

# 2023 Plan Portfolio



Baylor Scott & White  
Health Plan

# 2023 Small Group Plans



Baylor Scott & White  
Health Plan

PY23 ACA Small Group HMO Snapshot Grid													HMO Networks Available				
													BSW Premier HMO Network				
Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network				
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP <i>*No charge 1st sick visit</i>	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Bronze	Bronze HMO 100 9100	BHG23P30	No	100%	\$9,100	\$9,100	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$18,200	\$18,200											
	Bronze HMO 90 7900	BHG23P01	No	90%	\$7,900	\$9,100	No charge	\$45 copay/visit	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD
					\$15,800	\$18,200											
	Bronze HMO 80 7500	BHG23P03	No	80%	\$7,500	\$9,100	No charge	\$55 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD
					\$15,000	\$18,200											
	Bronze HMO HSA 6900	BHG23P02	Yes	100%	\$6,900	\$6,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD
					\$13,800	\$13,800											

**Subject to regulatory approval.**

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group HMO Snapshot Grid

HMO Networks Available

BSW Premier HMO Network

Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network					
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP <i>*No charge 1st sick visit</i>	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Silver	Silver HMO 80 8600	SHG23P31	No	80%	\$8,600	\$9,100	No charge	\$50 copay/visit	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$17,200	\$18,200												
	Silver HMO 80 7500	SHG23P32	No	80%	\$7,500	\$9,100	No charge	\$45 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$15,000	\$18,200												
	Silver HMO 100 7300	SHG23P13	No	100%	\$7,300	\$9,100	No charge	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$14,600	\$18,200												
	Silver HMO 90 7000	SHG23P33	No	90%	\$7,000	\$8,200	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$14,000	\$16,400												
	Silver HMO 80 6900	SHG23P08	No	80%	\$6,900	\$9,100	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$13,800	\$18,200												
	Silver HMO 70 6700	SHG23P34	No	70%	\$6,700	\$9,100	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$13,400	\$18,200												
	Silver HMO 90 6500	SHG23P10	No	90%	\$6,500	\$9,100	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$13,000	\$18,200												
	Silver HMO 80 6250	SHG23P09	No	80%	\$6,250	\$9,100	No charge	\$40 copay/visit	\$75 copay/visit	\$75 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$12,500	\$18,200												

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group HMO Snapshot Grid

HMO Networks Available

BSW Premier HMO Network

Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network					
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Silver	Silver HMO HSA 6000	SHG23P35	Yes	100%	\$6,000	\$6,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD	
					\$12,000	\$12,000												
	Silver HMO 90 5900	SHG23P15	No	90%	\$5,900	\$9,100	No charge	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$11,800	\$18,200												
	Silver HMO 80 5000	SHG23P11	No	80%	\$5,000	\$9,100	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$10,000	\$18,200												
	Silver HMO HSA 4800	SHG23P14	Yes	100%	\$4,800	\$4,800	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$9,600	\$9,600												
	Silver HMO 70 4500	SHG23P12	No	70%	\$4,500	\$9,100	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$9,000	\$18,200												
Silver HMO 80 4250	SHG23P40	No	80%	\$4,250	\$9,100	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
				\$8,500	\$18,200													
Silver HMO 70 3800	SHG23P17	No	70%	\$3,800	\$9,100	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
				\$7,600	\$18,200													
Silver HMO 60 3250	SHG23P37	No	60%	\$3,250	\$9,100	No charge	\$55 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
				\$6,500	\$18,200													
Silver HMO copayment 0	SHG23P16	No	90%	\$0	\$9,100	No charge	\$50 copay/visit.	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit	\$1,500 copayment per day (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
				\$0	\$18,200													

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Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network					
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Gold	Gold HMO 90 4500	GHG23P07	No	90%	\$4,500	\$6,500	No charge	\$5 copay/visit.	\$40 copay/visit	\$40 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$9,000	\$13,000												
	Gold HMO 100 4000	GHG23P38	No	100%	\$4,000	\$6,500	No charge	\$15 copay/visit.	\$25 copay/visit	\$25 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$8,000	\$13,000												
	Gold HMO 100 3700	GHG23P19	No	100%	\$3,700	\$9,100	No charge	No charge	\$65 copay/visit	\$65 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$7,400	\$18,200												
	Gold HMO HSA 3500	GHG23P18	Yes	100%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$7,000	\$7,000												
	Gold HMO 100 3000	GHG23P27	No	100%	\$3,000	\$4,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$6,000	\$8,000												
	Gold HMO HSA 3000	GHG23P20	Yes	100%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$6,000	\$6,000												
	Gold HMO 100 2300	GHG23P26	No	100%	\$2,300	\$8,500	No charge	No charge	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$4,600	\$17,000												

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This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group HMO Snapshot Grid

HMO Networks Available

BSW Premier HMO Network

Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network				
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP <i>*No charge 1st sick visit</i>	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Gold	Gold HMO 90 2000	GHG23P25	No	90%	\$2,000	\$5,500	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$4,000	\$11,000											
	Gold HMO 90 1800	GHG23P28	No	90%	\$1,800	\$7,500	No charge	No charge	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$3,600	\$15,000											
	Gold HMO 80 1500	GHG23P23	No	80%	\$1,500	\$7,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$3,000	\$14,000											
	Gold HMO 80 1000	GHG23P24	No	80%	\$1,000	\$8,200	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$2,000	\$16,400											
	Gold HMO 80 750	GHG23P39	No	80%	\$750	\$8,250	No charge	\$40 copay/visit.	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$1,500	\$16,500											
	Gold HMO copayment 0 6500	GHG23P22	No	90%	\$0	\$6,500	No charge	\$15 copay/visit.	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 copayment per day (not to exceed \$2,500)	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$0	\$13,000											
	Gold HMO SM 0 9100	GHG23P29	No	80%	\$0	\$9,100	No charge	\$50 copay/visit.	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit	20% of charges	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$0	\$18,200											

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\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group HMO Snapshot Grid

HMO Networks Available

BSW Plus HMO Network

Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network					
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP <i>*No charge 1st sick visit</i>	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Bronze	Bronze HMO 100 9100	BHG23A30	No	100%	\$9,100	\$9,100	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD	
					\$18,200	\$18,200												
	Bronze HMO 90 7900	BHG23A01	No	90%	\$7,900	\$9,100	No charge	\$45 copay/visit	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD	
					\$15,800	\$18,200												
	Bronze HMO 80 7500	BHG23A03	No	80%	\$7,500	\$9,100	No charge	\$55 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD	
					\$15,000	\$18,200												
	Bronze HMO HSA 6900	BHG23A02	Yes	100%	\$6,900	\$6,900	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$13,800	\$13,800												

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HMO Networks Available

BSW Plus HMO Network

Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network				
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP <i>*No charge 1st sick visit</i>	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Silver	Silver HMO 80 8600	SHG23A31	No	80%	\$8,600	\$9,100	No charge	\$50 copay/visit	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$17,200	\$18,200											
	Silver HMO 80 7500	SHG23A32	No	80%	\$7,500	\$9,100	No charge	\$45 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$15,000	\$18,200											
	Silver HMO 100 7300	SHG23A13	No	100%	\$7,300	\$9,100	No charge	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$14,600	\$18,200											
	Silver HMO 90 7000	SHG23A33	No	90%	\$7,000	\$8,200	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$14,000	\$16,400											
	Silver HMO 80 6900	SHG23A08	No	80%	\$6,900	\$9,100	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$13,800	\$18,200											
	Silver HMO 70 6700	SHG23A34	No	70%	\$6,700	\$9,100	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$13,400	\$18,200											
	Silver HMO 90 6500	SHG23A10	No	90%	\$6,500	\$9,100	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$13,000	\$18,200											
	Silver HMO 80 6250	SHG23A09	No	80%	\$6,250	\$9,100	No charge	\$40 copay/visit	\$75 copay/visit	\$75 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$12,500	\$18,200											

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													BSW Plus HMO Network				
Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network				
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Silver	Silver HMO HSA 6000	SHG23A35	Yes	100%	\$6,000	\$6,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$12,000	\$12,000											
	Silver HMO 90 5900	SHG23A15	No	90%	\$5,900	\$9,100	No charge	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$11,800	\$18,200											
	Silver HMO 80 5000	SHG23A11	No	80%	\$5,000	\$9,100	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$10,000	\$18,200											
	Silver HMO HSA 4800	SHG23A14	Yes	100%	\$4,800	\$4,800	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$9,600	\$9,600											
	Silver HMO 70 4500	SHG23A12	No	70%	\$4,500	\$9,100	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$9,000	\$18,200											
Silver HMO 80 4250	SHG23A40	No	80%	\$4,250	\$9,100	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
				\$8,500	\$18,200												
Silver HMO 70 3800	SHG23A17	No	70%	\$3,800	\$9,100	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
				\$7,600	\$18,200												
Silver HMO 60 3250	SHG23A37	No	60%	\$3,250	\$9,100	No charge	\$55 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
				\$6,500	\$18,200												
Silver HMO copayment 0	SHG23A16	No	90%	\$0	\$9,100	No charge	\$50 copay/visit.	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit	\$1,500 copayment per day (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
			\$0	\$18,200													

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BSW Plus HMO Network

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	Gold HMO 90 4500	GHG23A07	No	90%	\$4,500	\$6,500	No charge	\$5 copay/visit.	\$40 copay/visit	\$40 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$9,000	\$13,000											
	Gold HMO 100 4000	GHG23A38	No	100%	\$4,000	\$6,500	No charge	\$15 copay/visit.	\$25 copay/visit	\$25 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$8,000	\$13,000											
	Gold HMO 100 3700	GHG23A19	No	100%	\$3,700	\$9,100	No charge	No charge	\$65 copay/visit	\$65 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$7,400	\$18,200											
Gold	Gold HMO HSA 3500	GHG23A18	Yes	100%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$7,000	\$7,000											
	Gold HMO 100 3000	GHG23A27	No	100%	\$3,000	\$4,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$6,000	\$8,000											
	Gold HMO HSA 3000	GHG23A20	Yes	100%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
					\$6,000	\$6,000											
	Gold HMO 100 2300	GHG23A26	No	100%	\$2,300	\$8,500	No charge	No charge	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$4,600	\$17,000											

