No	100%	50%	\$7,300	\$14,600	\$9,100	\$27,300	No charge	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
	/300					\$14,600	\$29,200	\$18,200	\$54,600		copay/visit		copay/visit	AFD						
	Silver PPO 90 7000	UHC24F33	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								\$16,400	\$49,200											
Si	Silver PPO 80 6900	UHC24F08	No	80%	50%		\$13,800		\$27,300	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
								\$18,200	\$54,600					AFD						
	Silver PPO 70 6700	UHC24F34	No	70%	50%	-	\$13,400		\$28,350	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	6700							\$18,900	\$56,700					AFD .						
	Silver PPO 90 6500	UHC24F10	No	90%	50%		\$13,000		\$27,300	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
								\$18,200 \$9,100	\$54,600 \$27,300					\$750						
	Silver PPO 80 6250	UHC24F09	No	80%	50%			\$18,200	\$54,600	No charge	\$40 copay/visit	\$75 copay/visit	\$75 copay/visit	copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay



						F	Y24 ACA 9	Small Grou	o PPO Sna	pshot Grid	I						PPO No	etworks Ava	ilable	
										•			1				BSW Ac	cess PPO Ne	twork	
	Small	Group		Coins	urance	Indiv	ctible idual nily	MO Indivi Fam	dual		Office Visit In-Network			Benefits In-Netwo			I	Drugs** n-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	UHC24F35	Yes	100%	50%	\$6,200	\$12,400	\$6,200	\$18,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 6200	00024735	Tes	100%	50%	\$12,400	\$24,800	\$12,400	\$37,200	U% AFD	0% AFD	U% AFD	0% AFD	0% AFD	0% AFD	No charge	U% AFD	0% APD	0% APD	0% APD
	Silver PPO	UHC24F15	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 conav
	90 5900	011024115	NO	3078	50%	\$11,800	\$24,600	\$18,200	\$54,600	No charge		copay/visit	copay/visit	AFD	10/8 A D	No charge	\$15 copay	555 copay	\$150 copay	5500 copa y
	Silver PPO	UHC24F11	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 conav	\$150 copay	\$500 copay
	80 5000	01102 11 11				\$10,000	\$20,000	\$18,200	\$54,600			copay/visit	copay/visit	AFD	20/07410		, 10 copu y	çoo copuy	\$150 copuy	çood copu y
	Silver PPO	UHC24F14	Yes	100%	50%	\$5,100	\$10,200	\$5,100	\$15,300	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	HSA 5100					\$10,200	\$20,400	\$10,200	\$30,600											
Ŀ	Silver PPO	UHC24F12	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	UHC24F40	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	UHC24F17	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	UHC24F37	No	60%	50%	\$3,250	\$6,500	\$9,100	\$27,300	No charge	\$55 copay/visit	\$95	\$95	\$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			,	,	,	
	Silver PPO					\$650	\$1,300	\$9,450	\$28,350	-	\$50	\$100	\$100	\$750	\$1,500 copayment per					
	90 650	UHC24F16	No	90%	50%	\$1,300	\$2,600	\$18,900	\$56,700	No charge	copay/visit.		copay/visit	copay/visit AFD	day AFD (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay

							PY24 AC	A Small Grou	p PPO Snap	shot Grid								Networks Avai		
	Small Gro	oup		Coins	urance	Ind	luctible ividual amily	MC Indiv Fan	idual		Office Visi In-Networ			Benefits In-Network			BSW /	Access PPO Ne Drugs** In-Network	twork	
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	UHC24F07	No	90%	50%	\$4,500	\$9,000	\$6,300	\$18,900	No chargo	ÉE conov (vicit	\$40 copay/visit	\$40	\$750 copay/visit	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	4500	00024607	NO	90%	50%	\$9,000	\$18,000	\$12,600	\$37,800		55 COpay/visit.	, 540 copay/visit	copay/visit	AFD	10% AFD	NO Charge	\$15 COpay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO 100	UHC24F38	No	100%	50%	\$4,000	\$8,000	\$6,500	\$19,500	No charge	\$15	\$25 copay/visit	\$25	\$750	0% AFD	No charge	\$1E conov	ÉEE conov	\$150 coppy	¢E00 copov
	4000	UHC24F38	No	100%	50%	\$8,000	\$16,000	\$13,000	\$39,000		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	UHC24F19	No	100%	50%	\$3,500	\$7,000	\$6,900	\$20,700	- No charge	No charge	ŚEĘ copow /wisit	\$65	\$750	0% AFD	No chargo	\$1E conov	ÉEE conov	\$1E0 coppy	¢E00 copou
	3500	UHC24F19	NO	100%	50%	\$7,000	\$14,000	\$13,800	\$41,400		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		Vec	100%	50%	\$3,700	\$7,400	\$3,700	\$11,100			0% 450	0% 450			No chargo	0% 450			
	3700	UHC24F18	Yes	100%	50%	\$7,400	\$14,800	\$7,400	\$22,200	- 0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Gold PPO 100	1111024527	Na	1000/	F.00/	\$3,000	\$6,000	\$4,000	\$12,000	No shares	\$25	¢co anno hisit	\$60	\$750	00/ 455	No shaves	¢15	ĆEE eeneu	¢150	¢500
	3000	3000 UHC24F27	No	100%	50%	\$6,000	\$12,000	\$8,000	\$24,000	- No charge	copay/visit.	\$60 copay/visit	copay/visit	copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	Gold PPO HSA	Gold PPO HSA	N	4000/	5.00/	\$3,200	\$6,400	\$3,200	\$9,600	00/ 455	00/ 455	00/ 455	00/ 455	00/ 455	00/ 455	Nashara	00/ 455	00/ 455	00/ 455	00(4.5.5
	3200	TTHC24F201	Yes	100%	50%	\$6,400	\$12,800	\$6,400	\$19,200	- 0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
	Gold PPO 100	3200		10000	500/	\$2,300	\$4,600	\$8,500	\$25,500				\$60	\$750	00/ 455			655		45.00
Gold	2300	UHC24F26	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
ŭ	Gold PPO 90				500/	\$2,000	\$4,000	\$5,500	\$16,500		\$25		\$60	\$750	100/ 155			655		
	2000	UHC24F25	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 1800	UHC24F28	No	90%	50%	\$1,800	\$3,600	\$7,500	\$22,500	No charge	No charge	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1800					\$3,600	\$7,200	\$15,000	\$45,000				copay/visit	AFD						
	Gold PPO 80	UHC24F23	No	80%	50%	\$1,500	\$3,000	\$7,000	\$21,000	No charge	\$25	\$60 copay/visit	\$60	\$750 copay/visit	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
	1500	0110241 23	NO	80%	50%	\$3,000	\$6,000	\$14,000	\$42,000	No charge	copay/visit.		copay/visit	AFD	20% AT D	NO Charge	\$15 copay	555 copay	\$150 copay	\$500 copay
	Gold PPO 80	UHC24F24	No	80%	50%	\$1,000	\$2,000	\$8,200	\$24,600	No charge	\$25	\$60 copay/visit	\$60	\$750 copay/visit	20% AFD	No charge	¢1E conov	\$55 copay	\$150 copay	\$500 copay
	1000	00024624	NU	80%	50%	\$2,000	\$4,000	\$16,400	\$49,200	No charge	copay/visit.	500 copay/visit	copay/visit	AFD	20% AFD	NO Charge	\$15 copay	\$55 COPAY	\$150 copay	\$500 copay
	Gold PPO 80 750	1111024520	Na	80%	F.00/	\$750	\$1,500	\$8,250	\$24,750	No charge	\$40	ć70	\$70	\$750	200/ 455	No shaves	¢15	¢55	¢150	¢500
	GOID PPO 80 750	UHC24F39	No	80%	50%	\$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	UHC24F22	No	90%	50%	\$0	\$2,750	\$7,000	\$21,000		\$15	\$50 consultivisit	\$50	\$750	\$500 copayment per		\$15 consu	\$55 conov	\$150 consu	\$500 copay
	copayment 0 7000	UHC24F22	No	90%	50%	\$0	\$5,500	\$14,000	\$42,000	No charge	copay/visit.	\$50 copay/visit	copay/visit	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.



2024 Large Group Snapshot Grid

HMO BSW Plus HMO BSW Premier HMO



Large Group PY 2024 HMO Portfolio

Network Available: BSW Plus HMO / BSW Premier HMO

			PY24 HN	ИО Large Group Sr	napshot G	rid					Networks	Available: BSW Plus HM	O and BSW Premier HMO	
	Pla	n Name and Med	lical Rider Names							Ir	Network Benefits			
			Network / P	lan 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 Non-Preventi Non-Preventi No Cha	ve Visit is	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	HS24_0_01	Calendar Year	LM4HA1A2	LM4HB1A2	0%	\$0 \$0	\$3,000 \$6,000	\$15 copay	y/visit	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$250 copay/visit	\$250 copay per day
ОМН	HS24_0_02	Calendar Year	LM4HA2A2	LM4HB2A2	0%	\$0	\$3,000	\$30 copay	//visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit	\$500 copay per day
ΓΘΙ			LM4HA3A2			\$0 \$0	\$6,000 \$3,000							
	HS24_0_03	Calendar Year	LM4HA3A2	LM4HB3A2	20%	\$0	\$6,000	\$40 copay	//visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	20% of charges	20% of charges
	HC24_500_01	Calendar Year	LC4HA2C2	LC4HB2C2	20%	\$500 \$1,000	\$1,500 \$3,000	\$20 copay	y/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	HC24_500_02	Calendar Year	LC4HA3C2	LC4HB3C2	20%	\$500 \$1,000	\$3,000 \$6,000	\$20 copay	γ∕visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	HC24_750_01	Calendar Year	LC4HA1V2	LC4HB1V2	20%	\$750 \$1,500	\$2,250 \$4,500	\$25 copay	γ∕visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	HC24_1000_01	Calendar Year	LC4HA1D2	LC4HB1D2	10%	\$1,000	\$3,500	\$25 copay	γ/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
	HC24_1000_02	Calendar Year	LC4HA2D2	LC4HB2D2	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, no deductible	20% AFD
\$1,500						\$2,000 \$1,000	\$7,000 \$4,000		-					
\$500-\$1	HC24_1000_03	Calendar Year	LC4HA3D2	LC4HB3D2	20%	\$2,000 \$1,000	\$8,000 \$4,500	\$10 copay	//visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
-cc \$5	HC24_1000_04	Calendar Year	LC4HA4D2	LC4HB4D2	30%	\$2,000	\$9,000	\$35 copay	y/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
LG HMO-CC	HC24_1000_05	Calendar Year	LC4HA5D2	LC4HB5D2	30%	\$1,000 \$2,000	\$6,000 \$12,000	\$15 copay	y/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
	HC24_1500_01	Calendar Year	LC4HA1E2	LC4HB1E2	20%	\$1,500 \$3,000	\$4,000 \$8,000	\$25 copay	y/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	HC24_1500_02	Calendar Year	LC4HA3E2	LC4HB3E2	20%	\$1,500	\$4,500	\$25 copay	//visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	HC24 1500 03	Calendar Year	LC4HA4E2	LC4HB4E2	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, no deductible	20% AFD
						\$3,000 \$1,500	\$12,000 \$5,000		-					
	HC24_1500_04	Calendar Year	LC4HA5E2	LC4HB5E2	20%	\$3,000	\$10,000	\$25 copay	//visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	HC24_1500_05	Calendar Year	LC4HA6E2	LC4HB6E2	30%	\$1,500 \$3,000	\$5,000 \$10,000	\$30 copay	y/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD

