Baylor Scott & White Health Plan

2026 Marketplace Gold Plans

Plan Benefits	BSW Elite Gold HMO 001 Standardized Plan	BSW Elite Gold HMO 004	BSW Elite Gold HMO 012	BSW Diabetes Care Gold 014	BSW Elite Gold HMO 002† Off Exchange Only
Medical Deductible Single/Family	$2,000 / $4,000	$1,550 / $3,100	$500 / $1,000	$1,700 / $3,400	$0 / $0
Medication Deductible Single/Family	$0	$0	$0	$0	$0
Preventive Care Copay	No Charge	No Charge	No Charge	No Charge	No Charge
Adult Primary Care Visit Copay	$30	$30	$10	$0	$50
Pediatric Primary Care Visit Copay (Ages 0-19)	$0	$0	$0	$0	$0
Specialty Care Visit Copay	$60	$60	$60	$10	$85
Inpatient Copay	25%[1]	30%[1]	25%[1]	25%[1]	25%
Outpatient Copay	25%[1]	30%[1]	25%[1]	25%[1]	25%
Emergency Room Copay	25%[1]	$750[1]	25%[1]	25%[1]	$750
Urgent Care Copay	$45	$60	$60	$50	$85
Routine Lab/X-Ray Copay	25%[1]	30%[1]	25%[1]	25%[1]	25%
Imaging (MRI, CT, Scans) Copay	25%[1]	30%[1]	25%[1]	25%[1]	25%
Telehealth Coverage includes MyBSWHealth	No Charge	No Charge	No Charge	No Charge	No Charge
Medication Copays:					
ACA Preventive Drugs	$0	$0	$0	$0	$0
Tier I	$15	$15	$10	$15	$15
Tier II	$30	$55	$55	$55	$55
Tier III	$60	$150	$150	$150	$150
Tier IV	$250	$500	$500	$500	$500
Formulary	Click here	Click here	Click here	Click here	Click here
Compare Medication Costs	Link Coming Soon	Link Coming Soon	Link Coming Soon	Link Coming Soon	Link Coming Soon
Maximum Out-of-Pocket Single/Family	$8,200 / $16,400	$8,100 / $16,200	$10,600 / $21,200	$10,150 / $20,300	$10,600 / $21,200
Plan ID	40788TX0460001-00/01	40788TX0460004-00/01	40788TX0460012-00/01	40788TX0460014-00/01	40788TX0460002-00
Summary of Benefits & Coverage (SBC)	PDF	PDF	PDF	PDF	PDF
Plan Documents	PDF	PDF	PDF	PDF	PDF

[1]After Medical Deductible

†BSW Elite Gold HMO 002 plan is not available through healthcare.gov; no premium subsidies are available for this plan.