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group HMO Snapshot Grid

HMO Networks Available

BSW Plus HMO Network

Small Group				Coins	Deductible Individual Family	MOOP Individual Family	Office Visit In-Network			Benefits In-Network			Drugs** In-Network				
Metal	Plan Name	Medical Rider	HSA	INN	INN	INN	Pediatric PCP	Adult PCP <i>*No charge 1st sick visit</i>	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Gold	Gold HMO 90 2000	GHG23A25	No	90%	\$2,000	\$5,500	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$4,000	\$11,000											
	Gold HMO 90 1800	GHG23A28	No	90%	\$1,800	\$7,500	No charge	No charge	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$3,600	\$15,000											
	Gold HMO 80 1500	GHG23A23	No	80%	\$1,500	\$7,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$3,000	\$14,000											
	Gold HMO 80 1000	GHG23A24	No	80%	\$1,000	\$8,200	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$2,000	\$16,400											
	Gold HMO 80 750	GHG23A39	No	80%	\$750	\$8,250	No charge	\$40 copay/visit.	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$1,500	\$16,500											
	Gold HMO copayment 0 6500	GHG23A22	No	90%	\$0	\$6,500	No charge	\$15 copay/visit.	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 copayment per day (not to exceed \$2,500)	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$0	\$13,000											
	Gold HMO SM 0 9100	GHG23A29	No	80%	\$0	\$9,100	No charge	\$50 copay/visit.	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit	20% of charges	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
					\$0	\$18,200											

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available

BSW Plus PPO Network

Small Group		Coins			Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network						
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Bronze	Bronze PPO 100 9100	BPG23D30	No	100%	50%	\$9,100	\$18,200	\$9,100	\$27,300	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD	
						\$18,200	\$36,400	\$18,200	\$54,600												
	Bronze PPO 90 7900	BPG23D01	No	90%	50%	\$7,900	\$15,800	\$9,100	\$27,300	No charge	\$45 copay/visit	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD	
						\$15,800	\$31,600	\$18,200	\$54,600												
	Bronze PPO 80 7500	BPG23D03	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$55 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD	
						\$15,000	\$30,000	\$18,200	\$54,600												
	Bronze PPO HSA 6900	BPG23D02	Yes	100%	50%	\$6,900	\$13,800	\$6,900	\$20,700	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$13,800	\$27,600	\$13,800	\$41,400												

**Subject to regulatory approval.**

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available

BSW Plus PPO Network

Small Group				Coins		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network				
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Silver	Silver PPO 80 8600	SPG23D31	No	80%	50%	\$8,600	\$17,200	\$9,100	\$27,300	No charge	\$50 copay/visit	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$17,200	\$34,400	\$18,200	\$54,600											
	Silver PPO 80 7500	SPG23D32	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$45 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$15,000	\$30,000	\$18,200	\$54,600											
	Silver PPO 100 7300	SPG23D13	No	100%	50%	\$7,300	\$14,600	\$9,100	\$27,300	No charge	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$14,600	\$29,200	\$18,200	\$54,600											
	Silver PPO 90 7000	SPG23D33	No	90%	50%	\$7,000	\$14,000	\$8,200	\$24,600	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$14,000	\$28,000	\$16,400	\$49,200											
	Silver PPO 80 6900	SPG23D08	No	80%	50%	\$6,900	\$13,800	\$9,100	\$27,300	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$13,800	\$27,600	\$18,200	\$54,600											
	Silver PPO 70 6700	SPG23D34	No	70%	50%	\$6,700	\$13,400	\$9,100	\$27,300	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$13,400	\$26,800	\$18,200	\$54,600											
	Silver PPO 90 6500	SPG23D10	No	90%	50%	\$6,500	\$13,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$13,000	\$26,000	\$18,200	\$54,600											
	Silver PPO 80 6250	SPG23D09	No	80%	50%	\$6,250	\$12,500	\$9,100	\$27,300	No charge	\$40 copay/visit	\$75 copay/visit	\$75 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$12,500	\$25,000	\$18,200	\$54,600											

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

**PY23 ACA Small Group PPO Snapshot Grid**

**PPO Networks Available**

**BSW Plus PPO Network**

Small Group				Coins		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network				
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Silver	Silver PPO HSA 6000	SPG23D35	Yes	100%	50%	\$6,000	\$12,000	\$6,000	\$18,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$12,000	\$24,000	\$12,000	\$36,000											
	Silver PPO 90 5900	SPG23D15	No	90%	50%	\$5,900	\$11,800	\$9,100	\$27,300	No charge	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$11,800	\$23,600	\$18,200	\$54,600											
	Silver PPO 80 5000	SPG23D11	No	80%	50%	\$5,000	\$10,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$10,000	\$20,000	\$18,200	\$54,600											
	Silver PPO HSA 4800	SPG23D14	Yes	100%	50%	\$4,800	\$9,600	\$4,800	\$14,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$9,600	\$19,200	\$9,600	\$28,800											
	Silver PPO 70 4500	SPG23D12	No	70%	50%	\$4,500	\$9,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$9,000	\$18,000	\$18,200	\$54,600											
Silver PPO 80 4250	SPG23D40	No	80%	50%	\$4,250	\$8,500	\$9,100	\$27,300	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$8,500	\$17,000	\$18,200	\$54,600												
Silver PPO 70 3800	SPG23D17	No	70%	50%	\$3,800	\$7,600	\$9,100	\$27,300	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$7,600	\$15,200	\$18,200	\$54,600												
Silver PPO 60 3250	SPG23D37	No	60%	50%	\$3,250	\$6,500	\$9,100	\$27,300	No charge	\$55 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$6,500	\$13,000	\$18,200	\$54,600												
Silver PPO copayment 0	SPG23D16	No	90%	50%	\$0	\$4,275	\$9,100	\$27,300	No charge	\$50 copay/visit.	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit	\$1,500 copayment per day (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
					\$0	\$8,550	\$18,200	\$54,600												

**Subject to regulatory approval.**

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available  
BSW Plus PPO Network

Small Group		Coins		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network							
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Gold	Gold PPO 90 4500	GPG23D07	No	90%	50%	\$4,500	\$9,000	\$6,500	\$19,500	No charge	\$5 copay/visit.	\$40 copay/visit	\$40 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$9,000	\$18,000	\$13,000	\$39,000												
	Gold PPO 100 4000	GPG23D38	No	100%	50%	\$4,000	\$8,000	\$6,500	\$19,500	No charge	\$15 copay/visit.	\$25 copay/visit	\$25 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$8,000	\$16,000	\$13,000	\$39,000												
	Gold PPO 100 3700	GPG23D19	No	100%	50%	\$3,700	\$7,400	\$9,100	\$27,300	No charge	No charge	\$65 copay/visit	\$65 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$7,400	\$14,800	\$18,200	\$54,600												
	Gold PPO HSA 3500	GPG23D18	Yes	100%	50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$7,000	\$14,000	\$7,000	\$21,000												
	Gold PPO 100 3000	GPG23D27	No	100%	50%	\$3,000	\$6,000	\$4,000	\$12,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$6,000	\$12,000	\$8,000	\$24,000												
	Gold PPO HSA 3000	GPG23D20	Yes	100%	50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$6,000	\$12,000	\$6,000	\$18,000												
	Gold PPO 100 2300	GPG23D26	No	100%	50%	\$2,300	\$4,600	\$8,500	\$25,500	No charge	No charge	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$4,600	\$9,200	\$17,000	\$51,000												
	Gold PPO 90 2000	GPG23D25	No	90%	50%	\$2,000	\$4,000	\$5,500	\$16,500	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$4,000	\$8,000	\$11,000	\$33,000												
Gold PPO 90 1800	GPG23D28	No	90%	50%	\$1,800	\$3,600	\$7,500	\$22,500	No charge	No charge	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$3,600	\$7,200	\$15,000	\$45,000													
Gold PPO 80 1500	GPG23D23	No	80%	50%	\$1,500	\$3,000	\$7,000	\$21,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$3,000	\$6,000	\$14,000	\$42,000													
Gold PPO 80 1000	GPG23D24	No	80%	50%	\$1,000	\$2,000	\$8,200	\$24,600	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$2,000	\$4,000	\$16,400	\$49,200													
Gold PPO 80 750	GPG23D39	No	80%	50%	\$750	\$1,500	\$8,250	\$24,750	No charge	\$40 copay/visit.	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$1,500	\$3,000	\$16,500	\$49,500													
Gold PPO copayment 0 6500	GPG23D22	No	90%	50%	\$0	\$2,750	\$6,500	\$19,500	No charge	\$15 copay/visit.	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 copayment per day (not to exceed \$2,500)	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$0	\$5,500	\$13,000	\$39,000													

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.  
 \*\* 3x copay for 90-day maintenance eligible drug.  
 This is a summary of benefit highlights only; all benefits shown indicate member responsibility.



PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available

BSW Access PPO Network

Small Group		Coinsurance		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network						
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Bronze	Bronze PPO 100 9100	UHC23F30	No	100%	50%	\$9,100	\$18,200	\$9,100	\$27,300	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$18,200	\$36,400	\$18,200	\$54,600											
	Bronze PPO 90 7900	UHC23F01	No	90%	50%	\$7,900	\$15,800	\$9,100	\$27,300	No charge	\$45 copay/visit	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD
						\$15,800	\$31,600	\$18,200	\$54,600											
	Bronze PPO 80 7500	UHC23F03	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$55 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD
						\$15,000	\$30,000	\$18,200	\$54,600											
	Bronze PPO HSA 6900	UHC23F02	Yes	100%	50%	\$6,900	\$13,800	\$6,900	\$20,700	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$13,800	\$27,600	\$13,800	\$41,400											

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

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PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available

BSW Access PPO Network

Small Group		Coinsurance		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network		Benefits In-Network		Drugs** In-Network								
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty
Bronze	Bronze PPO 100 9100	UHC23F30	No	100%	50%	\$9,100	\$18,200	\$9,100	\$27,300	No charge	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$18,200	\$36,400	\$18,200	\$54,600											
	Bronze PPO 90 7900	UHC23F01	No	90%	50%	\$7,900	\$15,800	\$9,100	\$27,300	No charge	\$45 copay/visit	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD
						\$15,800	\$31,600	\$18,200	\$54,600											
	Bronze PPO 80 7500	UHC23F03	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$55 copay/visit	20% AFD	20% AFD	20% AFD	20% AFD	No charge	\$15 copay	\$55 copay, AFD	\$150 copay, AFD	\$500 copay, AFD
						\$15,000	\$30,000	\$18,200	\$54,600											
	Bronze PPO HSA 6900	UHC23F02	Yes	100%	50%	\$6,900	\$13,800	\$6,900	\$20,700	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$13,800	\$27,600	\$13,800	\$41,400											

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

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PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available