 * 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. \mathbb{R}

Large Group PY 2024 HMO Portfolio

Network Available: BSW Plus HMO / BSW Premier HMO

		0 1			HMO Large Group	Snapshot Gri	d			I		Networks	Available: BSW Plus HM	D and BSW Premier HMO	
PurNew Standard <		Plan	Name and Med	dical Rider Name	s						In	Network Benefits			
Pie Neme				Network	/ Plan Options		Deductible a	nd MOOP INN							
III C2_2000_01 Calindar Yar Calindar Ya		Plan Name	Calendar Year	BSW Plus HMO	BSW Premier HMC	INN Coins	Individual	Individual	Non-Preventiv	e Visit is	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
Intra 1 2000 00 Cambra on the control of	ΙΓ	HC24 2000 01	Calendar Year	1C4H41F2	LC4HB1F2	20%	\$2,000	\$5,000	\$30 conav	visit	\$0.conav/visit	\$60.conav/visit	\$50 conav/visit	\$500 conv/visit then 20% of charges no deductible	20% AFD
Initial 2000, 00 Column Yam Column Yam Column Yam Column Yam Solid coppy/vail Solid c		11624_2000_01	culcifuur reur	LOHINATZ	LOHIDITZ	20/0	\$4,000	\$10,000	\$30 copuy,	visit	ço copuy/visit	çoo copuy/visic	, , , , , , , , , , , , , , , , , , ,		20/07/07
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Vert Column Vert C444847 C444857 <		HC24 2000 03	Calendar Year	LC4HA3F2	LC4HB3F2	30%			\$25 copay/	visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
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HC4_200_05 clemestries LC4H852 LC4H852 310 S1000 S30 copst/kit S60 copst/kit S50 copst/kit S00 copst/ki		HC24_2000_04	Calendar Year	LC4HA4F2	LC4HB4F2	10%			\$25 copay/	/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
No. Calendar free LC4HASF2 LC4HASF2 CL4HASF2			-												
Net 24_2500_01 Calendar Year LC4H3162 LD4H3162 10% S25.000 S26.000 S26.0000/////////////////////////////////		HC24_2000_05	Calendar Year	LC4HA5F2	LC4HB5F2	30%			\$30 copay/	visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
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Procession Lead are var Lead Are var <td></td> <td>HC24_2500_01</td> <td>Calendar Year</td> <td>LC4HA1G2</td> <td>LC4HB1G2</td> <td>10%</td> <td></td> <td></td> <td>\$25 copay/</td> <td>/visit</td> <td>\$0 copay/visit</td> <td>\$50 copay/visit</td> <td>\$50 copay/visit</td> <td>\$500 copay/visit, then 10% of charges, no deductible</td> <td>10% AFD</td>		HC24_2500_01	Calendar Year	LC4HA1G2	LC4HB1G2	10%			\$25 copay/	/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
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$\frac{1}{1000000} = \frac{1}{10000000} + \frac{1}{100000000} + \frac{1}{10000000000000000000000000000000000$		HC24_3000_03	Calendar Year	LC4HA3H2	LC4HB3H2	20%		\$12,000	\$25 copay/	visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
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HC24_3000_05 Calendar Year LC4HA5H2 LC4HB5H2 30% \$6,000 \$12,000 \$20 copay/visit \$0 copay/visit \$40 copay/visit \$50 copay/visit \$50 copay/visit, then 30% of charges, no deductible 30% AFD		HC24_3000_04	Calendar Year	LC4HA4H2	LC4HB4H2	30%			\$30 copay/	visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
HC24 3000 06 Calendar Year LC4H86H2 S0% \$3,000 \$6,000 \$15 copay/visit \$30 copay/visit \$50 copay/visit \$500 copay/visit </td <td></td> <td>11024 2020 25</td> <td>Colored 11</td> <td>104115115</td> <td></td> <td></td> <td>\$3,000</td> <td>\$6,000</td> <td>62.5</td> <td></td> <td>60</td> <td>¢10</td> <td>650 ··· /···</td> <td></td> <td>200/ 155</td>		11024 2020 25	Colored 11	104115115			\$3,000	\$6,000	62.5		60	¢10	650 ··· /···		200/ 155
HC24 3000 06 Calendar Year LC4HA6H2 LC4HB6H2 50%		HC24_3000_05	Calendar Year	LC4HA5H2	LC4HB5H2	30%	\$6,000	\$12,000	\$20 copay/	visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
HC24_300_06 Calendar rear LC4HA6H2 LC4HB6H2 50% \$6,000 \$12,000 \$15 copay/visit \$0 copay/visit \$0 copay/visit \$50 copay/visit \$		11624 2000 06	Colorado a			F.00/	\$3,000	\$6,000	615	(.:	60 anns 1111	¢20	¢50 m ()		F.00/ AFD
		HC24_3000_06	Calendar Year	LC4HA6H2	LC4HB6H2	50%	\$6,000	\$12,000	\$15 copay/	visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, no deductible	50% AFD

 * 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. \mathbb{R}

Large Group PY 2024 HMO Portfolio

Network Available: BSW Plus HMO / BSW Premier HMO

			F	Y24 HMO Large	GroupS	napshot Grid				Netv	works Available: BSW Plus H	MO and BSW Premier HMO	
	Plan N	ame and Medic	al Rider Names							In Network Benefits			
			Network / F	lan 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 *First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	HC24_3500_01	Calendar Year	LC4HA1I2	LC4HB1I2	20%	\$3 <i>,</i> 500	\$6,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	HC24_3300_01		LC4HA112		20%	\$7,000	\$12,000	\$50 copay/visit	50 copay/visit	\$00 copay/visit	\$50 copay/visit	5500 copay/visit, then 20% of charges, no deductible	20% APD
	HC24_3500_02	Calendar Year	LC4HA2I2	LC4HB2I2	20%	\$3,500	\$6,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
		oulerraal real	2011/12/2	LONIDELE	2070	\$7,000	\$12,000	\$25 copa ₁ / isit	ço copay, tiste	çoo copay, core	<i><i>voo copay, iisit</i></i>		20/07/10
	HC24_4000_01	Calendar Year	LC4HA1J2	LC4HB1J2	0%	\$4,000	\$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit,	0% AFD
						\$8,000	\$14,000	, <i></i>	····/· //	1	,	no deductible	
	HC24_4000_02	Calendar Year	LC4HA2J2	LC4HB2J2	20%	\$4,000	\$6,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
						\$8,000	\$13,000						
	HC24_4000_03	Calendar Year	LC4HA3J2	LC4HB3J2	30%	\$4,000	\$7,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
8						\$8,000 \$15,000 \$4,000 \$7,000							
- \$7,500	HC24_4000_04	Calendar Year	LC4HA4J2	LC4HB4J2	50%		\$7,000 \$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, no deductible	50% AFD
20						\$8,000	\$14,000 \$7,000						
HMO-CC \$3,500	HC24_4500_01	Calendar Year	LC4HA1K2	LC4HB1K2	20%	\$4,500		\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
Ŭ ⊡						\$9,000	\$14,000						
HS	HC24_5000_01	Calendar Year	LC4HA1L2	LC4HB1L2	0%	\$5,000 \$10,000	\$6,000 \$12,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, no deductible	0% AFD
2						\$5,000	\$12,000						
	HC24_5000_02	Calendar Year	LC4HA2L2	LC4HB2L2	20%	\$10,000	\$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
						\$5,000	\$7,000						
	HC24_5000_03	Calendar Year	LC4HA3L2	LC4HB3L2	30%	\$10,000	\$14,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
ŀ						\$5,000	\$7,000						
	HC24_5000_04	Calendar Year	LC4HA4L2	LC4HB4L2	50%	\$10,000	\$14,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, no deductible	50% AFD
						\$5,500	\$7,000						
	HC24_5500_01	Calendar Year	LC4HA1M2	LC4HB1M2	20%	\$11,000	\$14,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
ľ						\$6,000	\$7,500		A. (ATO (11)			0.00/ 0.55
	HC24_6000_01	Calendar Year	LC4HA1N2	LC4HB1N2	30%	\$12,000	\$15,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
		Calan dan Vanu			0%	\$7,150	\$7,500	¢25. seres (isit	ćo se se vicisit	ć70 sesev (visit	ć 50. os sou (visit	\$500 copay/visit,	0% 455
	HC24_7150_01	Calendar Year	LC4HA1P2	LC4HB1P2	0%	\$14,300	\$15,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	no deductible	0% AFD
	HC24 7500 01	Calendar Year	LC4HA1Q2	LC4HB1Q2	10%	\$7,500	\$9,450	\$30 conav/visit	\$0 copay/visit	\$60 consulvisit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
	HC24_7500_01	Calendar Year	LU4HAIQZ	ιυμπβιάζ	10%	\$15,000	\$18,900	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$300 copay/visit, then 10% of charges, no deductible	10% AFD

* For a covered member age 19 and up. Appliesto PCP office visit only, excludes HDHP plans. ** For a covered member through the age of 18. Appliesto PCP office visits only.

