

















Plan Benefits	BSW Prime Silver HMO 003	BSW Prime Silver HMO 003 - CSR 73% AV* FPL (201%-250%)	BSW Prime Silver HMO 003 - CSR 87% AV* FPL (151%-200%)	BSW Prime Silver HMO 003 - CSR 94% AV* FPL (100%-150%)
<b>Medical Deductible</b> Single/Family	\$4,000 / \$8,000	\$1,600 / \$3,200	\$350 / \$700	\$0 / \$0
<b>Medication Deductible</b> Single/Family	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical
<b>Preventive Care Copay</b>	No Charge	No Charge	No Charge	No Charge
<b>Adult Primary Care Visit Copay</b>	\$30	\$20	\$10	\$5
<b>Pediatric Primary Care Visit Copay</b> (Ages 0-18)	\$0	\$0	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$60	\$50	\$20	\$10
<b>Inpatient Copay</b>	\$2,500 copay per stay plus 40% <sup>1</sup>	\$1,500 copay per stay plus 40% <sup>1</sup>	\$700 copay per stay plus 20% <sup>1</sup>	20%
<b>Outpatient Copay</b>	\$600 per visit plus 40% <sup>1</sup>	\$600 per visit plus 40% <sup>1</sup>	\$300 per visit plus 20% <sup>1</sup>	20%
<b>Emergency Room Copay</b>	\$750 per visit plus 40% <sup>1</sup>	\$750 per visit plus 40% <sup>1</sup>	\$500 per visit plus 20% <sup>1</sup>	\$250 per visit plus 20%
<b>Urgent Care Copay</b>	\$60	\$50	\$20	\$10
<b>Routine Lab/X-Ray Copay</b>	40% <sup>1</sup>	40% <sup>1</sup>	20% <sup>1</sup>	20%
<b>Imaging (MRI, CT, Scans) Copay</b>	40% <sup>1</sup>	40% <sup>1</sup>	20% <sup>1</sup>	20%
<b>Telehealth</b> Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge	No Charge	No Charge
<b>Medication Copays:</b>				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$15	\$15	\$10	\$10
Tier II	\$55 <sup>1</sup>	\$55 <sup>1</sup>	\$55 <sup>1</sup>	\$55
Tier III	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150 <sup>1</sup>	\$150
Tier IV	\$500 <sup>1</sup>	\$500 <sup>1</sup>	\$250 <sup>1</sup>	\$250
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Maximum Out-of-Pocket</b> Single/Family	\$8,700 / \$17,400	\$6,950 / \$13,900	\$2,900 / \$5,800	\$1,300 / \$2,600
<b>Plan ID</b>	40788TX0460003-00	40788TX0460003-04	40788TX0460003-05	40788TX0460003-06
<b>Summary of Benefits &amp; Coverage (SBC)</b>				
<b>Plan Documents</b>				

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

Plan Benefits	BSW Prime Silver HMO 008	BSW Prime Silver HMO 008 - CSR 73% AV* FPL (201%-250%)	BSW Prime Silver HMO 008 - CSR 87% AV* FPL (151%-200%)	BSW Prime Silver HMO 008 - CSR 94% AV* FPL (100%-150%)
<b>Medical Deductible</b> Single/Family	\$8,550 / \$17,100	\$5,900 / \$11,800	\$1,800 / \$3,600	\$600 / \$1,200
<b>Medication Deductible</b> Single/Family	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical
<b>Preventive Care Copay</b>	No Charge	No Charge	No Charge	No Charge
<b>Adult Primary Care Visit Copay</b>	\$35	\$15	\$10	\$10
<b>Pediatric Primary Care Visit Copay</b> (Ages 0-18)	\$0	\$0	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$70	\$50	\$30	\$30
<b>Inpatient Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Outpatient Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Emergency Room Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Urgent Care Copay</b>	\$70	\$50	\$30	\$30
<b>Routine Lab/X-Ray Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Imaging (MRI, CT, Scans) Copay</b>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Telehealth</b> Coverage includes MyBSWHealth and MDLIVE	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Medication Copays:</b>				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$15	\$15	\$15	\$10
Tier II	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
Tier III	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
Tier IV	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>	0% <sup>1</sup>
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Maximum Out-of-Pocket</b> Single/Family	\$8,550 / \$17,100	\$5,900 / \$11,800	\$1,800 / \$3,600	\$600 / \$1,200
<b>Plan ID</b>	40788TX0460008-00	40788TX0460008-04	40788TX0460008-05	40788TX0460008-06
<b>Summary of Benefits &amp; Coverage (SBC)</b>				
<b>Plan Documents</b>				





