


Plan Benefits	BSW Vital Bronze HMO 001	BSW Vital Bronze EPO 001
Medical Deductible Single/Family	\$7,600 / \$15,200	\$7,600 / \$15,200
Medication Deductible Single/Family	\$0 for ACA Preventive and Tier I Tiers II-IV are Integrated with Medical	\$0 for ACA Preventive and Tier I Tiers II-IV are Integrated with Medical
Preventive Care Copay	No Charge	No Charge
Adult Primary Care Visit Copay	\$35	\$35
Pediatric Primary Care Visit Copay (Ages 0-18)	\$0	\$0
Specialty Care Visit Copay	\$100	\$100
Inpatient Copay	30% <sup>1</sup>	30% <sup>1</sup>
Outpatient Copay	30% <sup>1</sup>	30% <sup>1</sup>
Emergency Room Copay	30% <sup>1</sup>	30% <sup>1</sup>
Urgent Care Copay	\$100	\$100
Routine Lab/X-Ray Copay	30% <sup>1</sup>	30% <sup>1</sup>
Imaging (MRI, CT, Scans) Copay	30% <sup>1</sup>	30% <sup>1</sup>
Telehealth Coverage includes MyBSWHealth and MDLIVE	No Charge	No Charge
Medication Copays:		
ACA Preventive Drugs	\$0	\$0
Tier I	\$25	\$25
Tier II	\$55 <sup>1</sup>	\$55 <sup>1</sup>
Tier III	\$150 <sup>1</sup>	\$150 <sup>1</sup>
Tier IV	\$500 <sup>1</sup>	\$500 <sup>1</sup>
Formulary	<a href="#">Click here</a>	<a href="#">Click here</a>
Compare Medication Costs	<a href="#">Click here</a>	<a href="#">Click here</a>
Maximum Out-of-Pocket Single/Family	\$8,700 / \$17,400	\$8,700 / \$17,400
Plan ID	40788TX0410001-00	37755TX0250001-00
Summary of Benefits & Coverage (SBC)		
Plan Documents		

<sup>1</sup>After Medical Deductible