







Plan Benefits	BSW Vital Bronze HMO 009	BSW Vital Bronze HMO 007	BSW Savers Bronze HMO H S A 006
Medical Deductible Single/Family	\$8,000 / \$16,000	\$7,500 / \$15,000	\$7,500 / \$15,000
Medication Deductible Single/Family	\$0 for ACA Preventative and Tier I Tiers II-IV are Integrated with Medical	\$0 for ACA Preventative and Tier I Tiers II-IV are Integrated with Medical	Integrated with Medical
Preventive Care Copay	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	1 free / \$40	\$50	0% ¹
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0	0% ¹
Specialty Care Visit Copay	\$100	\$100	0% ¹
Inpatient Copay	30% ¹	50% ¹	0% ¹
Outpatient Copay	30% ¹	50% ¹	0% ¹
Emergency Room Copay	30% ¹	50% ¹	0% ¹
Urgent Care Copay	\$100	\$75	0% ¹
Routine Lab/X-Ray Copay	30% ¹	50% ¹	0% ¹
Imaging (MRI, CT, Scans) Copay	30% ¹	50% ¹	0% ¹
Telehealth Coverage includes MyBSWHealth	No Charge	No Charge	0% ¹
Medication Copays:			
ACA Preventive Drugs	\$0	\$0	\$0
Tier I	\$25	\$25	0% ¹
Tier II	\$55 ¹	\$50 ¹	0% ¹
Tier III	\$150 ¹	\$100 ¹	0% ¹
Tier IV	\$500 ¹	\$500 ¹	0% ¹
Formulary	Click here	Click here	Click here
Compare Medication Costs	Click here	Click here	Click here
Maximum Out-of-Pocket Single/Family	\$9,450 / \$18,900	\$9,400 / \$18,800	\$7,500 / \$15,000
Plan ID	40788TX0460009-00/01	40788TX0460007-00/01	40788TX0460006-00/01
Summary of Benefits & Coverage (SBC)			
Plan Documents			

¹After Medical Deductible