BSW Access PPO Network

Small Group				Coinsurance		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network					
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP <i>*No charge 1st sick visit</i>	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Silver	Silver PPO 80 8600	UHC23F31	No	80%	50%	\$8,600	\$17,200	\$9,100	\$27,300	No charge	\$50 copay/visit	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$17,200	\$34,400	\$18,200	\$54,600												
	Silver PPO 80 7500	UHC23F32	No	80%	50%	\$7,500	\$15,000	\$9,100	\$27,300	No charge	\$45 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$15,000	\$30,000	\$18,200	\$54,600												
	Silver PPO 100 7300	UHC23F13	No	100%	50%	\$7,300	\$14,600	\$9,100	\$27,300	No charge	\$25 copay/visit	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$14,600	\$29,200	\$18,200	\$54,600												
	Silver PPO 90 7000	UHC23F33	No	90%	50%	\$7,000	\$14,000	\$8,200	\$24,600	No charge	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay
						\$14,000	\$28,000	\$16,400	\$49,200												
	Silver PPO 80 6900	UHC23F08	No	80%	50%	\$6,900	\$13,800	\$9,100	\$27,300	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$13,800	\$27,600	\$18,200	\$54,600												
	Silver PPO 70 6700	UHC23F34	No	70%	50%	\$6,700	\$13,400	\$9,100	\$27,300	No charge	\$45 copay/visit	\$85 copay/visit	\$85 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$13,400	\$26,800	\$18,200	\$54,600												
	Silver PPO 90 6500	UHC23F10	No	90%	50%	\$6,500	\$13,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$13,000	\$26,000	\$18,200	\$54,600												
	Silver PPO 80 6250	UHC23F09	No	80%	50%	\$6,250	\$12,500	\$9,100	\$27,300	No charge	\$40 copay/visit	\$75 copay/visit	\$75 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$12,500	\$25,000	\$18,200	\$54,600												

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available

BSW Access PPO Network

Small Group				Coinsurance		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network					
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Silver	Silver PPO HSA 6000	UHC23F35	Yes	100%	50%	\$6,000	\$12,000	\$6,000	\$18,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD	
						\$12,000	\$24,000	\$12,000	\$36,000												
	Silver PPO 90 5900	UHC23F15	No	90%	50%	\$5,900	\$11,800	\$9,100	\$27,300	No charge	\$35 copay/visit	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$11,800	\$23,600	\$18,200	\$54,600												
	Silver PPO 80 5000	UHC23F11	No	80%	50%	\$5,000	\$10,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$10,000	\$20,000	\$18,200	\$54,600												
	Silver PPO HSA 4800	UHC23F14	Yes	100%	50%	\$4,800	\$9,600	\$4,800	\$14,400	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$9,600	\$19,200	\$9,600	\$28,800												
	Silver PPO 70 4500	UHC23F12	No	70%	50%	\$4,500	\$9,000	\$9,100	\$27,300	No charge	\$40 copay/visit	\$80 copay/visit	\$80 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$9,000	\$18,000	\$18,200	\$54,600												
Silver PPO 80 4250	UHC23F40	No	80%	50%	\$4,250	\$8,500	\$9,100	\$27,300	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$8,500	\$17,000	\$18,200	\$54,600													
Silver PPO 70 3800	UHC23F17	No	70%	50%	\$3,800	\$7,600	\$9,100	\$27,300	No charge	\$50 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	30% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$7,600	\$15,200	\$18,200	\$54,600													
Silver PPO 60 3250	UHC23F37	No	60%	50%	\$3,250	\$6,500	\$9,100	\$27,300	No charge	\$55 copay/visit	\$95 copay/visit	\$95 copay/visit	\$750 copay/visit AFD	40% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$6,500	\$13,000	\$18,200	\$54,600													
Silver PPO copayment 0	UHC23F16	No	90%	50%	\$0	\$4,275	\$9,100	\$27,300	No charge	\$50 copay/visit.	\$100 copay/visit	\$100 copay/visit	\$750 copay/visit	\$1,500 copayment per day (not to exceed \$7,500)	No Charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$0	\$8,550	\$18,200	\$54,600													

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.

\*\* 3x copay for 90-day maintenance eligible drug.

This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

PY23 ACA Small Group PPO Snapshot Grid

PPO Networks Available  
BSW Access PPO Network

Small Group		Coinsurance		Deductible Individual Family		MOOP Individual Family		Office Visit In-Network			Benefits In-Network			Drugs** In-Network							
Metal	Plan Name	Medical Rider	HSA	INN	OON	INN	OON	INN	OON	Pediatric PCP	Adult PCP *No charge 1st sick visit	Specialist	Urgent Care	ER	Inpatient	ACA Preventive	Generic	Pref. Brand	Non Pref. Brand	Specialty	
Gold	Gold PPO 90 4500	UHC23F07	No	90%	50%	\$4,500	\$9,000	\$6,500	\$19,500	No charge	\$5 copay/visit.	\$40 copay/visit	\$40 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$9,000	\$18,000	\$13,000	\$39,000												
	Gold PPO 100 4000	UHC23F38	No	100%	50%	\$4,000	\$8,000	\$6,500	\$19,500	No charge	\$15 copay/visit.	\$25 copay/visit	\$25 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$8,000	\$16,000	\$13,000	\$39,000												
	Gold PPO 100 3700	UHC23F19	No	100%	50%	\$3,700	\$7,400	\$9,100	\$27,300	No charge	No charge	\$65 copay/visit	\$65 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$7,400	\$14,800	\$18,200	\$54,600												
	Gold PPO HSA 3500	UHC23F18	Yes	100%	50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$7,000	\$14,000	\$7,000	\$21,000												
	Gold PPO 100 3000	UHC23F27	No	100%	50%	\$3,000	\$6,000	\$4,000	\$12,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$6,000	\$12,000	\$8,000	\$24,000												
	Gold PPO HSA 3000	UHC23F20	Yes	100%	50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	No charge	0% AFD	0% AFD	0% AFD	0% AFD
						\$6,000	\$12,000	\$6,000	\$18,000												
	Gold PPO 100 2300	UHC23F26	No	100%	50%	\$2,300	\$4,600	\$8,500	\$25,500	No charge	No charge	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	0% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
						\$4,600	\$9,200	\$17,000	\$51,000												
	Gold PPO 90 2000	UHC23F25	No	90%	50%	\$2,000	\$4,000	\$5,500	\$16,500	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay	
\$4,000						\$8,000	\$11,000	\$33,000													
Gold PPO 90 1800	UHC23F28	No	90%	50%	\$1,800	\$3,600	\$7,500	\$22,500	No charge	No charge	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit AFD	10% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$3,600	\$7,200	\$15,000	\$45,000													
Gold PPO 80 1500	UHC23F23	No	80%	50%	\$1,500	\$3,000	\$7,000	\$21,000	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$3,000	\$6,000	\$14,000	\$42,000													
Gold PPO 80 1000	UHC23F24	No	80%	50%	\$1,000	\$2,000	\$8,200	\$24,600	No charge	\$25 copay/visit.	\$60 copay/visit	\$60 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$2,000	\$4,000	\$16,400	\$49,200													
Gold PPO 80 750	UHC23F39	No	80%	50%	\$750	\$1,500	\$8,250	\$24,750	No charge	\$40 copay/visit.	\$70 copay/visit	\$70 copay/visit	\$750 copay/visit AFD	20% AFD	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$1,500	\$3,000	\$16,500	\$49,500													
Gold PPO copayment 0 6500	UHC23F22	No	90%	50%	\$0	\$2,750	\$6,500	\$19,500	No charge	\$15 copay/visit.	\$50 copay/visit	\$50 copay/visit	\$750 copay/visit	\$500 copayment per day (not to exceed \$2,500)	No charge	\$15 copay	\$55 copay	\$150 copay	\$500 copay		
					\$0	\$5,500	\$13,000	\$39,000													

Subject to regulatory approval.

\*For a covered dependent through the age of 18. Applies to all PCP office visits.  
 \*\* 3x copay for 90-day maintenance eligible drug.  
 This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

