









Plan Benefits	BSW Elite Gold HMO 001 Standardized Plan	BSW Elite Gold HMO 004	BSW Elite Gold HMO 012	BSW Elite Gold HMO 002+ Off Exchange Only
<b>Medical Deductible</b> Single/Family	\$1,500 / \$3,000	\$1,100 / \$2,200	\$1,500 / \$3,000	\$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>	\$30	2 free / \$40	\$0	\$50
<b>Pediatric Primary Care Visit Copay</b> (Ages 0-19)	\$0	\$0	\$0	\$0
<b>Specialty Care Visit Copay</b>	\$60	\$65	\$60	\$85
<b>Inpatient Copay</b>	25% <sup>1</sup>	\$1,500 per stay <sup>1</sup>	20% <sup>1</sup>	25%
<b>Outpatient Copay</b>	25% <sup>1</sup>	\$300 <sup>1</sup>	\$500	25%
<b>Emergency Room Copay</b>	25% <sup>1</sup>	\$750 <sup>1</sup>	\$750 <sup>1</sup>	\$750
<b>Urgent Care Copay</b>	\$45	\$65	\$60	\$85
<b>Routine Lab/X-Ray Copay</b>	25% <sup>1</sup>	40% <sup>1</sup>	\$100 for X-rays, 20% <sup>1</sup> for Labs	25%
<b>Imaging (MRI, CT, Scans) Copay</b>	25% <sup>1</sup>	\$300 per visit <sup>1</sup>	\$250 per visit	25%
<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	\$15	\$15
Tier II	\$30	\$55	\$55	\$55
Tier III	\$60	\$150	\$150	\$150
Tier IV	\$250	\$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	\$9,450 / \$18,900	\$9,300 / \$18,600	\$9,450 / \$18,900
<b>Plan ID</b>	40788TX0460001-00/01	40788TX0460004-00/01	40788TX0460012-00/01	40788TX0460002-00
<b>Summary of Benefits &amp; Coverage (SBC)</b>				
<b>Plan Documents</b>				

<sup>1</sup>After Medical Deductible  
 +BSW Elite Gold HMO 002 plan is not available through healthcare.gov; no premium subsidies are available for this plan.