Network Available: BSW Plus HMO / BSW Premier HMO

			PY24	HMO Large Grou	up Snapsho	ot Grid				Networks Available: BS	W Plus HMO and BSW Prer	nier HMO	
	Plan N	ame and Medica	l Rider Names						In Network Ben	efits			
			Network / I	Plan Options		Deductible a	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
	HC24 3200 01HD	Calendar Year	LE4HA1H2	LE4HB1H2	0%	\$3,200	\$3,200	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	11024_5200_0116				070	\$6,400	\$6,400		0,0,1,1,0	0707412		0,0,42	0,0,4,2
	HC24 3200 02HD	Calendar Year	LE4HA2H2	LE4HB2H2	20%	\$3,200	\$5,250	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
						\$6,400	\$10,500						
	HC24_3500_01HD	Calendar Year	LE4HA1I2	LE4HB1I2	0%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
ЧН						\$7,000	\$7,000						
LG НМО-СС НDHP	HC24_4000_01HD	Calendar Year	LE4HA1J2	LE4HB1J2	0%	\$4,000	\$4,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
-OM						\$8,000	\$8,000						
ГG Н	HC24_4500_01HD	Calendar Year	LE4HA1K2	LE4HB1K2	30%	\$4,500	\$6,550	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
						\$9,000	\$13,100						
	HC24_5000_01HD	Calendar Year	LE4HA1L2	LE4HB1L2	0%	\$5,000	\$5,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$10,000	\$10,000						
	HC24_5000_02HD	Calendar Year	LE4HA2L2	LE4HB2L2	20%	\$5,000	\$6,650	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
						\$10,000	\$13,300						
	HC24_6450_01HD	Calendar Year	LE4HA1O2	LE4HB1O2	0%	\$6,450 \$12,900	\$6,450 \$12,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
						\$6,550	\$6,550						
	HC24_6550_01HD	Calendar Year	LE4HA1R2	LE4HB1R2	31R2 0%	\$13,100	\$13,100	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
					\$7,000	\$7,000							
	HC24_7000_01HD	0_01HD Calendar Year LE4HA1S2 LE4HB1S2	LE4HB1S2	0%	\$14,000	\$14,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	

 * 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.

PPO BSW Plus PPO BSW Access PPO PHCS



Network Available: BSW Plus PPO

Plan				p Snapshot Grid						Networks Ava	ilable: BSW Plus PPO		
	Name and Med	ical Rider Names		D	eductible and N	100P INN and 00	N			In Net	work 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
PO24_500_01	Calendar Year	LC4PD2C2	20%/50%	\$500 \$1,000	\$2,000 \$4,000	\$1,500 \$3,000	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
PO24_500_02	Calendar Year	LC4PD3C2	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, no	20% AFD
PO24_750_01	Calendar Year	LC4PD1V2	20%/50%	\$1,000 \$750	\$2,000 \$1,500	\$6,000 \$2,250	\$18,000 \$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no	20% AFD
PO24 1000 01	Calendar Year		10%/30%	\$1,500 \$1,000	\$3,000 \$2,000	\$4,500 \$3,500	\$13,500 \$10,500	\$25.conav/visit	\$0 conav/visit	\$50 conav/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no	10% AFD
			20%/50%	\$2,000 \$1,000	\$4,000 \$2,000	\$7,000 \$3,500	\$21,000 \$10,500					deductible \$500 copay/visit, then 20% of charges, no	
P024_1000_02	Calendar Year	LC4PD2D2	20%/50%	\$2,000 \$1,000	\$4,000 \$2,000	\$7,000 \$4,000	\$21,000 \$12,000	Ş25 copay/visit	SU copay/visit	\$50 copay/visit	\$50 copay/visit	deductible	20% AFD
PO24_1000_03	Calendar Year	LC4PD3D2	20%/50%	\$2,000	\$4,000	\$8,000	\$24,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	deductible	20% AFD
PO24_1000_04	Calendar Year	LC4PD4D2	30%/50%	\$1,000 \$2,000	\$2,000 \$4,000	\$4,500 \$9,000	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
PO24_1000_05	Calendar Year	LC4PD5D2	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, no deductible	30% AFD
PO24_1500_01	Calendar Year	LC4PD1E2	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, no deductible	20% AFD
PO24_1500_02	Calendar Year	LC4PD3E2	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, no deductible	20% AFD
PO24_1500_03	Calendar Year	LC4PD4E2	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, no deductible	20% AFD
PO24_1500_04	Calendar Year	LC4PD5E2 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, no deductible	20% AFD	
PO24_1500_05	Calendar Year	LC4PD6E2	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, no	30% AFD
	P024_500_02 P024_750_01 P024_1000_01 P024_1000_02 P024_1000_03 P024_1000_04 P024_1000_05 P024_1500_01 P024_1500_02 P024_1500_02 P024_1500_03 P024_1500_04	PO24_500_02Calendar YearPO24_750_01Calendar YearPO24_1000_01Calendar YearPO24_1000_02Calendar YearPO24_1000_03Calendar YearPO24_1000_04Calendar YearPO24_1000_05Calendar YearPO24_1000_05Calendar YearPO24_1000_06Calendar YearPO24_1500_07Calendar YearPO24_1500_08Calendar YearPO24_1500_09Calendar YearPO24_1500_09Calendar YearPO24_1500_09Calendar YearPO24_1500_09Calendar Year	NoteNotePO24_500_01Calendar YearLC4PD2C2PO24_500_02Calendar YearLC4PD3C2PO24_750_01Calendar YearLC4PD1V2PO24_1000_01Calendar YearLC4PD1D2PO24_1000_02Calendar YearLC4PD2D2PO24_1000_03Calendar YearLC4PD3D2PO24_1000_04Calendar YearLC4PD4D2PO24_1000_05Calendar YearLC4PD5D2PO24_1000_05Calendar YearLC4PD1E2PO24_1500_01Calendar YearLC4PD1E2PO24_1500_02Calendar YearLC4PD3E2PO24_1500_03Calendar YearLC4PD4E2PO24_1500_04Calendar YearLC4PD5E2	PO24_500_01Calendar YearLC4PD2C220%/50%PO24_500_02Calendar YearLC4PD3C220%/50%PO24_750_01Calendar YearLC4PD1V220%/50%PO24_1000_01Calendar YearLC4PD1D210%/30%PO24_1000_02Calendar YearLC4PD2D220%/50%PO24_1000_03Calendar YearLC4PD3D220%/50%PO24_1000_04Calendar YearLC4PD4D230%/50%PO24_1000_05Calendar YearLC4PD5D230%/50%PO24_1000_05Calendar YearLC4PD1E220%/50%PO24_1500_01Calendar YearLC4PD3E220%/50%PO24_1500_02Calendar YearLC4PD3E220%/50%PO24_1500_03Calendar YearLC4PD3E220%/50%PO24_1500_04Calendar YearLC4PD4E220%/50%PO24_1500_05Calendar YearLC4PD3E220%/50%PO24_1500_04Calendar YearLC4PD5E220%/50%	P024_500_01 Calendar Year LC4PD2C2 20%/50% \$500 P024_500_02 Calendar Year LC4PD3C2 20%/50% \$500 P024_500_02 Calendar Year LC4PD3C2 20%/50% \$500 P024_500_02 Calendar Year LC4PD1V2 20%/50% \$500 P024_750_01 Calendar Year LC4PD1V2 20%/50% \$1,000 P024_1000_01 Calendar Year LC4PD1D2 10%/30% \$1,000 P024_1000_02 Calendar Year LC4PD1D2 20%/50% \$1,000 P024_1000_03 Calendar Year LC4PD3D2 20%/50% \$1,000 P024_1000_03 Calendar Year LC4PD3D2 20%/50% \$1,000 P024_1000_03 Calendar Year LC4PD4D2 30%/50% \$1,000 P024_1000_05 Calendar Year LC4PD1E2 30%/50% \$1,000 P024_1500_01 Calendar Year LC4PD1E2 20%/50% \$1,500 P024_1500_02 Calendar Year LC4PD3E2 20%/50% \$1,500 P024_1500_02	PO24_500_01 Calendar Year LC4PD2C2 20%/50% \$500 \$2,000 PO24_500_02 Calendar Year LC4PD3C2 20%/50% \$500 \$1,000 \$4,000 PO24_500_02 Calendar Year LC4PD3C2 20%/50% \$500 \$1,000 \$2,000 PO24_500_02 Calendar Year LC4PD3C2 20%/50% \$500 \$1,000 \$2,000 PO24_750_01 Calendar Year LC4PD1V2 20%/50% \$1,000 \$2,000 PO24_1000_01 Calendar Year LC4PD1D2 10%/30% \$1,000 \$2,000 PO24_1000_02 Calendar Year LC4PD3D2 20%/50% \$1,000 \$2,000 PO24_1000_03 Calendar Year LC4PD4D2 20%/50% \$1,000 \$2,000 PO24_1000_04 Calendar Year LC4PD4D2 30%/50% \$1,000 \$2,000 PO24_1000_05 Calendar Year LC4PD4D2 30%/50% \$1,000 \$2,000 PO24_1000_05 Calendar Year LC4PD4D2 30%/50% \$1,500 \$3,000	P024_500_01 Calendar Year LC4PD2C2 20%/50% \$500 \$2,000 \$1,500 P024_500_02 Calendar Year LC4PD3C2 20%/50% \$500 \$1,000 \$3,000 P024_500_02 Calendar Year LC4PD3C2 20%/50% \$500 \$1,000 \$3,000 P024_500_02 Calendar Year LC4PD1C2 20%/50% \$500 \$1,000 \$2,000 \$6,000 P024_750_01 Calendar Year LC4PD1D2 20%/50% \$51,500 \$3,000 \$4,500 P024_1000_01 Calendar Year LC4PD1D2 10%/30% \$1,000 \$2,000 \$4,000 \$7,000 P024_1000_02 Calendar Year LC4PD2D2 20%/50% \$1,000 \$2,000 \$4,000 \$7,000 P024_1000_03 Calendar Year LC4PD3D2 20%/50% \$1,000 \$2,000 \$4,000 P024_1000_03 Calendar Year LC4PD4D2 30%/50% \$1,000 \$2,000 \$4,000 P024_1000_04 Calendar Year LC4PD4D2 30%/50% \$1,000	P024_500_01 Calendar Year LC4PD2C2 20%/50% S500 S2,000 S1,500 S4,500 P024_500_02 Calendar Year LC4PD2C2 20%/50% S500 S1,000 S3,000 S9,000 P024_500_02 Calendar Year LC4PD3C2 20%/50% S1,000 S2,000 S6,000 S18,000 P024_500_02 Calendar Year LC4PD3C2 20%/50% S1,000 S2,000 S6,000 S18,000 P024_750_01 Calendar Year LC4PD1V2 20%/50% S1,500 S2,250 S6,750 P024_1000_01 Calendar Year LC4PD1V2 20%/50% S1,000 S2,000 S4,500 S1,500 P024_1000_02 Calendar Year LC4PD2D2 20%/50% S1,000 S2,000 S4,000 S1,000 S2,000 S4,000 S1,000 P024_1000_02 Calendar Year LC4PD3D2 20%/50% S1,000 S2,000 S4,000 S1,000 P024_1000_03 Calendar Year LC4PD3D2 20%/50% S1,000 S2,000 S4,000	P024_500_01 Calendar Year LC4PD2C2 20%/50% \$500 \$2,000 \$1,500 \$4,500 \$20 copay/visit P024_500_02 Calendar Year LC4PD3C2 20%/50% \$500 \$1,000 \$3,000 \$9,000 P024_500_02 Calendar Year LC4PD3C2 20%/50% \$500 \$1,000 \$3,000 \$9,000 \$20 copay/visit P024_500_02 Calendar Year LC4PD1V2 20%/50% \$51,500 \$2,000 \$6,000 \$18,000 P024_1000_01 Calendar Year LC4PD1D2 20%/50% \$1,500 \$2,000 \$3,500 \$10,500 P024_1000_02 Calendar Year LC4PD1D2 20%/50% \$1,000 \$2,000 \$3,500 \$10,500 P024_1000_03 Calendar Year LC4PD1D2 20%/50% \$1,000 \$2,000 \$3,000 \$21,000 \$2,000 \$4,000 \$21,000 \$20 copay/visit P024_1000_03 Calendar Year LC4PD3D2 20%/50% \$1,000 \$2,000 \$4,000 \$21,000 \$20,000 \$4,000 \$21,000 </td <td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td> <td>P024 Calendar Year Calendar Year Calendar Year Calendar Year Calendar Year Calendar Year CC4PD2C 20%(50%) S500 S2.000 S1.000 S4.000 S5.000 S5.00 S50 copay/visit S0 copay/visit</td> <td>No. No. No.<td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td></td>	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$	P024 Calendar Year Calendar Year Calendar Year Calendar Year Calendar Year Calendar Year CC4PD2C 20%(50%) S500 S2.000 S1.000 S4.000 S5.000 S5.00 S50 copay/visit S0 copay/visit	No. No. <td>$\begin{array}{ c c c c c c c c c c c c c c c c c c c$</td>	$ \begin{array}{ c c c c c c c c c c c c c c c c c c c$