# 2023 Large Group Plans



Baylor Scott & White  
Health Plan

PY23 HMO Large Group Snapshot Grid							Networks Available: BSW Plus HMO and BSW Premier HMO						
LG HMO	Plan Name and Medical Rider Names				In Network Benefits								
	Plan Name	Calendar Year	Network / Plan Options		INN Coins	Deductible and MOOP INN		Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
			BSW Plus HMO	BSW Premier HMO		INN Deductible Individual Family	INN MOOP Individual Family						
LG HMO	HS23_0_01	Calendar Year	LM3HA1A2	LM3HB1A2	0%	\$0 \$0	\$3,000 \$6,000	\$15 copay/visit	\$0 copay/visit	\$15 copay/visit	\$50 copay/visit	\$250 copay/visit	\$250 copay per day
	HS23_0_02	Calendar Year	LM3HA2A2	LM3HB2A2	0%	\$0 \$0	\$3,000 \$6,000	\$30 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit	\$500 copay per day
	HS23_0_03	Calendar Year	LM3HA3A2	LM3HB3A2	20%	\$0 \$0	\$3,000 \$6,000	\$40 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	20% of charges	20% of charges
	HS23_0_04	Calendar Year	LM3HA4A2	LM3HB4A2	0%	\$0	\$3,000	\$40 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$100 copay/visit	\$200 copay per day
						\$0	\$6,000						
LG HMO-CC \$500 - \$1,500	HC23_500_01	Calendar Year	LC3HA2C2	LC3HB2C2	20%	\$500	\$1,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
						\$1,000	\$3,000						
	HC23_500_02	Calendar Year	LC3HA3C2	LC3HB3C2	20%	\$500	\$3,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
						\$1,000	\$6,000						
	HC23_750_01	Calendar Year	LC3HA1V2	LC3HB1V2	20%	\$750	\$2,250	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
						\$1,500	\$4,500						
	HC23_1000_01	Calendar Year	LC3HA1D2	LC3HB1D2	10%	\$1,000	\$3,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
						\$2,000	\$7,000						
	HC23_1000_02	Calendar Year	LC3HA2D2	LC3HB2D2	20%	\$1,000	\$3,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
						\$2,000	\$7,000						
	HC23_1000_03	Calendar Year	LC3HA3D2	LC3HB3D2	20%	\$1,000	\$4,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
						\$2,000	\$8,000						
	HC23_1000_04	Calendar Year	LC3HA4D2	LC3HB4D2	30%	\$1,000	\$4,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
						\$2,000	\$9,000						
	HC23_1000_05	Calendar Year	LC3HA5D2	LC3HB5D2	30%	\$1,000	\$6,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
\$2,000						\$12,000							
HC23_1500_01	Calendar Year	LC3HA1E2	LC3HB1E2	20%	\$1,500	\$4,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$3,000	\$8,000							
HC23_1500_02	Calendar Year	LC3HA3E2	LC3HB3E2	20%	\$1,500	\$4,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$3,000	\$9,000							
HC23_1500_03	Calendar Year	LC3HA4E2	LC3HB4E2	20%	\$1,500	\$6,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$3,000	\$12,000							
HC23_1500_04	Calendar Year	LC3HA5E2	LC3HB5E2	20%	\$1,500	\$5,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$3,000	\$10,000							
HC23_1500_05	Calendar Year	LC3HA6E2	LC3HB6E2	30%	\$1,500	\$5,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
					\$3,000	\$10,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility. Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY23 HMO Large Group Snapshot Grid							Networks Available: BSW Plus HMO and BSW Premier HMO						
Plan Name and Medical Rider Names				In Network Benefits									
Plan Name	Calendar Year	Network / Plan Options		INN Coins	Deductible and MOOP INN		Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
		BSW Plus HMO	BSW Premier HMO		INN Deductible Individual Family	INN MOOP Individual Family							
HC23_2000_01	Calendar Year	LC3HA1F2	LC3HB1F2	20%	\$2,000	\$5,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$4,000	\$10,000							
HC23_2000_02	Calendar Year	LC3HA2F2	LC3HB2F2	20%	\$2,000	\$5,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$4,000	\$11,000							
HC23_2000_03	Calendar Year	LC3HA3F2	LC3HB3F2	30%	\$2,000	\$5,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
					\$4,000	\$10,000							
HC23_2000_04	Calendar Year	LC3HA4F2	LC3HB4F2	10%	\$2,000	\$5,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD	
					\$4,000	\$10,000							
HC23_2000_05	Calendar Year	LC3HA5F2	LC3HB5F2	30%	\$2,000	\$5,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
					\$4,000	\$11,000							
HC23_2500_01	Calendar Year	LC3HA1G2	LC3HB1G2	10%	\$2,500	\$6,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD	
					\$5,000	\$12,000							
HC23_2500_02	Calendar Year	LC3HA2G2	LC3HB2G2	20%	\$2,500	\$6,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$5,000	\$12,000							
HC23_2500_03	Calendar Year	LC3HA4G2	LC3HB4G2	20%	\$2,500	\$5,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$5,000	\$11,000							
HC23_2500_04	Calendar Year	LC3HA5G2	LC3HB5G2	20%	\$2,500	\$5,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$5,000	\$10,000							
HC23_2500_05	Calendar Year	LC3HA6G2	LC3HB6G2	20%	\$2,500	\$6,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$5,000	\$12,000							
HC23_2500_06	Calendar Year	LC3HA7G2	LC3HB7G2	30%	\$2,500	\$6,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
					\$5,000	\$12,000							
HC23_2500_07	Calendar Year	LC3HA8G2	LC3HB8G2	20%	\$2,500	\$6,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$5,000	\$12,000							
HC23_3000_01	Calendar Year	LC3HA1H2	LC3HB1H2	0%	\$3,000	\$6,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
					\$6,000	\$12,000							
HC23_3000_02	Calendar Year	LC3HA2H2	LC3HB2H2	10%	\$3,000	\$6,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD	
					\$6,000	\$12,000							
HC23_3000_03	Calendar Year	LC3HA3H2	LC3HB3H2	20%	\$3,000	\$6,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
					\$6,000	\$12,000							
HC23_3000_04	Calendar Year	LC3HA4H2	LC3HB4H2	30%	\$3,000	\$6,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
					\$6,000	\$12,000							
HC23_3000_05	Calendar Year	LC3HA5H2	LC3HB5H2	30%	\$3,000	\$6,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
					\$6,000	\$12,000							
HC23_3000_06	Calendar Year	LC3HA6H2	LC3HB6H2	50%	\$3,000	\$6,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD	
					\$6,000	\$12,000							

LG HMO-CC \$2,000 - \$3,000

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 HMO Large Group Snapshot Grid							Networks Available: BSW Plus HMO and BSW Premier HMO					
Plan Name and Medical Rider Names				In Network Benefits								
Plan Name	Calendar Year	Network / Plan Options		INN Coins	Deductible and MOOP INN		Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
		BSW Plus HMO	BSW Premier HMO		INN Deductible Individual Family	INN MOOP Individual Family						
HC23_3500_01	Calendar Year	LC3HA1I2	LC3HB1I2	20%	\$3,500	\$6,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$7,000	\$12,000						
HC23_3500_02	Calendar Year	LC3HA2I2	LC3HB2I2	20%	\$3,500	\$6,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$7,000	\$12,000						
HC23_4000_01	Calendar Year	LC3HA1J2	LC3HB1J2	0%	\$4,000	\$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$8,000	\$14,000						
HC23_4000_02	Calendar Year	LC3HA2J2	LC3HB2J2	20%	\$4,000	\$6,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$8,000	\$13,000						
HC23_4000_03	Calendar Year	LC3HA3J2	LC3HB3J2	30%	\$4,000	\$7,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$8,000	\$15,000						
HC23_4000_04	Calendar Year	LC3HA4J2	LC3HB4J2	50%	\$4,000	\$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
					\$8,000	\$14,000						
HC23_4500_01	Calendar Year	LC3HA1K2	LC3HB1K2	20%	\$4,500	\$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$9,000	\$14,000						
HC23_5000_01	Calendar Year	LC3HA1L2	LC3HB1L2	0%	\$5,000	\$6,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$10,000	\$12,000						
HC23_5000_02	Calendar Year	LC3HA2L2	LC3HB2L2	20%	\$5,000	\$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$10,000	\$14,000						
HC23_5000_03	Calendar Year	LC3HA3L2	LC3HB3L2	30%	\$5,000	\$7,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$10,000	\$14,000						
HC23_5000_04	Calendar Year	LC3HA4L2	LC3HB4L2	50%	\$5,000	\$7,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
					\$10,000	\$14,000						
HC23_5500_01	Calendar Year	LC3HA1M2	LC3HB1M2	20%	\$5,500	\$7,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$11,000	\$14,000						
HC23_6000_01	Calendar Year	LC3HA1N2	LC3HB1N2	30%	\$6,000	\$7,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$12,000	\$15,000						
HC23_7150_01	Calendar Year	LC3HA1P2	LC3HB1P2	0%	\$7,150	\$7,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$14,300	\$15,000						
HC23_7500_01	Calendar Year	LC3HA1Q2	LC3HB1Q2	10%	\$7,500	\$9,100	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$15,000	\$18,200						

LG HMO-CC \$3,500 - \$7,500

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 HMO Large Group Snapshot Grid							Networks Available: BSW Plus HMO and BSW Premier HMO						
Plan Name and Medical Rider Names				In Network Benefits									
Plan Name	Calendar Year	Network / Plan Options		INN Coins	Deductible and MOOP INN		Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
		BSW Plus HMO	BSW Premier HMO		INN Deductible Individual Family	INN MOOP Individual Family							
HC23_3000_01HD	Calendar Year	LE3HA1H2	LE3HB1H2	0%	\$3,000	\$3,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
					\$6,000	\$6,000							
HC23_3000_02HD	Calendar Year	LE3HA2H2	LE3HB2H2	20%	\$3,000	\$5,250	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	
					\$6,000	\$10,500							
HC23_3500_01HD	Calendar Year	LE3HA1I2	LE3HB1I2	0%	\$3,500	\$3,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
					\$7,000	\$7,000							
HC23_4000_01HD	Calendar Year	LE3HA1J2	LE3HB1J2	0%	\$4,000	\$4,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
					\$8,000	\$8,000							
HC23_4500_01HD	Calendar Year	LE3HA1K2	LE3HB1K2	30%	\$4,500	\$6,550	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	
					\$9,000	\$13,100							
HC23_5000_01HD	Calendar Year	LE3HA1L2	LE3HB1L2	0%	\$5,000	\$5,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
					\$10,000	\$10,000							
HC23_5000_02HD	Calendar Year	LE3HA2L2	LE3HB2L2	20%	\$5,000	\$6,650	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	
					\$10,000	\$13,300							
HC23_6450_01HD	Calendar Year	LE3HA1O2	LE3HB1O2	0%	\$6,450	\$6,450	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
					\$12,900	\$12,900							
HC23_6550_01HD	Calendar Year	LE3HA1R2	LE3HB1R2	0%	\$6,550	\$6,550	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
					\$13,100	\$13,100							
HC23_7000_01HD	Calendar Year	LE3HA1S2	LE3HB1S2	0%	\$7,000	\$7,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
					\$14,000	\$14,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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# Large Group Plan Year 2023 PPO Portfolio

# Network Available: BSW Plus PPO

PY23 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus PPO Network	Colns In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG PPO \$500 - \$1,500	PO23_500_01	Calendar Year	LC3PD2C2	20%/50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$4,000	\$3,000	\$9,000						
	PO23_500_02	Calendar Year	LC3PD3C2	20%/50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$2,000	\$6,000	\$18,000						
	PO23_750_01	Calendar Year	LC3PD1V2	20%/50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,500	\$3,000	\$4,500	\$13,500						
	PO23_1000_01	Calendar Year	LC3PD1D2	10%/30%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	PO23_1000_02	Calendar Year	LC3PD2D2	20%/50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges,, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	PO23_1000_03	Calendar Year	LC3PD3D2	20%/50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$8,000	\$24,000						
	PO23_1000_04	Calendar Year	LC3PD4D2	30%/50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$2,000	\$4,000	\$9,000	\$27,000						
	PO23_1000_05	Calendar Year	LC3PD5D2	30%/50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$2,000	\$4,000	\$12,000	\$36,000						
	PO23_1500_01	Calendar Year	LC3PD1E2	20%/50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$3,000	\$6,000	\$8,000	\$24,000						
	PO23_1500_02	Calendar Year	LC3PD3E2	20%/50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$3,000	\$6,000	\$9,000	\$27,000						
PO23_1500_03	Calendar Year	LC3PD4E2	20%/50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$12,000	\$36,000							
PO23_1500_04	Calendar Year	LC3PD5E2	20%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							
PO23_1500_05	Calendar Year	LC3PD6E2	30%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG PPO \$2,000 - \$2,500	PO23_2000_01	Calendar Year	LC3PD1F2	20%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PO23_2000_02	Calendar Year	LC3PD2F2	20%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	PO23_2000_03	Calendar Year	LC3PD3F2	30%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PO23_2000_04	Calendar Year	LC3PD4F2	10%/30%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PO23_2000_05	Calendar Year	LC3PD5F2	30%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	PO23_2500_01	Calendar Year	LC3PD1G2	10%/30%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
	PO23_2500_02	Calendar Year	LC3PD2G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
PO23_2500_03	Calendar Year	LC3PD4G2	20%/50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$11,000	\$33,000							
PO23_2500_04	Calendar Year	LC3PD5G2	20%/50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$10,000	\$30,000							
PO23_2500_05	Calendar Year	LC3PD6G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
PO23_2500_06	Calendar Year	LC3PD7G2	30%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
PO23_2500_07	Calendar Year	LC3PD8G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							

