

























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	\$5,900 / \$11,800	\$5,700 / \$11,400	\$700 / \$1,400	\$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>	\$40	\$40	\$20	\$0
<b>Pediatric Primary Care Visit Copay</b> (Ages 0-18)	\$0	\$0	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$80	\$80	\$40	\$10
<b>Inpatient Copay</b>	40% <sup>1</sup>	40% <sup>1</sup>	30% <sup>1</sup>	25%
<b>Outpatient Copay</b>	40% <sup>1</sup>	40% <sup>1</sup>	30% <sup>1</sup>	25%
<b>Emergency Room Copay</b>	40% <sup>1</sup>	40% <sup>1</sup>	30% <sup>1</sup>	25%
<b>Urgent Care Copay</b>	\$60	\$45	\$30	\$5
<b>Routine Lab/X-Ray Copay</b>	40% <sup>1</sup>	40% <sup>1</sup>	30% <sup>1</sup>	25%
<b>Imaging (MRI, CT, Scans) Copay</b>	40% <sup>1</sup>	40% <sup>1</sup>	30% <sup>1</sup>	25%
<b>Telehealth</b> Coverage includes MyBSWHealth	No Charge	No Charge	No Charge	No Charge
<b>Medication Copays:</b>				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$20	\$20	\$10	\$0
Tier II	\$40	\$40	\$20	\$15
Tier III	\$80 <sup>1</sup>	\$80 <sup>1</sup>	\$60 <sup>1</sup>	\$50
Tier IV	\$350 <sup>1</sup>	\$350 <sup>1</sup>	\$250 <sup>1</sup>	\$150
<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	\$9,100 / \$18,200	\$7,200 / \$14,400	\$3,000 / \$6,000	\$1,800 / \$3,600
<b>Plan ID</b>	40788TX0460003-00/01	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%)
Medical Deductible Single/Family	\$5,900 / \$11,800	\$3,800 / \$7,600	\$1,000 / \$2,000	\$0 / \$0
Medication Deductible Single/Family	ACA Preventive Drugs and Tier 1: \$0  Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0  Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0  Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	\$0 / \$0
Preventive Care Copay	No Charge	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	2 free / \$25	2 free / \$25	2 free / \$5	2 free / \$5
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$35	\$35	\$20	\$5
Inpatient Copay	50% <sup>1</sup>	40% <sup>1</sup>	35% <sup>1</sup>	20%
Outpatient Copay	50% <sup>1</sup>	40% <sup>1</sup>	35% <sup>1</sup>	20%
Emergency Room Copay	50% <sup>1</sup>	40% <sup>1</sup>	35% <sup>1</sup>	20%
Urgent Care Copay	\$35	\$35	\$20	\$5
Routine Lab/X-Ray Copay	50% <sup>1</sup>	40% <sup>1</sup>	35% <sup>1</sup>	20%
Imaging (MRI, CT, Scans) Copay	50% <sup>1</sup>	40% <sup>1</sup>	35% <sup>1</sup>	20%
Telehealth Coverage includes MyBSWHealth	50% <sup>1</sup>	40% <sup>1</sup>	35% <sup>1</sup>	20%
Medication Copays:				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$15	\$15	\$0	\$0
Tier II	\$90 <sup>1</sup>	\$90 <sup>1</sup>	\$45	\$45
Tier III	\$140 <sup>1</sup>	\$140 <sup>1</sup>	\$140	\$140
Tier IV	\$500 <sup>1</sup>	\$500 <sup>1</sup>	\$500	\$500
Formulary	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Compare Medication Costs	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Maximum Out-of-Pocket Single/Family	\$9,450 / \$18,900	\$7,550 / \$15,100	\$3,150 / \$6,300	\$1,800 / \$3,600
Plan ID	40788TX0460008-00/01	40788TX0460008-04	40788TX0460008-05	40788TX0460008-06
Summary of Benefits & Coverage (SBC)				
Plan Documents				