* 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: BSW Plus PPO

			PY2	4 PPO Large Gro	oup Snapshot Grid						Networks Ava	lable: BSW Plus PPO		
	Pla	n Name and Me	dical Rider Names			Deductible and	MOOP INN and OON				In Netv	vork Benefits		
	Plan Name	Calendar Year	BSW Plus PPO Network	Coins 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
	PO24_2000_01	Calendar Year	LC4PD1F2	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, no deductible	20% AFD
	PO24_2000_02	Calendar Year	LC4PD2F2	20%/50%	\$4,000 \$2,000 \$4,000	\$8,000 \$4,000 \$8,000	\$10,000 \$5,500 \$11,000	\$30,000 \$16,500 \$33,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	PO24_2000_03	Calendar Year	LC4PD3F2	30%/50%	\$2,000	\$4,000	\$5,000	\$15,000 \$30,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
	PO24_2000_04	Calendar Year	LC4PD4F2	10%/30%	\$2,000 \$4,000	\$4,000 \$8,000	\$5,000 \$10,000	\$15,000 \$30,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
LG PPO \$2,000 - \$2,500	PO24_2000_05	Calendar Year	LC4PD5F2	30%/50%	\$2,000 \$4,000	\$4,000 \$8,000	\$5,500 \$11,000	\$16,500 \$33,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
5 PPO \$2,0	PO24_2500_01	Calendar Year	LC4PD1G2	10%/30%	\$2,500 \$5,000	\$5,000 \$10,000	\$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, no deductible	10% AFD
2	PO24_2500_02	Calendar Year	LC4PD2G2	20%/50%	\$2,500 \$5,000	\$5,000 \$10,000	\$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, no deductible	20% AFD
	PO24_2500_03	Calendar Year	LC4PD4G2	20%/50%	\$2,500 \$5,000	\$5,000 \$10,000	\$5,500 \$11,000	\$16,500 \$33,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	PO24_2500_04	Calendar Year	LC4PD5G2	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, no deductible	20% AFD
	PO24_2500_05	Calendar Year	LC4PD6G2	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, no deductible	20% AFD
	PO24_2500_06	Calendar Year	LC4PD7G2	30%/50%	\$2,500 \$5,000	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
	PO24_2500_07	Calendar Year	LC4PD8G2	20%/50%	\$2,500	\$5,000 \$10,000	\$6,000 \$12,000	\$18,000 \$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD

* 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: BSW Plus PPO

			PY2	4 PPO Large (Group Snapshot Gri	d					Networks Available: BS	W Plus PPO		
	Plan I	Name and Med	ical Rider Names			Deductible and N	IOOP INN and OON				In Network Ber	nefits		
	Plan Name	Calendar Year	BSW Plus PPO Network	Coins 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
	PO24_3000_01	Calendar Year	LC4PD1H2	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, no deductible	0% AFD
	PO24_3000_02	Calendar Year	LC4PD2H2	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, no deductible	10% AFD
	PO24_3000_03	Calendar Year	LC4PD3H2	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, no deductible	20% AFD
	PO24_3000_04	Calendar Year	LC4PD4H2	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, no deductible	30% AFD
4,500	PO24_3000_05	Calendar Year	LC4PD5H2	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, no deductible	30% AFD
LG PPO \$3,000 -\$4,500	PO24_3000_06	Calendar Year	LC4PD6H2	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, no deductible	50% AFD
Ddd 91	PO24_3500_01	Calendar Year	LC4PD1I2	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, no deductible	20% AFD
	PO24_3500_02	Calendar Year	LC4PD2I2	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, no deductible	20% AFD
	PO24_4000_01	Calendar Year	LC4PD1J2	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, no deductible	0% AFD
	PO24_4000_02	Calendar Year	LC4PD2J2	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, no deductible	20% AFD
	PO24_4000_03	Calendar Year	LC4PD3J2	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, no deductible	30% AFD
	PO24_4000_04	Calendar Year	LC4PD4J2	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, no deductible	50% AFD
	PO24_4500_01	Calendar Year	LC4PD1K2	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, no deductible	20% AFD

* 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: BSW Plus PPO

			PY24	PPO Large Gr	roup Snapshot Grid	Ŀ					Networks Available: B	BSW Plus PPO		
	Plan	n Name and Medic	cal Rider Names			Deductible and I	MOOP INN and OON	N			In Network Be	senefits		
	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		Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	PO24_5000_01	Calendar Year	LC4PD1L2	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
	1024_3000_01	Calcindar rear		070/3070	\$10,000	\$20,000	\$12,000	\$36,000	250 copay/visic	\$0 copay/visit	900 copay/visic	950 copay/visic	no deductible	
	PO24 5000 02	Calendar Year	LC4PD2L2	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	es 20% AFD
	P024_3000_02	Calential Tear	LC4FD2L2	20%/30%	\$10,000	\$20,000	\$14,000	\$42,000	φ25 copay/visit	SU COPAY/VISIC	\$50 copay/visit	\$50 copay/visic	no deductible	20% AFD
- \$7,500	PO24 5000 03	Calendar Year	LC4PD3L2	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	es 30% AFD
\$5,000 - \$	P024_3000_03			3070/3070	\$10,000	\$20,000	\$14,000	\$42,000	φ33 copay/visit	ο copay/visit	\$70 copay/visit		no deductible	30%AID
PO \$5,	PO24 5000 04	Calendar Year	LC4PD4L2	50%/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 50% of charges	es 50% AFD
LG PPO	P024_3000_04	Calendar rear		3070/3070	\$10,000	\$20,000	\$14,000	\$42,000	\$25 copay/visit	ο copay/visit	\$30 copay/visit	\$50 copay/visic	no deductible	30%AID
	PO24 5500 01	Calendar Year	LC4PD1M2	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	es 20% AFD
	P024_3300_01			2070/3070	\$11,000	\$22,000	\$14,000	\$42,000	φου copay/visit	ο copay/visit			no deductible	20% ATD
	PO24 6000 01	Calendar Year	LC4PD1N2	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	es 30% AFD
	1024_0000_01	Calcindar rear		3070/3070	\$12,000	\$24,000	\$15,000	\$45,000	233 copay/visic	φο copuy/visit	\$70 copuy/visic	\$50 copuy/visic	no deductible	30/0410
	PO24 7150 01	Calendar Year	LC4PD1P2	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
	P024_/130_01		LC4FD1FZ	076/3076	\$14,300	\$28,600	\$15,000	\$45,000	ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο ο	SU COPAY/VISIC	\$70 copay/visit	\$50 copay/visic	no deductible	U/0 AFD
	PO24 7500 01	Calendar Year	LC4PD1Q2	10%/30%	\$7,500	\$15,000	\$9,450	\$28,350	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges	es 10% AFD
	P024_7300_01	Calendal real		10%/30%	\$15,000	\$30,000	\$18,900	\$56,700	\$50 copay/visit	ο copay/visit	\$00 copay/visit	\$50 copay/visit	no deductible	10% AFD

* For a covered member age 19 and up. Appliesto PCP office visit only, excludes HDHP plans. ** For a covered member through the age of 18. Appliesto PCP office visitsonly.