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PY23 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG PPO \$3,000 - \$4,500	PO23_3000_01	Calendar Year	LC3PD1H2	0%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
	PO23_3000_02	Calendar Year	LC3PD2H2	10%/30%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
	PO23_3000_03	Calendar Year	LC3PD3H2	20%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	PO23_3000_04	Calendar Year	LC3PD4H2	30%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	PO23_3000_05	Calendar Year	LC3PD5H2	30%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	PO23_3000_06	Calendar Year	LC3PD6H2	50%/50%	\$3,000 \$6,000	\$6,000 \$12,000	\$6,000 \$12,000	\$18,000 \$36,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
	PO23_3500_01	Calendar Year	LC3PD1I2	20%/50%	\$3,500 \$7,000	\$7,000 \$14,000	\$6,000 \$12,000	\$18,000 \$36,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	PO23_3500_02	Calendar Year	LC3PD2I2	20%/50%	\$3,500 \$7,000	\$7,000 \$14,000	\$6,000 \$12,000	\$18,000 \$36,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	PO23_4000_01	Calendar Year	LC3PD1J2	0%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$7,000 \$14,000	\$21,000 \$42,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
	PO23_4000_02	Calendar Year	LC3PD2J2	20%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$6,500 \$13,000	\$19,500 \$39,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
	PO23_4000_03	Calendar Year	LC3PD3J2	30%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$7,500 \$15,000	\$22,500 \$45,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
	PO23_4000_04	Calendar Year	LC3PD4J2	50%/50%	\$4,000 \$8,000	\$8,000 \$16,000	\$7,000 \$14,000	\$21,000 \$42,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
	PO23_4500_01	Calendar Year	LC3PD1K2	20%/50%	\$4,500 \$9,000	\$9,000 \$18,000	\$7,000 \$14,000	\$21,000 \$42,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

PY23 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG PPO \$5,000 - \$7,500	PO23_5000_01	Calendar Year	LC3PD1L2	0%/50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$10,000	\$20,000	\$12,000	\$36,000						
	PO23_5000_02	Calendar Year	LC3PD2L2	20%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$10,000	\$20,000	\$14,000	\$42,000						
	PO23_5000_03	Calendar Year	LC3PD3L2	30%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$10,000	\$20,000	\$14,000	\$42,000						
	PO23_5000_04	Calendar Year	LC3PD4L2	50%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 50% of charges, deductible does not apply	50% AFD
					\$10,000	\$20,000	\$14,000	\$42,000						
	PO23_5500_01	Calendar Year	LC3PD1M2	20%/50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$11,000	\$22,000	\$14,000	\$42,000						
	PO23_6000_01	Calendar Year	LC3PD1N2	30%/50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$12,000	\$24,000	\$15,000	\$45,000						
	PO23_7150_01	Calendar Year	LC3PD1P2	0%/50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$14,300	\$28,600	\$15,000	\$45,000						
	PO23_7500_01	Calendar Year	LC3PD1Q2	10%/30%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$15,000	\$30,000	\$18,200	\$54,600						

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY23 PPO Large Group Snapshot Grid								Networks Available: BSW Plus PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Plus PPO Network	Coins In/Outs	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
PO23_3000_01HD	Calendar Year	LE3PD1H2	0%/50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
PO23_3000_02HD	Calendar Year	LE3PD2H2	20%/50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
PO23_3500_01HD	Calendar Year	LE3PD1I2	0%/50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
PO23_4000_01HD	Calendar Year	LE3PD1J2	0%/50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
PO23_4500_01HD	Calendar Year	LE3PD1K2	30%/50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
PO23_5000_01HD	Calendar Year	LE3PD1L2	0%/50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
PO23_5000_02HD	Calendar Year	LE3PD2L2	20%/50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
PO23_6450_01HD	Calendar Year	LE3PD1O2	0%/50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
PO23_6550_01HD	Calendar Year	LE3PD1R2	0%/50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
PO23_7000_01HD	Calendar Year	LE3PD1S2	0%/50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

# Large Group Plan Year 2023 UHC Portfolio

# Network Available: BSW Access PPO

PY23 UHC Large Group Snapshot Grid								Networks Available: BSW Access PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG UHC \$500 - \$1,500	UHC23_500_01	Calendar Year	UHC3J2C2	20% / 50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$4,000	\$3,000	\$9,000						
	UHC23_500_02	Calendar Year	UHC3J3C2	20% / 50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$2,000	\$6,000	\$18,000						
	UHC23_750_01	Calendar Year	UHC3J1V2	20% / 50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,500	\$3,000	\$4,500	\$13,500						
	UHC23_1000_01	Calendar Year	UHC3J1D2	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	UHC23_1000_02	Calendar Year	UHC3J2D2	20% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	UHC23_1000_03	Calendar Year	UHC3J3D2	20% / 50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$8,000	\$24,000						
	UHC23_1000_04	Calendar Year	UHC3J4D2	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$2,000	\$4,000	\$9,000	\$27,000						
	UHC23_1000_05	Calendar Year	UHC3J5D2	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$2,000	\$4,000	\$12,000	\$36,000						
	UHC23_1500_01	Calendar Year	UHC3J1E2	20% / 50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$3,000	\$6,000	\$8,000	\$24,000						
	UHC23_1500_02	Calendar Year	UHC3J3E2	20% / 50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$3,000	\$6,000	\$9,000	\$27,000						
UHC23_1500_03	Calendar Year	UHC3J4E2	20% / 50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$12,000	\$36,000							
UHC23_1500_04	Calendar Year	UHC3J5E2	20% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							
UHC23_1500_05	Calendar Year	UHC3J6E2	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



# Large Group Plan Year 2023 UHC Portfolio

# Network Available: BSW Access PPO

PY23 UHC Large Group Snapshot Grid								Networks Available: BSW Access PPO					
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.
UHC23_2000_01	Calendar Year	UHC3J1F2	20% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
UHC23_2000_02	Calendar Year	UHC3J2F2	20% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
UHC23_2000_03	Calendar Year	UHC3J3F2	30% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
UHC23_2000_04	Calendar Year	UHC3J4F2	10% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$4,000	\$8,000	\$10,000	\$30,000						
UHC23_2000_05	Calendar Year	UHC3J5F2	30% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$4,000	\$8,000	\$11,000	\$33,000						
UHC23_2500_01	Calendar Year	UHC3J1G2	10% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC23_2500_02	Calendar Year	UHC3J2G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC23_2500_03	Calendar Year	UHC3J4G2	20% / 50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$11,000	\$33,000						
UHC23_2500_04	Calendar Year	UHC3J5G2	20% / 50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$10,000	\$30,000						
UHC23_2500_05	Calendar Year	UHC3J6G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC23_2500_06	Calendar Year	UHC3J7G2	30% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						
UHC23_2500_07	Calendar Year	UHC3J8G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$5,000	\$10,000	\$12,000	\$36,000						

LG UHC \$2,000 - \$2,500

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

PY23 UHC Large Group Snapshot Grid								Networks Available: BSW Access PPO						
LG UHC \$3,000 - \$4,500	Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
	Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	UHC23_3000_01	Calendar Year	UHC3J1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	UHC23_3000_02	Calendar Year	UHC3J2H2	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	UHC23_3000_03	Calendar Year	UHC3J3H2	20% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	UHC23_3000_04	Calendar Year	UHC3J4H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
UHC23_3000_05	Calendar Year	UHC3J5H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$6,000	\$12,000	\$12,000	\$36,000							
UHC23_3500_01	Calendar Year	UHC3J1I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$7,000	\$14,000	\$12,000	\$36,000							
UHC23_3500_02	Calendar Year	UHC3J2I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$7,000	\$14,000	\$12,000	\$36,000							
UHC23_4000_01	Calendar Year	UHC3J1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$8,000	\$16,000	\$14,000	\$42,000							
UHC23_4000_02	Calendar Year	UHC3J2J2	20% / 50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$8,000	\$16,000	\$13,000	\$39,000							
UHC23_4000_03	Calendar Year	UHC3J3J2	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$8,000	\$16,000	\$15,000	\$45,000							
UHC23_4500_01	Calendar Year	UHC3J1K2	20% / 50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$9,000	\$18,000	\$14,000	\$42,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

# Large Group Plan Year 2023 UHC Portfolio

# Network Available: BSW Access PPO

PY23 UHC Large Group Snapshot Grid								Networks Available: BSW Access PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
UHC23_5000_01	Calendar Year	UHC3J1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$10,000	\$20,000	\$12,000	\$36,000							
UHC23_5000_02	Calendar Year	UHC3J2L2	20% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$10,000	\$20,000	\$14,000	\$42,000							
UHC23_5000_03	Calendar Year	UHC3J3L2	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$10,000	\$20,000	\$14,000	\$42,000							
UHC23_5500_01	Calendar Year	UHC3J1M2	20% / 50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$11,000	\$22,000	\$14,000	\$42,000							
UHC23_6000_01	Calendar Year	UHC3J1N2	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$12,000	\$24,000	\$15,000	\$45,000							
UHC23_7150_01	Calendar Year	UHC3J1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$14,300	\$28,600	\$15,000	\$45,000							
UHC23_7500_01	Calendar Year	UHC3J1Q2	10% / 50%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD	
				\$15,000	\$30,000	\$18,200	\$54,600							

LG UHC \$5,000 - \$7,500

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

PY23 UHC Large Group Snapshot Grid								Networks Available: BSW Access PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
UHC23_3000_01HD	Calendar Year	UHC3H1H2	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
UHC23_3000_02HD	Calendar Year	UHC3H2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
UHC23_3500_01HD	Calendar Year	UHC3H1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
UHC23_4000_01HD	Calendar Year	UHC3H1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
UHC23_4500_01HD	Calendar Year	UHC3H1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
UHC23_5000_01HD	Calendar Year	UHC3H1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
UHC23_5000_02HD	Calendar Year	UHC3H2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
UHC23_6450_01HD	Calendar Year	UHC3H1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
UHC23_6550_01HD	Calendar Year	UHC3H1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
UHC23_7000_01HD	Calendar Year	UHC3H1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 Cigna Large Group Snapshot Grid								Networks Available: BSW Extended PPO					
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	BSW Extended PPO	Coins In/Out	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
CIG23_500_01	Calendar Year	CIG3F2C2	20%/50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$4,000	\$3,000	\$9,000						
CIG23_500_02	Calendar Year	CIG3F3C2	20%/50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,000	\$2,000	\$6,000	\$18,000						
CIG23_750_01	Calendar Year	CIG3F1V2	20%/50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$1,500	\$3,000	\$4,500	\$13,500						
CIG23_1000_01	Calendar Year	CIG3F1D2	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
CIG23_1000_02	Calendar Year	CIG3F2D2	20%/50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$7,000	\$21,000						
CIG23_1000_03	Calendar Year	CIG3F3D2	20%/50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$2,000	\$4,000	\$8,000	\$24,000						
CIG23_1000_04	Calendar Year	CIG3F4D2	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$9,000	\$27,000						
CIG23_1000_05	Calendar Year	CIG3F5D2	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$2,000	\$4,000	\$12,000	\$36,000						
CIG23_1500_01	Calendar Year	CIG3F1E2	20%/50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$8,000	\$24,000						
CIG23_1500_02	Calendar Year	CIG3F3E2	20%/50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$9,000	\$27,000						
CIG23_1500_03	Calendar Year	CIG3F4E2	20%/50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$12,000	\$36,000						
CIG23_1500_04	Calendar Year	CIG3F5E2	20%/50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						
CIG23_1500_05	Calendar Year	CIG3F6E2	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
				\$3,000	\$6,000	\$10,000	\$30,000						