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

<sup>1</sup>After Medical Deductible

Plan Benefits	BSW Prime Silver HMO 005	BSW Prime Silver HMO 005 - CSR 73% AV* FPL (201%-250%)	BSW Prime Silver HMO 005 - CSR 87% AV* FPL (151%-200%)	BSW Prime Silver HMO 005 - CSR 94% AV* FPL (100%-150%)
<b>Medical Deductible</b> Single/Family	\$0 / \$0	\$0 / \$0	\$0 / \$0	\$0 / \$0
<b>Medication Deductible</b> Single/Family	\$0	\$0	\$0	\$0
<b>Preventive Care Copay</b>	No Charge	No Charge	No Charge	No Charge
<b>Adult Primary Care Visit Copay</b>	\$40	\$40	\$15	\$0
<b>Pediatric Primary Care Visit Copay</b> (Ages 0-18)	\$0	\$0	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$80	\$75	\$30	\$10
<b>Inpatient Copay</b>	\$2,500 per stay	\$1,500 per stay	\$500 per stay	\$300 per stay
<b>Outpatient Copay</b>	\$500	\$500	\$500	\$200
<b>Emergency Room Copay</b>	\$750	\$750	\$750	\$200
<b>Urgent Care Copay</b>	\$80	\$75	\$30	\$10
<b>Routine Lab/X-Ray Copay</b>	\$125 for X-rays, \$50 for Labs	\$125 for X-rays, \$50 for Labs	\$75 for X-rays, \$50 for Labs	\$35 for X-rays, \$25 for Labs
<b>Imaging (MRI, CT, Scans) Copay</b>	\$250	\$250	\$250	\$75
<b>Telehealth</b> Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge	No Charge	No Charge
<b>Medication Copays:</b>				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$15	\$15	\$10	\$10
Tier II	\$55	\$55	\$55	\$55
Tier III	\$150	\$150	\$150	\$150
Tier IV	\$500	\$500	\$500	\$500
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Maximum Out-of-Pocket</b> Single/Family	\$8,700 / \$17,400	\$6,950 / \$13,900	\$2,250 / \$4,500	\$800 / \$1,600
<b>Plan ID</b>	40788TX0460005-00	40788TX0460005-04	40788TX0460005-05	40788TX0460005-06
<b>Summary of Benefits &amp; Coverage (SBC)</b>				
<b>Plan Documents</b>				

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

**Off Exchange Only**

Plan Benefits	BSW Prime Silver HMO 010+	BSW Prime Silver HMO 011+
<b>Medical Deductible</b> Single/Family	\$4,950 / \$9,900	\$0 / \$0
<b>Medication Deductible</b> Single/Family	\$0 / \$0	\$0
<b>Preventive Care Copay</b>	No Charge	No Charge
<b>Adult Primary Care Visit Copay</b>	\$30	\$40
<b>Pediatric Primary Care Visit Copay</b> (Ages 0-18)	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$60	\$80
<b>Inpatient Copay</b>	20% <sup>1</sup>	\$2,500 per stay
<b>Outpatient Copay</b>	20% <sup>1</sup>	\$600 per visit
<b>Emergency Room Copay</b>	\$750 <sup>1</sup>	\$750
<b>Urgent Care Copay</b>	\$60	\$80
<b>Routine Lab/X-Ray Copay</b>	20% <sup>1</sup>	\$125 for X-rays, \$50 for Labs
<b>Imaging (MRI, CT, Scans) Copay</b>	20% <sup>1</sup>	\$250
<b>Telehealth</b> Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge
<b>Medication Copays:</b>		
ACA Preventive Drugs	\$0	\$0
Tier I	\$15	\$15
Tier II	\$55	\$55
Tier III	\$150	\$150
Tier IV	\$500	\$500
<b>Formulary</b>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Compare Medication Costs</b>	<a href="#">Click here</a>	<a href="#">Click here</a>
<b>Maximum Out-of-Pocket</b> Single/Family	\$8,700 / \$17,400	\$8,700 / \$17,400
<b>Plan ID</b>	40788TX0460010-00	40788TX0460011-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>		
<b>Plan Documents</b>		

<sup>1</sup>After Medical Deductible

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