Network Available: BSW Plus PPO

			PY24 F	PO Large Group	Snapshot Grid						Networks Available: B	SW Plus PPO		
	Plan Na	me and Medical I	Rider Names			Deductible and M	IOOP INN and OON				In Network Be	enefits		
	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*	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	PO24 3200 01HD	Calendar Year	LE4PD1H2	0%/50%	\$3,200	\$6,400	\$3,200	\$9,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	P024_3200_01HD	Calendar Year	LE4PD1H2	0%/50%	\$6,400	\$12,800	\$6,400	\$19,200	U% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	PO24_3200_02HD	Calendar Year	LE4PD2H2	20%/50%	\$3,200	\$6,400	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	P024_3200_02HD	Calendar fear	LE4PD2H2	20%/50%	\$6,400	\$12,800	\$10,500	\$31,500	20% APD	20% APD	20% AFD	20% APD	20% APD	20% APD
	PO24 3500 01HD	Calendar Year	LE4PD1I2	0%/50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	P024_3300_01HD	Calendar fear	LE4PD112	0%/30%	\$7,000	\$14,000	\$7,000	\$21,000	0% APD	0% APD	0% AFD	0% AFD	0% AFD	0% APD
đ	PO24 4000 01HD	Calendar Year	LE4PD1J2	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
НОН ОНА БТ	1024_4000_0110	Calendar real		070/3078	\$8,000	\$16,000	\$8,000	\$24,000	076410	070 AID	0% A D	070 AID	070 AID	UMAID
LG PP	PO24 4500 01HD	Calendar Year	LE4PD1K2	30%/50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
	1024_4300_0110			3070/3070	\$9,000	\$18,000	\$13,100	\$39,300	30/04/0	3070 A D	30% A D	30% A B	30%AD	30/0410
	PO24_5000_01HD	Calendar Year	LE4PD1L2	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1024_3000_0110			070/3078	\$10,000	\$20,000	\$10,000	\$30,000	076 AID	070 AI D	0% A D	070 AID	0/0 A D	0%AD
	PO24 5000 02HD	Calendar Year	LE4PD2L2	20%/50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	1024_3000_02110			2070/3070	\$10,000	\$20,000	\$13,300	\$39,900	20/04/0	20/0410	2070 AT D	20/04/0	2070 AT D	20/0410
	PO24_6450_01HD	Calendar Year	LE4PD1O2	0%/50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1024_0400_0110		10102	070/0070	\$12,900	\$25,800	\$12,900	\$38,700	0707412	0,011 0	0/0/110	0,01110	0,0,4,2	0707112
	PO24 6550 01HD	Calendar Year	LE4PD1R2	0%/50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	. 320000_0110			0,000,0	\$13,100	\$26,200	\$13,100	\$39,300	0,014 0	0,0110	0,0,4 2	0,0,4,0	0,0,4,5	0,0,10
	PO24 7000 01HD	Calendar Year	LE4PD1S2	0%/50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	1024_7000_0110	Culentual Teal		070/0070	\$14,000	\$28,000	\$14,000	\$42,000	070 AID	070 AID	070 ALD	070 AID	UNAD	UNAID

 * 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: BSW Access PPO

				PY24 UHC Larg	e Group Snapsh	ot Grid						Networks Available	BSW Access PPO		
		Plan Name	e and Medical Ride	er Names			Deductible an	d MOOP INN and (NOON			In Networ	k Benefits		
	Plan Name	Calendar Year	BSW Access PPO OOA only	BSW Access PPO INN only	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
	UHC24_500_01	Calendar Year	UHC4J2C2	UHB4J2C2	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, no deductible	20% AFD
	UHC24_500_02	Calendar Year	UHC4J3C2	UHB4J3C2	20%/50%	\$500 \$1,000	\$1,000 \$2,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	UHC24_750_01	Calendar Year	UHC4J1V2	UHB4J1V2	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, no deductible	20% AFD
	UHC24_1000_01	Calendar Year	UHC4J1D2	UHB4J1D2	10%/50%	\$1,500 \$1,000	\$3,000 \$2,000	\$4,500 \$3,500	\$13,500 \$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
8	UHC24_1000_02	Calendar Year	UHC4J2D2	UHB4J2D2	20%/50%	\$2,000	\$4,000 \$2,000	\$7,000 \$3,500	\$21,000 \$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
500 - \$1,500	UHC24_1000_03	Calendar Year	UHC4J3D2	UHB4J3D2	20%/50%	\$2,000	\$4,000 \$2,000	\$7,000 \$4,000	\$21,000 \$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of	20% AFD
LG UHC \$500	UHC24 1000 04	Calendar Year	UHC4J4D2	UHB4J4D2	30%/50%	\$2,000 \$1,000	\$4,000 \$2,000	\$8,000 \$4,500	\$24,000 \$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	charges, no deductible \$500 copay/visit, then 30% of	30% AFD
	UHC24_1000_05	Calendar Year	UHC4J5D2	UHC4J5D2	30%/50%	\$2,000 \$1,000	\$4,000 \$2,000	\$9,000 \$6,000	\$27,000 \$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	charges, no deductible \$500 copay/visit, then 30% of	30% AFD
						\$2,000 \$1,500	\$4,000 \$3,000	\$12,000 \$4,000	\$36,000 \$12,000					charges, no deductible \$500 copay/visit, then 20% of	
	UHC24_1500_01	Calendar Year	UHC4J1E2	UHB4J1E2	20%/50%	\$3,000 \$1,500	\$6,000 \$3,000	\$8,000 \$4,500	\$24,000 \$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	charges, no deductible	20% AFD
	UHC24_1500_02	Calendar Year	UHC4J3E2	UHB4J3E2	20%/50%	\$3,000	\$6,000	\$9,000	\$27,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	UHC24_1500_03	Calendar Year	UHC4J4E2	UHB4J4E2	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, no deductible	20% AFD
	UHC24_1500_04	Calendar Year	UHC4J5E2	UHB4J5E2	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, no deductible	20% AFD
	UHC24_1500_05	Calendar Year	UHC4J6E2	UHB4J6E2	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, no deductible	30% AFD

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* 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: BSW Access PPO

				PY24 UHC Large	e Group Snaps	hot Grid						Networks Availab	le: BSW Access PPO		
	Ρ	lan Name an	d Medical Rider N	Names			Deductible and M	OOP INN and OON				In Netwo	ork Benefits		
	Plan Name	Calendar Year	BSW Access PPO OOA only	BSW Access PPO INN only	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
	UHC24_2000_01	Calendar Year	UHC4J1F2	UHB4J1F2	20%/50%	\$2,000 \$4,000	\$4,000 \$8,000	\$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, no deductible	20% AFD
	UHC24_2000_02	Calendar Year	UHC4J2F2	UHB4J2F2	20%/50%	\$2,000	\$4,000	\$5,500	\$16,500 \$33,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	UHC24_2000_03	Calendar Year	UHC4J3F2	UHB4J3F2	30%/50%	\$2,000	\$4,000	\$5,000	\$15,000 \$30,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
	UHC24_2000_04	Calendar Year	UHC4J4F2	UHB4J4F2	10%/50%	\$2,000	\$4,000	\$5,000	\$15,000 \$30,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
00 - \$2,500	UHC24_2000_05	Calendar Year	UHC4J5F2	UHB4J5F2	30%/50%	\$2,000	\$4,000	\$5,500	\$16,500 \$33,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
UHC \$2,000 - \$2,500	UHC24_2500_01	Calendar Year	UHC4J1G2	UHB4J1G2	10%/50%	\$2,500	\$5,000	\$6,000	\$18,000 \$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no deductible	10% AFD
9 ·	UHC24_2500_02	Calendar Year	UHC4J2G2	UHB4J2G2	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, no deductible	20% AFD
	UHC24_2500_03	Calendar Year	UHC4J4G2	UHC4J4G2	20%/50%	\$2,500	\$5,000 \$10,000	\$5,500	\$16,500 \$33,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	UHC24_2500_04	Calendar Year	UHC4J5G2	UHB4J5G2	20%/50%	\$2,500	\$5,000 \$10,000	\$5,000	\$15,000 \$30,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
·	UHC24_2500_05	Calendar Year	UHC4J6G2	UHB4J6G2	20%/50%	\$2,500	\$5,000 \$10,000	\$6,000	\$18,000 \$36,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD
	UHC24_2500_06	Calendar Year	UHC4J7G2	UHB4J7G2	30%/50%	\$2,500	\$5,000 \$10,000	\$6,000	\$18,000 \$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, no deductible	30% AFD
	UHC24_2500_07	Calendar Year	UHC4J8G2	UHB4J8G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000 \$36,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no deductible	20% AFD