LG CIGNA \$500 - \$1,500

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 Cigna Large Group Snapshot Grid								Networks Available: BSW Extended PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Extended PPO	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.	
LG CIGNA \$2,000 - \$2,500	CIG23_2000_01	Calendar Year	CIG3F1F2	20%/50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	CIG23_2000_02	Calendar Year	CIG3F2F2	20%/50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	CIG23_2000_03	Calendar Year	CIG3F3F2	30% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	CIG23_2000_04	Calendar Year	CIG3F4F2	10% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	CIG23_2000_05	Calendar Year	CIG3F5F2	30% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	CIG23_2500_01	Calendar Year	CIG3F1G2	10% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
	CIG23_2500_02	Calendar Year	CIG3F2G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
CIG23_2500_03	Calendar Year	CIG3F4G2	20%/50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$11,000	\$33,000							
CIG23_2500_04	Calendar Year	CIG3F5G2	20%/50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$10,000	\$30,000							
CIG23_2500_05	Calendar Year	CIG3F6G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
CIG23_2500_06	Calendar Year	CIG3F7G2	30% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
CIG23_2500_07	Calendar Year	CIG3F8G2	20%/50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY23 Cigna Large Group Snapshot Grid								Networks Available: BSW Extended PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Extended PPO	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
CIG23_3000_01	Calendar Year	CIG3F1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$6,000	\$12,000	\$12,000	\$36,000							
CIG23_3000_02	Calendar Year	CIG3F2H2	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD	
				\$6,000	\$12,000	\$12,000	\$36,000							
CIG23_3000_03	Calendar Year	CIG3F3H2	20%/50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$6,000	\$12,000	\$12,000	\$36,000							
CIG23_3000_04	Calendar Year	CIG3F4H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$6,000	\$12,000	\$12,000	\$36,000							
CIG23_3000_05	Calendar Year	CIG3F5H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$6,000	\$12,000	\$12,000	\$36,000							
CIG23_3500_01	Calendar Year	CIG3F1I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$7,000	\$14,000	\$12,000	\$36,000							
CIG23_3500_02	Calendar Year	CIG3F2I2	20%/50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$7,000	\$14,000	\$12,000	\$36,000							
CIG23_4000_01	Calendar Year	CIG3F1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$8,000	\$16,000	\$14,000	\$42,000							
CIG23_4000_02	Calendar Year	CIG3F2J2	20%/50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$8,000	\$16,000	\$13,000	\$39,000							
CIG23_4000_03	Calendar Year	CIG3F3J2	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$8,000	\$16,000	\$15,000	\$45,000							
CIG23_4500_01	Calendar Year	CIG3F1K2	20%/50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$9,000	\$18,000	\$14,000	\$42,000							

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PY23 Cigna Large Group Snapshot Grid								Networks Available: BSW Extended PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Extended PPO	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG CIGNA \$5,000 - \$7,500	CIG23_5000_01	Calendar Year	CIG3F1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$10,000	\$20,000	\$12,000	\$36,000						
	CIG23_5000_02	Calendar Year	CIG3F2L2	20%/50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$10,000	\$20,000	\$14,000	\$42,000						
	CIG23_5000_03	Calendar Year	CIG3F3L2	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$10,000	\$20,000	\$14,000	\$42,000						
	CIG23_5500_01	Calendar Year	CIG3F1M2	20%/50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$11,000	\$22,000	\$14,000	\$42,000						
	CIG23_6000_01	Calendar Year	CIG3F1N2	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$12,000	\$24,000	\$15,000	\$45,000						
	CIG23_7150_01	Calendar Year	CIG3F1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$14,300	\$28,600	\$15,000	\$45,000						
	CIG23_7500_01	Calendar Year	CIG3F1Q2	10% / 50%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$15,000	\$30,000	\$18,200	\$54,600						

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



# Large Group Plan Year 2023 Cigna HDHP Portfolio

# Network Available: BSW Extended PPO

PY23 Cigna Large Group Snapshot Grid								Networks Available: BSW Extended PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Extended PPO	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
CIG23_3000_01HD	Calendar Year	CIG3D1H2	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
CIG23_3000_02HD	Calendar Year	CIG3D2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
CIG23_3500_01HD	Calendar Year	CIG3D1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
CIG23_4000_01HD	Calendar Year	CIG3D1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
CIG23_4500_01HD	Calendar Year	CIG3D1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
CIG23_5000_01HD	Calendar Year	CIG3D1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
CIG23_5000_02HD	Calendar Year	CIG3D2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
CIG23_6450_01HD	Calendar Year	CIG3D1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
CIG23_6550_01HD	Calendar Year	CIG3D1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
CIG23_7000_01HD	Calendar Year	CIG3D1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

LG CIGNA HDHP

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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# Large Group Plan Year 2023 Cigna Wrap Portfolio

# Network Available: BSW Dual PPO

PY23 Cigna Wrap Large Group Snapshot Grid								Networks Available: BSW Dual PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG CIGNA Wrap \$500 - \$1,500	CIG23_500_01	Calendar Year	CIG3G2C2	20% / 50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$4,000	\$3,000	\$9,000						
	CIG23_500_02	Calendar Year	CIG3G3C2	20% / 50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$2,000	\$6,000	\$18,000						
	CIG23_750_01	Calendar Year	CIG3G1V2	20% / 50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,500	\$3,000	\$4,500	\$13,500						
	CIG23_1000_01	Calendar Year	CIG3G1D2	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	CIG23_1000_02	Calendar Year	CIG3G2D2	20% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	CIG23_1000_03	Calendar Year	CIG3G3D2	20% / 50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$8,000	\$24,000						
	CIG23_1000_04	Calendar Year	CIG3G4D2	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$2,000	\$4,000	\$9,000	\$27,000						
	CIG23_1000_05	Calendar Year	CIG3G5D2	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$2,000	\$4,000	\$12,000	\$36,000						
	CIG23_1500_01	Calendar Year	CIG3G1E2	20% / 50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$3,000	\$6,000	\$8,000	\$24,000						
	CIG23_1500_02	Calendar Year	CIG3G3E2	20% / 50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$3,000	\$6,000	\$9,000	\$27,000						
CIG23_1500_03	Calendar Year	CIG3G4E2	20% / 50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$12,000	\$36,000							
CIG23_1500_04	Calendar Year	CIG3G5E2	20% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							
CIG23_1500_05	Calendar Year	CIG3G6E2	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 Cigna Wrap Large Group Snapshot Grid								Networks Available: BSW Dual PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.	
LG CIGNA Wrap \$2,000 - \$2,500	CIG23_2000_01	Calendar Year	CIG3G1F2	20% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	CIG23_2000_02	Calendar Year	CIG3G2F2	20% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	CIG23_2000_03	Calendar Year	CIG3G3F2	30% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	CIG23_2000_04	Calendar Year	CIG3G4F2	10% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	CIG23_2000_05	Calendar Year	CIG3G5F2	30% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	CIG23_2500_01	Calendar Year	CIG3G1G2	10% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
	CIG23_2500_02	Calendar Year	CIG3G2G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
CIG23_2500_03	Calendar Year	CIG3G4G2	20% / 50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$11,000	\$33,000							
CIG23_2500_04	Calendar Year	CIG3G5G2	20% / 50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$10,000	\$30,000							
CIG23_2500_05	Calendar Year	CIG3G6G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
CIG23_2500_06	Calendar Year	CIG3G7G2	30% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
CIG23_2500_07	Calendar Year	CIG3G8G2	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							

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PY23 Cigna Wrap Large Group Snapshot Grid								Networks Available: BSW Dual PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG CIGNA Wrap \$3,000 - \$4,500	CIG23_3000_01	Calendar Year	CIG3G1H2	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	CIG23_3000_02	Calendar Year	CIG3G2H2	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	CIG23_3000_03	Calendar Year	CIG3G3H2	20% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	CIG23_3000_04	Calendar Year	CIG3G4H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	CIG23_3000_05	Calendar Year	CIG3G5H2	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	CIG23_3500_01	Calendar Year	CIG3G1I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$7,000	\$14,000	\$12,000	\$36,000						
CIG23_3500_02	Calendar Year	CIG3G2I2	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$7,000	\$14,000	\$12,000	\$36,000							
CIG23_4000_01	Calendar Year	CIG3G1J2	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$8,000	\$16,000	\$14,000	\$42,000							
CIG23_4000_02	Calendar Year	CIG3G2J2	20% / 50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$8,000	\$16,000	\$13,000	\$39,000							
CIG23_4000_03	Calendar Year	CIG3G3J2	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$8,000	\$16,000	\$15,000	\$45,000							
CIG23_4500_01	Calendar Year	CIG3G1K2	20% / 50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$9,000	\$18,000	\$14,000	\$42,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 Cigna Wrap Large Group Snapshot Grid								Networks Available: BSW Dual PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
CIG23_5000_01	Calendar Year	CIG3G1L2	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$10,000	\$20,000	\$12,000	\$36,000							
CIG23_5000_02	Calendar Year	CIG3G2L2	20% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$10,000	\$20,000	\$14,000	\$42,000							
CIG23_5000_03	Calendar Year	CIG3G3L2	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$10,000	\$20,000	\$14,000	\$42,000							
CIG23_5500_01	Calendar Year	CIG3G1M2	20% / 50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$11,000	\$22,000	\$14,000	\$42,000							
CIG23_6000_01	Calendar Year	CIG3G1N2	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$12,000	\$24,000	\$15,000	\$45,000							
CIG23_7150_01	Calendar Year	CIG3G1P2	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$14,300	\$28,600	\$15,000	\$45,000							
CIG23_7500_01	Calendar Year	CIG3G1Q2	10% / 50%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD	
				\$15,000	\$30,000	\$18,200	\$54,600							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