\*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 40788TX0460008-04 (201-250%), 40788TX0460008-05 (151-200%), 40788TX0460008-06 (100-150%)  
<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%)
Medical Deductible Single/Family	\$1,200 / \$2,400	\$1,200 / \$2,400	\$0 / \$0	\$0 / \$0
Medication Deductible Single/Family	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	ACA Preventive Drugs and Tier 1: \$0 Tier 2-4 and preferred diabetic test strips for blood glucose monitors: Integrated with Medical	\$0 / \$0	\$0 / \$0
Preventive Care Copay	No Charge	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	1 Free / \$45	1 Free / \$45	2 Free / \$10	\$0
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0	\$0	\$0
Specialty Care Visit Copay	\$85	\$85	\$50	\$10
Inpatient Copay	\$2,000 per stay <sup>1</sup>	\$2,000 per stay <sup>1</sup>	\$500 per stay	\$100 per stay
Outpatient Copay	\$1,000 per visit <sup>1</sup>	\$1,000 per visit <sup>1</sup>	\$250 per visit	\$50 per visit
Emergency Room Copay	\$750 <sup>1</sup>	\$750 <sup>1</sup>	\$500	\$200
Urgent Care Copay	\$85	\$85	\$50	\$10
Routine Lab/X-Ray Copay	\$125 for X-rays <sup>1</sup> , \$50 for Labs <sup>1</sup>	\$125 for X-rays <sup>1</sup> , \$50 for Labs <sup>1</sup>	\$75 for X-rays, \$50 for Labs	\$35 for X-rays, \$25 for Labs
Imaging (MRI, CT, Scans) Copay	\$250 <sup>1</sup>	\$250 <sup>1</sup>	\$250	\$75
Telehealth Coverage includes MyBSWHealth	No Charge	No Charge	No Charge	No Charge
Medication Copays:				
ACA Preventive Drugs	\$0	\$0	\$0	\$0
Tier I	\$20	\$20	\$0	\$0
Tier II	\$100 <sup>1</sup>	\$100 <sup>1</sup>	\$45	\$15
Tier III	\$140 <sup>1</sup>	\$140 <sup>1</sup>	\$140	\$55
Tier IV	\$500 <sup>1</sup>	\$500 <sup>1</sup>	\$500	\$500
Formulary	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Compare Medication Costs	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>	<a href="#">Click here</a>
Maximum Out-of-Pocket Single/Family	\$9,450 / \$18,900	\$7,550 / \$15,100	\$3,150 / \$6,300	\$1,200 / \$2,400
Plan ID	40788TX0460005-00/01	40788TX0460005-04	40788TX0460005-05	40788TX0460005-06
Summary of Benefits & Coverage (SBC)				
Plan Documents				

\*These plans offer lower cost sharing, based on percentage of Federal Poverty Level (FPL) – 40788TX0460005-04 (201-250%), 40788TX0460005-05 (151-200%), 40788TX0460005-06 (100-150%),  
<sup>1</sup>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	\$1,000/ \$2,000
<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
<b>Preventive Care Copay</b>	No Charge	No Charge
<b>Adult Primary Care Visit Copay</b>	\$30	\$55
<b>Pediatric Primary Care Visit Copay</b> (Ages 0-18)	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$60	\$85
<b>Inpatient Copay</b>	20% <sup>1</sup>	\$2,500 per stay <sup>1</sup>
<b>Outpatient Copay</b>	20% <sup>1</sup>	\$600 per visit <sup>1</sup>
<b>Emergency Room Copay</b>	\$750 <sup>1</sup>	\$750 <sup>1</sup>
<b>Urgent Care Copay</b>	\$60	\$85
<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>	\$300
<b>Telehealth</b> Coverage includes MyBSWHealth	No Charge	No Charge
<b>Medication Copays:</b>		
ACA Preventive Drugs	\$0	\$0
Tier I	\$15	\$15
Tier II	\$55 <sup>1</sup>	\$55
Tier III	\$150 <sup>1</sup>	\$150
Tier IV	\$500 <sup>1</sup>	\$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	\$9,300 / \$18,600	\$9,450 / \$18,900
<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.