* 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: BSW Access PPO

				PY24 U	HC Large Grou	p Snapshot Grid						Networks Availabl	e: BSW Access PPO		
	I	Plan Name and	Medical Rider I	Names			Deductible a	nd MOOP INN and O	ON			In Netwo	rk Benefits		
	Plan Name	Calendar Year	BSW Access PPO OOA only	BSW Access PPO INN only	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
ſ	11110214 2000 01	Calas das Vasa			00/ / 5 00/	\$3,000	\$6,000	\$6,000	\$18,000	ć20. se na vliših	ćo zarov kielit	ćco zarov kielt	ćco consuluisit	\$500 copay/visit,	0% 455
	UHC24_3000_01	Calendar Year	UHC4J1H2	UHB4J1H2	0%/50%	\$6,000	\$12,000	\$12,000	\$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	no deductible	0% AFD
Γ	114024 2000 02	Calendar Year	UHC4J2H2	UHB4J2H2	10%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copsylvisit	\$0.conov/visit	¢E0.conpulsisit	¢E0.copov/vicit	\$500 copay/visit, then 10% of	10% AFD
	UHC24_3000_02	Calendar fear	06043262	08643282	10%/30%	\$6,000	\$12,000	\$12,000	\$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	charges, no deductible	10% AFD
	UHC24_3000_03	Calendar Year	UHC4J3H2	UHB4J3H2	20%/50%	\$3,000	\$6 <i>,</i> 000	\$6 <i>,</i> 000	\$18,000	\$25 conav/visit	\$0 copay/visit	\$50 consulvisit	\$50 consuluisit	\$500 copay/visit, then 20% of	20% AFD
	0HC24_3000_03	Calendal feat	00043302	0843382	20%730%	\$6,000	\$12,000	\$12,000	\$36,000	\$25 copay/visit	50 copay/visit	\$50 copay/visit	\$50 copay/visit	charges, no deductible	20 % AFD
	UHC24_3000_04	Calendar Year	UHC4J4H2	UHB4J4H2	30%/50%	\$3,000	\$6 <i>,</i> 000	\$6 <i>,</i> 000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of	30% AFD
nnc'trċ	011024_3000_04		0110434112	0110434112	30%7 30%	\$6,000	\$12,000	\$12,000	\$36,000	\$30 copay/visit	50 copay/visit	500 copay/visit	200 copay/visit	charges, no deductible	30%AID
	UHC24_3000_05	Calendar Year	UHC4J5H2	UHB4J5H2	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	30% AFD
	011024_3000_03		0110435112	0110435112	30707 3070	\$6,000	\$12,000	\$12,000	\$36,000	\$20 copay/visit	ο copaγ/visit	540 copay/visit		charges, no deductible	30/0410
	UHC24_3500_01	Calendar Year	UHC4J1I2	UHB4J1I2	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	20% AFD
				0110 112	20/07/00/0	\$7,000	\$14,000	\$12,000	\$36,000	<i><i><i>voo copay, non</i></i></i>	<i>ço copuț</i> , non	<i>voo copaym</i>	<i>voo copuy,</i> i.s.c	charges, no deductible	20/0/112
	UHC24_3500_02	Calendar Year	UHC4J2I2	UHB4J2I2	20%/50%	\$3,500	\$7,000	\$6 <i>,</i> 000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of	20% AFD
						\$7,000	\$14,000	\$12,000	\$36,000	+	<i></i>	<i>+</i> ,,,	<i>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</i>	charges, no deductible	
	UHC24_4000_01	Calendar Year	UHC4J1J2	UHB4J1J2	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
					,	\$8,000	\$16,000	\$14,000	\$42,000		, , <i>, , .</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	no deductible	
	UHC24_4000_02	Calendar Year	UHC4J2J2	UHB4J2J2	20%/50%	\$4,000	\$8,000	\$6 <i>,</i> 500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of	20% AFD
ļ					,	\$8,000	\$16,000	\$13,000	\$39,000		, , <i>, ,</i>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	charges, no deductible	
	UHC24_4000_03	Calendar Year	UHC4J3J2	UHB4J3J2	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	30% AFD
	`					\$8,000	\$16,000	\$15,000	\$45,000					charges, no deductible	
	UHC24_4500_01	Calendar Year	UHC4J1K2	UHB4J1K2	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	20% AFD
						\$9,000	\$18,000	\$14,000	\$42,000					charges, no deductible	

 * 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: BSW Access PPO

				PY24 UHC Larg	e Group Snaps	shot Grid						Networks Available: BSW	Access PPO		
	Ρ	lan Name and	l Medical Rider	Names			Deductible and N	100P INN and O	ON			In Network Ben	efits		
	Plan Name	Calendar Year	BSW Access PPO OOA only	BSW Access PPO INN only	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
	UHC24_5000_01	Calendar	UHC4J1L2	UHB4J1L2	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
	01024_0000_01	Year		011043112	0,07,50,0	\$10,000	\$20,000	\$12,000	\$36,000	çoo copuyvisie	ço copay, visic	çoo copayvisie	çoo copay/visic	no deductible	0,0,4,0
	UHC24_5000_02	Calendar	UHC4J2L2	UHB4J2L2	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, no	20% AFD
\$7,500	08024_3000_02	Year	UHC4J2L2	UND4J2L2	20%730%	\$10,000	\$20,000	\$14,000	\$42,000	\$25 copay/visit	ου τομαγγνιστ	\$30 COpay/visit	\$30 copay/visit	deductible	20% AFD
000, \$7	UHC24 5000 03	Calendar	UHC4J3L2	UHB4J3L2	30%/50%	\$5,000	\$10,000	\$7,000	\$21,000	¢25.congy/sigit	ć0.comov/visit	ć70 concubicit	¢E0.comm/visit	\$500 copay/visit, then 30% of charges, no	30% AFD
LG UHC \$5,000-	0HC24_5000_03	Year	UHC4J3L2	UHB4J3L2	30%/50%	\$10,000	\$20,000	\$14,000	\$42,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	deductible	30% AFD
ΓC		Calendar			200/ /500/	\$5,500	\$11,000	\$7,000	\$21,000	620 · · · · · / · · ·			650 mm / 111	\$500 copay/visit, then	2004 455
	UHC24_5500_01	Year	UHC4J1M2	UHB4J1M2	20%/50%	\$11,000	\$22,000	\$14,000	\$42,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	20% of charges, no deductible	20% AFD
		Calendar			000/ /500/	\$6,000	\$12,000	\$7,500	\$22,500	405 () II			A50 (11)	\$500 copay/visit, then	000/ 155
	UHC24_6000_01	Year	UHC4J1N2	UHB4J1N2	30%/50%	\$12,000	\$24,000	\$15,000	\$45,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	30% of charges, no deductible	30% AFD
		Calendar			00/ / 500/	\$7,150	\$14,300	\$7,500	\$22,500	<u> </u>	60	670 ()	650 mm / 1 11	\$500 copay/visit,	00(450
	UHC24_7150_01	Year	UHC4J1P2	UHB4J1P2	0%/50%	\$14,300	\$28,600	\$15,000	\$45,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	no deductible	0% AFD
		Calendar			100/ / 500/	\$7,500	\$15,000	\$9,450	\$28,350	¢20 ()!!	ć0	¢60 ()	ĆEO com divit	\$500 copay/visit, then	109/ 155
	UHC24_7500_01	Year	UHC4J1Q2	UHB4J1Q2	10%/50%	\$15,000	\$30,000	\$18,900	\$56,700	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	10% of charges, no deductible	10% AFD



* 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: BSW Access PPO

				PY24 UHC La	arge Group Snaps	hot Grid						Networks Available: B	SW Access PPO		
		Plan Name an	d Medical Rider Na	imes			Deductible and	d MOOP INN and OOI	ı			In Network B	enefits		
	Plan Name	Calendar Year	BSW Access PPO OOA only	BSW Access PPO INN only	Coins In/Out	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 Hos
ľ	UHC24 3200 01HD	Calendar	UHC4H1H2	UHB4H1H2	0%/50%	\$3,200	\$6,400	\$3,200	\$9,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	0HC24_3200_01HD	Year	UHC4H1H2	UHB4H1H2	0%/50%	\$6,400	\$12,800	\$6,400	\$19,200	0% AFD	U% AFD	U% AFD	0% AFD	0% AFD	0% AFD
		Calendar	UHC4H2H2		20%/50%	\$3,200	\$6,400	\$5,250	\$15,750	20% 455	20% 455	20% 455	20% 450	20% 450	20% 450
	UHC24_3200_02HD	Year	UHC4H2H2	UHB4H2H2	20%/50%	\$6,400	\$12,800	\$10,500	\$31,500	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	UHC24 3500 01HD	Calendar	UHC4H1I2	UHB4H1I2	0%/50%	\$3 <i>,</i> 500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	0HC24_3300_01HD	Year	06046112	00040112	0%/30%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% APD	0% AFD	0% APD	0% AFD
È	UHC24 4000 01HD	Calendar	UHC4H1J2	UHB4H1J2	0%/50%	\$4,000	\$8 <i>,</i> 000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
רפ מער עמעג	0HC24_4000_01HD	Year	06046112	00840132	0%/30%	\$8,000	\$16,000	\$8,000	\$24,000	0% AFD	0% APD	0% APD	0% AFD	0% APD	0% AFD
2	UHC24 4500 01HD	Calendar	UHC4H1K2	UHB4H1K2	30%/50%	\$4,500	\$9 <i>,</i> 000	\$6 <i>,</i> 550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
	01024_4300_0110	Year	00040182	00040182	30%/ 30%	\$9,000	\$18,000	\$13,100	\$39,300	50% AFD	50% AFD	50% AFD	50% AFD	50% AFD	30% AFD
		Calendar	UHC4H1L2	UHB4H1L2	0%/50%	\$5 <i>,</i> 000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	UHC24_5000_01HD	Year	UHC4HILZ	UHB4H1L2	0%/50%	\$10,000	\$20,000	\$10,000	\$30,000	0% AFD	U% AFD	U% AFD	0% AFD	0% AFD	0% AFD
		Calendar	UHC4H2L2	UHB4H2L2	20%/50%	\$5 <i>,</i> 000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
	UHC24_5000_02HD	Year	UHC4H2L2	UHB4H2L2	20%/50%	\$10,000	\$20,000	\$13,300	\$39,900	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
		Calendar	UHC4H1O2	UHB4H1O2	0%/50%	\$6 <i>,</i> 450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
	UHC24_6450_01HD	Year	08048102	08848102	0%/30%	\$12,900	\$25,800	\$12,900	\$38,700	0% AFD	0% APD	0% APD	0% AFD	0% APD	0% AFD
		Calendar			0%/50%	\$6,550	\$13,100	\$6 <i>,</i> 550	\$19,650				0% 450	0% 450	0% AFD
	UHC24_6550_01HD	Year	UHC4H1R2	UHB4H1R2	0%/50%	\$13,100	\$26,200	\$13,100	\$39,300	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	U% AFD
	UHC24 7000 01HD	Calendar	UHC4H1S2	UHB4H1S2	0%/50%	\$7,000	\$14,000	\$7,000	\$21,000	0% 455	0% 450		0% 455	0% 450	
	00024_7000_0100	Year	000048152	UND4H152	0%/50%	\$14,000	\$28,000	\$14,000	\$42,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD

Network Available: PHCS Network

			PY24 PH	ICS Large Group	Snapshot Grid						Networks Avail	able: PHCS Network		
	Plan M	Name and Medica	l Rider Names			Deductible and M	OOP INN and OON				In Netw	ork Benefits		
	Plan Name	Calendar Year	Med Rider	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
	PHCS24_500_01	Calendar Year	PHCS4001	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, no deductible	20% AFD
	PHCS24_500_02	Calendar Year	PHCS4002	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, no deductible	20% AFD
	PHCS24_750_01	Calendar Year	PHCS4003	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, no deductible	20% AFD
	PHCS24_1000_01	Calendar Year	PHCS4004	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, no deductible	10% AFD
- \$1,500	PHCS24_1000_02	Calendar Year	PHCS4005	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, no deductible	20% AFD
\$500	PHCS24_1000_03	Calendar Year	PHCS4006	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, no deductible	20% AFD
LG PHCS	PHCS24_1000_04	Calendar Year	PHCS4007	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, no deductible	30% AFD
	PHCS24_1000_05	Calendar Year	PHCS4008	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, no deductible	30% AFD
	PHCS24_1500_01	Calendar Year	PHCS4009	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, no deductible	20% AFD
	PHCS24_1500_02	Calendar Year	PHCS4010	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, no deductible	20% AFD
	PHCS24_1500_03	Calendar Year	PHCS4011	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, no deductible	20% AFD
	PHCS24_1500_04	Calendar Year	PHCS4012	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, no deductible	20% AFD
	PHCS24_1500_05	Calendar Year	PHCS4013	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, no deductible	30% AFD

* 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

			PY24 PH	ICS Large Grou	o Snapshot Grid						Networks Av	ailable: PHCS Network		
	Plan Nar	me and Medical R	Rider Names			Deductible and M	DOP INN and OON				In Ne	twork Benefits		
	Plan Name	Calendar Year	Med Rider	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.
	PHCS24_2000_01	Calendar Year	PHCS4014	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, no deductible	20% AFD
-					\$4,000	\$8,000	\$10,000	\$30,000						
	PHCS24_2000_02	Calendar Year	PHCS4015	20%/50%	\$2,000	\$4,000	\$5 <i>,</i> 500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no	20% AFD
-					\$4,000	\$8,000	\$11,000	\$33,000					deductible	
	PHCS24_2000_03	Calendar Year	PHCS4016	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, no	30% AFD
_					\$4,000	\$8,000	\$10,000	\$30,000				· ·	deductible	
	PHCS24_2000_04	Calendar Year	PHCS4017	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, no	10% AFD
0					\$4,000	\$8,000	\$10,000	\$30,000					deductible	
\$2,000 - \$2,500	PHCS24_2000_05	Calendar Year	PHCS4018	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, no	30% AFD
2,000					\$4,000	\$8,000	\$11,000	\$33,000					deductible	
S S	PHCS24_2500_01	Calendar Year	PHCS4019	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, no	10% AFD
LG PHCS					\$5 <i>,</i> 000	\$10,000	\$12,000	\$36,000					deductible	
_	PHCS24_2500_02	Calendar Year	PHCS4020	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, no	20% AFD
_				,	\$5 <i>,</i> 000	\$10,000	\$12,000	\$36,000		,,. <i>,,</i> ,	, , . <i>, . , , .</i>		deductible	
	PHCS24 2500 03	Calendar Year	PHCS4021	20%/50%	\$2 <i>,</i> 500	\$5,000	\$5 <i>,</i> 500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, no	20% AFD
_					\$5,000	\$10,000	\$11,000	\$33,000	+	+	+	+	deductible	
	PHCS24 2500 04	Calendar Year	PHCS4022	20%/50%	\$2 <i>,</i> 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, no	20% AFD
_					\$5,000	\$10,000	\$10,000	\$30,000	····	+	+	+	deductible	
	PHCS24_2500_05	Calendar Year	PHCS4023	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, no	20% AFD
	1110324_2300_03		111034023	20/07 50/0	\$5,000	\$10,000	\$12,000	\$36,000	\$10 copay/visit	ço copay, visic	yzo copuy, visit	çoo copuy, visit	deductible	20/0/110
	PHCS24_2500_06	Calendar Year	PHCS4024	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, no	30% AFD
					\$5,000	\$10,000	\$12,000	\$36,000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\$0 00pa;/.ioit	+ • • • • • • • • • • • • • • • • • • •	+ 30 00pd//	deductible	50,0,
	PHCS24_2500_07	Calendar Year	PHCS4025	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, no	20% AFD
			11054025	20707 3070	\$5,000	\$10,000	\$12,000	\$36,000	\$55 copul/ tolt	ço copuy, visit	¢. 0 copuş/ (isit	200 copuy/ visit	deductible	20/0/110

* 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

			PY24	PHCS Large Gro	oup Snapshot Grid	I					Networks Ava	ailable: PHCS Networl	(
	Plan Na	me and Medica	l Rider Names			Deductible and	MOOP INN and OO	N			In Net	work Benefits		
	Plan Name	Calendar Year	Med Rider	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
	PHCS24 3000 01	Calendar Year	PHCS4026	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
	PHC324_3000_01		PHC34020	0%730%	\$6 <i>,</i> 000	\$12,000	\$12,000	\$36 <i>,</i> 000	\$50 copay/visit	50 copay/visit	\$00 copay/visit	\$50 copay/visit	no deductible	078 AFD
	PHCS24_3000_02	Calendar Year	PHCS4027	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, no	10% AFD
	FIIC324_3000_02	Calendar Tear	FRC34027	10/87 50/8	\$6,000	\$12,000	\$12,000	\$36,000		30 copay/visit	\$50 copay/visit	\$30 copay/visit	deductible	10% A D
	PHCS24 3000 03	Calendar Year	PHCS4028	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, no	20% AFD
	FIIC324_3000_03		FTIC34028	20/07 30/0	\$6,000	\$12,000	\$12,000	\$36,000		30 copay/visit	\$50 copay/visit	\$30 copay/visit	deductible	20% A D
	PHCS24 3000 04	Calendar Year	PHCS4029	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, no	30% AFD
\$4,50	1110324_3000_04		111034023	30707 3070	\$6,000	\$12,000	\$12,000	\$36,000	çoo copuy/visit	ço copay/visic	çoo copay, visic	\$50 copuy/visit	deductible	30707112
\$3,000 - \$4,500	PHCS24_3000_05	Calendar Year	PHCS4030	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, no	30% AFD
CS \$3					\$6,000	\$12,000	\$12,000	\$36,000	+	+	f	+	deductible	
LG PHCS	PHCS24_3500_01	Calendar Year	PHCS4031	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, no	20% AFD
_					\$7,000	\$14,000	\$12,000	\$36,000	+	+	+		deductible	
	PHCS24_3500_02	Calendar Year	PHCS4032	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, no	20% AFD
				,	\$7,000	\$14,000	\$12,000	\$36,000	1				deductible	
	PHCS24_4000_01	Calendar Year	PHCS4033	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
					\$8,000	\$16,000	\$14,000	\$42,000					no deductible	
	PHCS24_4000_02	Calendar Year	PHCS4034	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, no	20% AFD
					\$8,000	\$16,000	\$13,000	\$39,000					deductible	
	PHCS24_4000_03	Calendar Year	PHCS4035	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, no	30% AFD
					\$8,000	\$16,000	\$15,000	\$45,000					deductible	
	PHCS24_4500_01	Calendar Year	PHCS4036	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, no	20% AFD
					\$9,000	\$18,000	\$14,000	\$42,000		· · / / ·			deductible	

* 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

			PY24 PHCS	Earge Group Sr	apshot Grid				Networks Available: PHCS Network									
	Plan Na	me and Medical	Rider Names		De	ductible and M	OOP INN and OO	N	In Network Benefits									
	Plan Name	Calendar Year	Med Rider	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				
	PHCS24_5000_01	Calendar Year	PHCS4037	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				
	PHCS24_5000_01		FHC34037	0707 5070	\$10,000	\$20,000	\$12,000	\$36,000		50 copay/visit	500 copay/visit	\$50 copay/visit	no deductible	0/0410				
	PHCS24_5000_02	Calendar Year	PHCS4038	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, no	20% AFD				
7,500			FIIC34038	20/07 50/0	\$10,000	\$20,000	\$14,000	\$42,000	\$25 copay/visit	φο copay/visit	230 copay/visit	φ50 copay/visit	deductible	20/0410				
\$5,000 - \$7,500	PHCS24_5000_03 (Calendar Year	PHCS4039	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, no	30% AFD				
LG PHCS \$			FIIC34039	50%750%	\$10,000	\$20,000	\$14,000	\$42,000	····	\$0 copay/visit	+····	φου copay/visit	deductible	30% AID				
ΓGΙ	PHCS24_5500_01	Calendar Year	PHCS4040	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, no	20% AFD				
	1110324_5500_01		111034040		\$11,000	\$22,000	\$14,000	\$42,000	\$50 copay/visit	\$0 copay/visit		φου copay/visit	deductible	2070 AT D				
	PHCS24_6000_01	Calendar Year	PHCS4041	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, no	30% AFD				
	FIIC324_0000_01		FIIC34041	30%7 30%	\$12,000	\$24,000	\$15,000	\$45,000	\$55 copay/visic	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	deductible	30%AID				
	PHCS24_7150_01	Calendar Year	PHCS4042	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				
	1110324_/130_01		г ПСЭ4042	0707 5070	\$14,300	\$28,600	\$15,000	\$45,000	222 copay/visit	φυτομαγγνισιτ	φro copay/visit	200 copay/visit	no deductible	UNALD				
	PHC\$24, 7500,01	Calendar Year	PHCS4043	10%/50%	\$7,500	\$15,000	\$9,450	\$28 <i>,</i> 350	\$30 copay/visit	\$0 copay/visit	¢60	\$50 copay/visit	\$500 copay/visit, then 10% of charges, no	10% AFD				
	PHCS24_7500_01	Calential fear	PHC34043	10/0/ 50%	\$15,000	\$30,000	\$18,900	\$56,700	ο το μαγ/visit	ο copay/visit	\$60 copay/visit		deductible	10 /0 AFD				