PY23 Cigna Wrap Large Group Snapshot Grid								Networks Available: BSW Dual PPO						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	BSW Dual PPO Network	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
CIG23_3000_01HD	Calendar Year	CIG3H1H2	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	
				\$6,000	\$12,000	\$6,000	\$18,000							
CIG23_3000_02HD	Calendar Year	CIG3H2H2	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500							
CIG23_3500_01HD	Calendar Year	CIG3H1I2	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000							
CIG23_4000_01HD	Calendar Year	CIG3H1J2	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000							
CIG23_4500_01HD	Calendar Year	CIG3H1K2	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300							
CIG23_5000_01HD	Calendar Year	CIG3H1L2	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000							
CIG23_5000_02HD	Calendar Year	CIG3H2L2	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900							
CIG23_6450_01HD	Calendar Year	CIG3H1O2	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700							
CIG23_6550_01HD	Calendar Year	CIG3H1R2	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300							
CIG23_7000_01HD	Calendar Year	CIG3H1S2	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 PHCS Large Group Snapshot Grid								Networks Available: PHCS Network						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	Med Rider	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG PHCS \$500 - \$1,500	PHCS23_500_01	Calendar Year	PHCS3001	20% / 50%	\$500	\$2,000	\$1,500	\$4,500	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$4,000	\$3,000	\$9,000						
	PHCS23_500_02	Calendar Year	PHCS3002	20% / 50%	\$500	\$1,000	\$3,000	\$9,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,000	\$2,000	\$6,000	\$18,000						
	PHCS23_750_01	Calendar Year	PHCS3003	20% / 50%	\$750	\$1,500	\$2,250	\$6,750	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$1,500	\$3,000	\$4,500	\$13,500						
	PHCS23_1000_01	Calendar Year	PHCS3004	10% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	PHCS23_1000_02	Calendar Year	PHCS3005	20% / 50%	\$1,000	\$2,000	\$3,500	\$10,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$7,000	\$21,000						
	PHCS23_1000_03	Calendar Year	PHCS3006	20% / 50%	\$1,000	\$2,000	\$4,000	\$12,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$2,000	\$4,000	\$8,000	\$24,000						
	PHCS23_1000_04	Calendar Year	PHCS3007	30% / 50%	\$1,000	\$2,000	\$4,500	\$13,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$2,000	\$4,000	\$9,000	\$27,000						
PHCS23_1000_05	Calendar Year	PHCS3008	30% / 50%	\$1,000	\$2,000	\$6,000	\$18,000	\$15 copay/visit	\$0 copay/visit	\$30 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$2,000	\$4,000	\$12,000	\$36,000							
PHCS23_1500_01	Calendar Year	PHCS3009	20% / 50%	\$1,500	\$3,000	\$4,000	\$12,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$8,000	\$24,000							
PHCS23_1500_02	Calendar Year	PHCS3010	20% / 50%	\$1,500	\$3,000	\$4,500	\$13,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$9,000	\$27,000							
PHCS23_1500_03	Calendar Year	PHCS3011	20% / 50%	\$1,500	\$3,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$12,000	\$36,000							
PHCS23_1500_04	Calendar Year	PHCS3012	20% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							
PHCS23_1500_05	Calendar Year	PHCS3013	30% / 50%	\$1,500	\$3,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$3,000	\$6,000	\$10,000	\$30,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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Contract year benefits are available. Please contact your Sales or Client Management Team for more details.



PY23 PHCS Large Group Snapshot Grid								Networks Available: PHCS Network						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp.	
LG PHCS \$2,000 - \$2,500	PHCS23_2000_01	Calendar Year	PHCS3014	20% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PHCS23_2000_02	Calendar Year	PHCS3015	20% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	PHCS23_2000_03	Calendar Year	PHCS3016	30% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PHCS23_2000_04	Calendar Year	PHCS3017	10% / 50%	\$2,000	\$4,000	\$5,000	\$15,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$4,000	\$8,000	\$10,000	\$30,000						
	PHCS23_2000_05	Calendar Year	PHCS3018	30% / 50%	\$2,000	\$4,000	\$5,500	\$16,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$4,000	\$8,000	\$11,000	\$33,000						
	PHCS23_2500_01	Calendar Year	PHCS3019	10% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
	PHCS23_2500_02	Calendar Year	PHCS3020	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$5,000	\$10,000	\$12,000	\$36,000						
PHCS23_2500_03	Calendar Year	PHCS3021	20% / 50%	\$2,500	\$5,000	\$5,500	\$16,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$11,000	\$33,000							
PHCS23_2500_04	Calendar Year	PHCS3022	20% / 50%	\$2,500	\$5,000	\$5,000	\$15,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$10,000	\$30,000							
PHCS23_2500_05	Calendar Year	PHCS3023	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$10 copay/visit	\$0 copay/visit	\$20 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
PHCS23_2500_06	Calendar Year	PHCS3024	30% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							
PHCS23_2500_07	Calendar Year	PHCS3025	20% / 50%	\$2,500	\$5,000	\$6,000	\$18,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$5,000	\$10,000	\$12,000	\$36,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 PHCS Large Group Snapshot Grid								Networks Available: PHCS Network						
LG PHCS \$3,000 - \$4,500	Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
	Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	PHCS23_3000_01	Calendar Year	PHCS3026	0% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	PHCS23_3000_02	Calendar Year	PHCS3027	10% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	PHCS23_3000_03	Calendar Year	PHCS3028	20% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	PHCS23_3000_04	Calendar Year	PHCS3029	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
	PHCS23_3000_05	Calendar Year	PHCS3030	30% / 50%	\$3,000	\$6,000	\$6,000	\$18,000	\$20 copay/visit	\$0 copay/visit	\$40 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$6,000	\$12,000	\$12,000	\$36,000						
PHCS23_3500_01	Calendar Year	PHCS3031	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$7,000	\$14,000	\$12,000	\$36,000							
PHCS23_3500_02	Calendar Year	PHCS3032	20% / 50%	\$3,500	\$7,000	\$6,000	\$18,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$7,000	\$14,000	\$12,000	\$36,000							
PHCS23_4000_01	Calendar Year	PHCS3033	0% / 50%	\$4,000	\$8,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$8,000	\$16,000	\$14,000	\$42,000							
PHCS23_4000_02	Calendar Year	PHCS3034	20% / 50%	\$4,000	\$8,000	\$6,500	\$19,500	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$8,000	\$16,000	\$13,000	\$39,000							
PHCS23_4000_03	Calendar Year	PHCS3035	30% / 50%	\$4,000	\$8,000	\$7,500	\$22,500	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD	
				\$8,000	\$16,000	\$15,000	\$45,000							
PHCS23_4500_01	Calendar Year	PHCS3036	20% / 50%	\$4,500	\$9,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD	
				\$9,000	\$18,000	\$14,000	\$42,000							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 PHCS Large Group Snapshot Grid								Networks Available: PHCS Network						
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits						
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit* First Non-Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
LG PHCS \$5,000 - \$7,500	PHCS23_5000_01	Calendar Year	PHCS3037	0% / 50%	\$5,000	\$10,000	\$6,000	\$18,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD
					\$10,000	\$20,000	\$12,000	\$36,000						
	PHCS23_5000_02	Calendar Year	PHCS3038	20% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$25 copay/visit	\$0 copay/visit	\$50 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$10,000	\$20,000	\$14,000	\$42,000						
	PHCS23_5000_03	Calendar Year	PHCS3039	30% / 50%	\$5,000	\$10,000	\$7,000	\$21,000	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$10,000	\$20,000	\$14,000	\$42,000						
	PHCS23_5500_01	Calendar Year	PHCS3040	20% / 50%	\$5,500	\$11,000	\$7,000	\$21,000	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 20% of charges, deductible does not apply	20% AFD
					\$11,000	\$22,000	\$14,000	\$42,000						
	PHCS23_6000_01	Calendar Year	PHCS3041	30% / 50%	\$6,000	\$12,000	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, then 30% of charges, deductible does not apply	30% AFD
					\$12,000	\$24,000	\$15,000	\$45,000						
PHCS23_7150_01	Calendar Year	PHCS3042	0% / 50%	\$7,150	\$14,300	\$7,500	\$22,500	\$35 copay/visit	\$0 copay/visit	\$70 copay/visit	\$50 copay/visit	\$500 copay/visit, deductible does not apply	0% AFD	
				\$14,300	\$28,600	\$15,000	\$45,000							
PHCS23_7500_01	Calendar Year	PHCS3043	10% / 50%	\$7,500	\$15,000	\$9,100	\$27,300	\$30 copay/visit	\$0 copay/visit	\$60 copay/visit	\$50 copay/visit	\$500 copay/visit, then 10% of charges, deductible does not apply	10% AFD	
				\$15,000	\$30,000	\$18,200	\$54,600							

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

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PY23 PHCS Wrap Large Group Snapshot Grid								Networks Available: PHCS Network					
Plan Name and Medical Rider Names				Deductible and MOOP INN and OON				In Network Benefits					
Plan Name	Calendar Year	TBD	Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	Primary Care Visit	Pediatric PCP Copay*	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
PHCS23_3000_01HD	Calendar Year	PHC3H012	0% / 50%	\$3,000	\$6,000	\$3,000	\$9,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$6,000	\$12,000	\$6,000	\$18,000						
PHCS23_3000_02HD	Calendar Year	PHC3H022	20% / 50%	\$3,000	\$6,000	\$5,250	\$15,750	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$6,000	\$12,000	\$10,500	\$31,500						
PHCS23_3500_01HD	Calendar Year	PHC3H032	0% / 50%	\$3,500	\$7,000	\$3,500	\$10,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$7,000	\$14,000	\$7,000	\$21,000						
PHCS23_4000_01HD	Calendar Year	PHC2H042	0% / 50%	\$4,000	\$8,000	\$4,000	\$12,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$8,000	\$16,000	\$8,000	\$24,000						
PHCS23_4500_01HD	Calendar Year	PHC3H052	30% / 50%	\$4,500	\$9,000	\$6,550	\$19,650	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD	30% AFD
				\$9,000	\$18,000	\$13,100	\$39,300						
PHCS23_5000_01HD	Calendar Year	PHC3H062	0% / 50%	\$5,000	\$10,000	\$5,000	\$15,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$10,000	\$20,000	\$10,000	\$30,000						
PHCS23_5000_02HD	Calendar Year	PHC3H072	20% / 50%	\$5,000	\$10,000	\$6,650	\$19,950	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD	20% AFD
				\$10,000	\$20,000	\$13,300	\$39,900						
PHCS23_6450_01HD	Calendar Year	PHC3H082	0% / 50%	\$6,450	\$12,900	\$6,450	\$19,350	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$12,900	\$25,800	\$12,900	\$38,700						
PHCS23_6550_01HD	Calendar Year	PHC3H092	0% / 50%	\$6,550	\$13,100	\$6,550	\$19,650	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$13,100	\$26,200	\$13,100	\$39,300						
PHCS23_7000_01HD	Calendar Year	PHC3H102	0% / 50%	\$7,000	\$14,000	\$7,000	\$21,000	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD
				\$14,000	\$28,000	\$14,000	\$42,000						

\*For a covered member age 19 and up. Applies to PCP office visit only, excludes HDHP plans. \*\*For a covered member through the age of 18. Applies to PCP office visits only.

