

Plan Benefits	BSW Savers Bronze HMO H S A 006	BSW Savers Bronze HMO H S A 007	BSW Savers Bronze HMO H S A 009
Medical Deductible Single/Family	\$8,000 / \$16,000	\$7,500 / \$15,000	\$5,300 / \$10,600
Medication Deductible Single/Family	Integrated with Medical	\$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
Preventive Care Copay	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	0% ¹	\$50	1 free / \$40
Pediatric Primary Care Visit Copay (Ages 0-18)	0% ¹	\$0	\$0
Specialty Care Visit Copay	0% ¹	\$100	\$100
Inpatient Copay	0% ¹	50% ¹	30% ¹
Outpatient Copay	0% ¹	50% ¹	30% ¹
Emergency Room Copay	0% ¹	50% ¹	30% ¹
Urgent Care Copay	0% ¹	\$75	\$100
Routine Lab/X-Ray Copay	0% ¹	50% ¹	30% ¹
Imaging (MRI, CT, Scans) Copay	0% ¹	50% ¹	30% ¹
Telehealth Coverage includes MyBSWHealth	0% ¹	No Charge	No Charge
Medication Copays:			
ACA Preventive Drugs	\$0	\$0	\$0
Tier I	0% ¹	\$25	\$25
Tier II	0% ¹	\$50 ¹	\$55 ¹
Tier III	0% ¹	\$100 ¹	\$150 ¹
Tier IV	0% ¹	\$500 ¹	\$500 ¹
Formulary	Click here	Click here	Click here
Compare Medication Costs	Link Coming Soon	Link Coming Soon	Link Coming Soon
Maximum Out-of-Pocket Single/Family	\$8,000 / \$16,000	\$10,000 / \$20,000	\$10,600 / \$21,200
Plan ID	40788TX0460006-00/01	40788TX0460007-00/01	40788TX0460009-00/01
Summary of Benefits & Coverage (SBC)			
Plan Documents			

¹After Medical Deductible