 * 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

			PY24 PHC	S Wrap Large G	iroup Snapshot Grid	I		Networks Available: PHCS Network									
	Plan Nam	e and Medica	al Rider Names			Deductible and M	DOP INN and OON		In Network Benefits								
	Plan Name	Calendar Year	Med Rider	Colns In/Out	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			
	PHCS24 3200 01HD	Calendar	PHC3H012	0%/50%	\$3,200	\$6,400	\$3,200	\$9,600	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD			
	PHC324_3200_01HD	Year	PHC3H012	0%730%	\$6,400	\$12,800	\$6,400	\$19,200	0 % AFD	0% AFD	0% APD		078 A D	0% AFD			
	PHCS24 3200 02HD	Calendar	РНСЗН022	20%/50%	\$3,200	\$6,400	\$5,250	\$15,750	20% AFD	20% AFD	2004 455	20% AFD	20% AFD	20% AFD			
	PHC324_3200_02HD	Year	PHC3HU22	20707 3070	\$6,400	\$12,800	\$10,500	\$31,500	20% APD	20% APD	20% AFD	20% AT D	20% APD	20% APD			
	PHCS24_3500_01HD	Calendar	РНСЗН032	0%/50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD			
		Year	PHC3HU32	,,	\$7,000	\$14,000	\$7,000	\$21,000	0 % AFD	0% AFD	0% APD	0% AFD	0% AFD	0% AFD			
НОНР	PHCS24_4000_01HD	Calendar	РНС2Н042	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD			
CS HI		Year	FRCZR042		\$8,000	\$16,000	\$8,000	\$24,000	070 A D	070 AID	076 AT D	070 A D	070 A D	0/0 A D			
LG PHCS	PHCS24 4500 01HD	Calendar	РНСЗН052	30%/50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD			
	1110324_4300_01115	Year			\$9,000	\$18,000	\$13,100	\$39,300				30%AD	50% AFD	30/04/0			
	PHCS24 5000 01HD	Calendar	РНСЗН062	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD			
	1110324_3000_01115	Year			\$10,000	\$20,000	\$10,000	\$30,000	0/0/110	UNITE		0/0/110	070710	U% AFD			
	PHCS24_5000_02HD	Calendar	РНСЗН072	20%/50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD			
	1110324_5000_02115	Year	1110311072	20/07/30/0	\$10,000	\$20,000	\$13,300	\$39,900	20/01/00	20/07410	20/0/11/2	20/0/4/2	20/0/11 0	20/07/40			
	PHCS24 6450 01HD	Calendar	РНС3Н082	0%/50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD			
	1110324_0430_01110	Year	THESHOOL	0,07,00,0	\$12,900	\$25,800	\$12,900	\$38,700	0,0,1,1,2	0,014 D	0,0,4,2		0,014 D	0,0,1,1,2			
	PHCS24 6550 01HD	Calendar	РНСЗН092	0%/50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD			
		Year		5767 5070	\$13,100	\$26,200	\$13,100	\$39,300	U% AFD	0,0,4,0	U/0 AFD	0% AFD	U% AFD	0,0,4,5			
	PHCS24 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			
	PHCS24_7000_01HD	Year	PHC3H102	0,0,00,0	\$14,000	\$28,000	\$14,000	\$42,000	0707412	0,014,0	0,0,4 0	0,0110	0,0,1,1,0	0707410			

* For a covered member age 19 and up. Appliesto PCP office visit only, excludes HDHP plans. ** For a covered member through the age of 18. Appliesto PCP office visits only.

2024 Individual Snapshot Grids



On/Off Exchange

	Individual HMO			Calendar Year Deductible Individual Family	Calendar Year MOOP Individual Family	o	ffice Visit	ts		Benefits (In-Network)	Drugs (In-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 HSA 006	Yes	0%	\$7,500 \$15,000	\$7,500 \$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD
Bronze	BSW Vital Bronze HMO 007	No	40%	\$7,500 \$15,000	\$9,400 \$18,800	\$50	No Charge	\$100	\$75	50% AFD	50% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$50 AFD	\$100 AFD	\$500 AFD
	BSW Vital Bronze HMO 009	No	20%	\$8,000 \$16,000	\$9,450 \$18,900	1 free, \$40	No Charge	\$100	\$100	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$55 AFD	\$150 AFD	\$500 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 Elite Gold HMO	No	20%	\$1,500	\$8,700	\$30	\$0	\$60	\$45	25% AFD	25% AFD	\$0	\$0	\$15	\$30	\$60	\$250
	001		2070	\$3,000	\$17,400				ψτο			ΨŬ	\$ 0	ψIJ	φ30	ψυυ	\$200
Gold	BSW Elite Gold HMO	No	10%	\$1,100	\$9,450	2 Free,	\$0	\$65	\$65	\$750 copay/visit	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
Gold	004	140	10%	\$2,200	\$18,900	\$40	Ψ	φυυ	ψΟΟ			φU	Ψ	ψU		φ130	ψ500
	BSW Elite Gold HMO	No	10%	\$1,500	\$9,300	\$0	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55	\$150	\$500
	012	INU		\$3,000	\$18,600	φυ	φυ	φυυ	φυυ								

On/Off Exchange

Inc	dividual HMO			alendar Year Deductible Individual	Calendar Year MOOP Individual	Of	fice Visit	s		Benefits (In-Network)		Drugs (In-Network)							
	, ,		Family	Family		1				_	· · · · · · · · · · · · · · · · · · ·								
Metal Level	Plan Name	HSA	Coin	s IN	N INN	Adult PCI	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred**	Specialty		
	BSW Prime Silver HMO 008	No	0%	\$5,9 \$11,		1 free, \$2	5 \$0	\$35	\$35	50% AFD	50% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$90 AFD	\$140 AFD	\$500 AFD		
	BSW Prime Silver HMO 008- CSR 73% AV	No	0%	\$3,8 \$7,6		1 free \$2	5 \$0	\$35	\$35	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$90 AFD	\$140 AFD	\$500 AFD		
Silver	BSW Prime Silver HMO 008 - CSR 87% AV	No	0%	\$1,0 \$2,0		2 free \$	5 \$0	\$20	\$20	35% AFD	35% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$45 AFD	\$140 AFD	\$500 AFD		
	BSW Prime Silver HMO 008- CSR 94% AV	No	0%	\$1,8 \$3,6		2 free \$	5 \$0	\$5	\$5	20%	20%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$45	\$140	\$500		
Metal Level	Plan Name	HSA	Coin	s IN	N INF	Adult PCP	Pediatric PCP	* Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred* *	Specialty		
	BSW Prime Silver HMO 003	No	40%	\$5,9 \$11,		\$40	\$0	\$80	\$60	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	\$40 AFD	\$80 AFD	\$350 AFD		
	BSW Prime Silver HMO 003 - CSR 73% AV	No	40%	\$5,7 \$11,	• • •	\$40	\$0	\$80	\$45	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	\$40 AFD	\$80 AFD	\$350 AFD		
Silver	BSW Prime Silver HMO 003 - CSR 87% AV	No	20%	\$70 \$1,4		\$20	\$0	\$40	\$30	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$20 AFD	\$60 AFD	\$250 AFD		
	BSW Prime Silver HMO 003- CSR 94% AV	No	20%	\$ \$ \$		\$0	\$0	\$10	\$5	25% AFD	25% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$15	\$50	\$150		
Metal Level	Plan Name	HSA	Coin	s IN	N INF	Adult PCP	Pediatric PCP	* Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non Preferred*	Specialty		
	BSW Prime Silver HMO 005	No	10%	\$1,2			\$0	\$85	\$85	\$750 copay/visit AFD	\$2,000 copay/stay	AFD \$0	\$0	\$20	\$100 AFD	\$140 AFD	\$500 AFD		
Silver	BSW Prime Silver HMO 005 - CSR 73% AV	No	10%	\$1,2 \$2,4	• • • •		\$0	\$85	\$85	\$750 copay/visit AFD	\$2,000 copay/stay	AFD \$0	\$0	\$20	\$100 AFD	\$140 AFD	\$500 AFD		
Silver	BSW Prime Silver HMO 005 - CSR 87% AV	No	10%	\$(\$(- 1100,	\$0	\$50	\$50	\$500 copay/visit	\$500 copay/sta	ay \$0	\$0	\$0	\$45	\$140	\$500		
	BSW Prime Silver HMO 005 - CSR 94% AV	No	10%	5 \$ \$0		\$0	\$0	\$10	\$10	\$200 copay/visit	\$100 copay/sta	ay \$0	\$0	\$0	\$15	\$55	\$500		

Off Exchange Only

	In all of the set UNIO			Calendar Year Deductible	Calendar Year MOOP					Benefits	Drugs						
	Individual HMO		Individual	Individual		ffice Visi	(S		(In-Network	(In-Network)							
				Family	Family					1		1					
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 010	No	20%	\$4,950	\$9,300	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	\$0	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AED
Silver		NO	2078	\$9,900	\$18,600	\$30											\$500 AFD
Silver	BSW Prime Silver	No	10%	\$1,000	\$9,450	\$55	\$0	\$85	\$85	\$1,000 copay AFD	\$2,500 copay/stay AFD	\$0	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AED
	HMO 011			\$2,000	\$18,900	\$ 25											\$500 APD
Gold	BSW Elite Gold HMO 002	No	20%	\$0	\$9,450	\$50	\$0	0.05	\$85	\$750 copay/visit	25%	\$0	\$0	\$15	\$55	\$150	\$500
Gold		071	20%	\$0	\$18,900	φου	φ0	\$85									\$500