This is a summary of benefit highlights only. All benefits shown indicate member responsibility. Contract year benefits are available. Please contact your Sales or Client Management Team for more details.

# 2023 Individual & Family Plans



Baylor Scott & White  
Health Plan

# Overview

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual Family	Individual Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred**	Specialty
Bronze	FirstCare Savers Bronze HMO HSA 006	Yes	0%	\$7,500	\$7,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD
				\$15,000	\$15,000												
	FirstCare Vital Bronze HMO 013	No	40%	\$7,500	\$9,000	\$50	\$0	\$100	\$75	50% AFD	50% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$50 AFD	\$100 AFD	\$500 AFD
				\$15,000	\$18,000												
	FirstCare Vital Bronze HMO 009	No	20%	\$7,600	\$9,100	1 free, then \$35	\$0	\$100	\$100	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$55 AFD	\$150 AFD	\$500 AFD
				\$15,200	\$18,200												

Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred**	Specialty
Silver	FirstCare Prime Silver HMO 008	No	0%	\$4,800	\$9,100	2 free, then \$30	\$0	\$70	\$70	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$90	\$150	\$500
				\$9,600	\$18,200												
	FirstCare Prime Silver HMO 008- CSR 73% AV	No	0%	\$3,400	\$7,250	2 free, then \$30	\$0	\$70	\$70	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$90	\$150	\$500
				\$6,800	\$14,500												
	FirstCare Prime Silver HMO 008 - CSR 87% AV	No	0%	\$1,000	\$3,000	2 free, then \$5	\$0	\$20	\$20	35% AFD	35% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$45	\$150	\$500
				\$2,000	\$6,000												
	FirstCare Prime Silver HMO 008- CSR 94% AV	No	0%	\$0	\$1,500	2 free, then \$5	\$0	\$5	\$5	20%	20%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$15	\$55	\$500
				\$0	\$3,000												

\*For a covered dependent through the age of 18. Applies to all PCP office visits

\*\*3x copay for 90-day maintenance eligible drug

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual Family	Individual Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred*	Specialty
Silver	FirstCare Prime Silver HMO 003	No	40%	\$5,800	\$8,900	\$40	\$0	\$80	\$60	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	\$40	\$80 AFD	\$350 AFD
				\$11,600	\$17,800												
	FirstCare Prime Silver HMO 003 - CSR 73% AV	No	40%	\$5,700	\$7,200	\$30	\$0	\$60	\$45	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	\$40	\$80 AFD	\$350 AFD
				\$11,400	\$14,400												
	FirstCare Prime Silver HMO 003 - CSR 87% AV	No	30%	\$800	\$3,000	\$20	\$0	\$40	\$30	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$20	\$60 AFD	\$250 AFD
				\$1,600	\$6,000												
	FirstCare Prime Silver HMO 003- CSR 94% AV	No	25%	\$0	\$1,700	\$5	\$0	\$10	\$5	25%	25%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$15	\$50	\$150
				\$0	\$3,400												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred*	Specialty
Silver	FirstCare Prime Silver HMO 012	No	20%	\$0	\$9,100	\$0 first visit then \$45	\$0	\$85	\$85	\$750 copay/visit	\$2,000 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$0	\$18,200												
	FirstCare Prime Silver HMO 012 - CSR 73% AV	No	20%	\$0	\$7,250	\$0 first visit then \$45	\$0	\$85	\$85	\$750 copay/visit	\$2,000 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$0	\$14,500												
	FirstCare Prime Silver HMO 012 - CSR 87% AV	No	10%	\$0	\$3,000	\$0 for 2 visits then \$10	\$0	\$50	\$50	\$500 copay/visit	\$500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55	\$150	\$500
				\$0	\$6,000												
	FirstCare Prime Silver HMO 012 - CSR 94% AV	No	10%	\$0	\$1,000	\$0	\$0	\$10	\$10	\$200 copay/visit	\$100 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55	\$150	\$500
				\$0	\$2,000												

\*For a covered dependent through the age of 18. Applies to all PCP office visits

\*\*3x copay for 90-day maintenance eligible drug



Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred**	Specialty
Gold	FirstCare Elite Gold HMO 001	No	25%	\$2,000	\$8,700	\$30	\$0	\$60	\$60	25% AFD	25% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$30	\$60	\$250
				\$4,000	\$17,400												
	FirstCare Elite Gold HMO 011	No	25%	\$750	\$9,100	2 free, then \$30	\$0	\$60	\$60	\$750 copay plus 25% AFD	\$1,500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	500
					\$1,500												
	FirstCare Elite Gold HMO 015	No	20%	\$1,500	\$9,100	\$0	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
					\$3,000												

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred**	Specialty
Off Exchange	FirstCare Prime Silver HMO 010	No	20%	\$4,950	\$9,100	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$9,900	\$18,200												
	FirstCare Prime Silver HMO 014	No	10%	\$0	\$9,100	\$55	\$0	\$85	\$85	\$750 copay	\$2,500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
					\$0												
Gold	FirstCare Elite Gold HMO 002	No	25%	\$0	\$9,100	\$50	\$0	\$85	\$85	\$750 copay/visit	25%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$0	\$18,200												

\*For a covered dependent through the age of 18. Applies to all PCP office visits

\*\*3x copay for 90-day maintenance eligible drug

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred**	Specialty
Bronze	BSW Savers Bronze HMO HSA 006	Yes	0%	\$7,500	\$7,500	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	0% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	0% AFD	0% AFD	0% AFD	0% AFD
				\$15,000	\$15,000												
	BSW Vital Bronze HMO 007	No	40%	\$7,500	\$9,000	\$50	50% AFD	\$100	\$75	50% AFD	50% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$50 AFD	\$100 AFD	\$500 AFD
				\$15,000	\$18,000												
	BSW Vital Bronze HMO 009	No	20%	\$7,600	\$9,100	1 free, then \$35	\$0	\$100	\$100	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$25	\$55 AFD	\$150 AFD	\$500 AFD
				\$15,200	\$18,200												

Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred**	Specialty
Silver	BSW Prime Silver HMO 008	No	0%	\$4,800	\$9,100	2 free, then \$30	\$0	\$70	\$70	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$90	\$150	\$500
				\$9,600	\$18,200												
	BSW Prime Silver HMO 008-CSR 73% AV	No	0%	\$3,400	\$7,250	2 free, then \$30	\$0	\$70	\$70	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$90	\$150	\$500
				\$6,800	\$14,500												
	BSW Prime Silver HMO 008 - CSR 87% AV	No	0%	\$1,000	\$3,000	2 free, then \$5	\$0	\$20	\$20	35% AFD	35% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$45	\$150	\$500
				\$2,000	\$6,000												
	BSW Prime Silver HMO 008-CSR 94% AV	No	0%	\$0	\$1,500	2 free, then \$5	\$0	\$5	\$5	20%	20%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$15	\$55	\$500
				\$0	\$3,000												

\*For a covered dependent through the age of 18. Applies to all PCP office visits

\*\*3x copay for 90-day maintenance eligible drug

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred* *	Specialty
Silver	BSW Prime Silver HMO 003	No	40%	\$5,800	\$8,900	\$40	\$0	\$80	\$60	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	\$40	\$80 AFD	\$350 AFD
				\$11,600	\$17,800												
	BSW Prime Silver HMO 003 - CSR 73% AV	No	40%	\$5,700	\$7,200	\$30	\$0	\$60	\$45	40% AFD	40% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$20	\$40	\$80 AFD	\$350 AFD
				\$11,400	\$14,400												
	BSW Prime Silver HMO 003 - CSR 87% AV	No	30%	\$800	\$3,000	\$20	\$0	\$40	\$30	30% AFD	30% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$20	\$60 AFD	\$250 AFD
				\$1,600	\$6,000												
	BSW Prime Silver HMO 003- CSR 94% AV	No	25%	\$0	\$1,700	\$5	\$0	\$10	\$5	25%	25%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$0	\$15	\$50	\$150
				\$0	\$3,400												

Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred* *	Specialty
Silver	BSW Prime Silver HMO 005	No	20%	\$0	\$9,100	\$0 first visit then \$45	\$0	\$85	\$85	\$750 copay/visit	\$2,000 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$0	\$18,200												
	BSW Prime Silver HMO 005 - CSR 73% AV	No	20%	\$0	\$7,250	\$0 first visit then \$45	\$0	\$85	\$85	\$750 copay/visit	\$2,000 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$0	\$14,500												
	BSW Prime Silver HMO 005 - CSR 87% AV	No	10%	\$0	\$3,000	\$0 for 2 visits then \$10	\$0	\$50	\$50	\$500 copay/visit	\$500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55	\$150	\$500
				\$0	\$6,000												
	BSW Prime Silver HMO 005 - CSR 94% AV	No	10%	\$0	\$1,000	\$0	\$0	\$10	\$10	\$200 copay/visit	\$100 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$10	\$55	\$150	\$500
				\$0	\$2,000												

\*For a covered dependent through the age of 18. Applies to all PCP office visits

\*\*3x copay for 90-day maintenance eligible drug

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred*	Specialty
Gold	BSW Elite Gold HMO 001	No	25%	\$2,000	\$8,700	\$30	\$0	\$60	\$60	25% AFD	25% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$30	\$60	\$250
				\$4,000	\$17,400												
	BSW Elite Gold HMO 004	No	25%	\$750	\$9,100	2 free, then \$30	\$0	\$60	\$60	\$750 copay plus 25% AFD	\$1,500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	500
				\$1,500	\$18,200												
	BSW Elite Gold HMO 015	No	20%	\$1,500	\$9,100	\$0	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$3,000	\$18,200												

Individual HMO				Calendar Year Deductible	Calendar Year MOOP	Office Visits			Benefits (In-Network)			Drugs (In-Network)					
				Individual	Individual												
				Family	Family												
Metal Level	Plan Name	HSA	Coins	INN	INN	Adult PCP	Pediatric* PCP	Specialist	Urgent Care	ER	Inpatient	Prescription Deductible	ACA Preventive	Generic**	Preferred Brand**	Non-Preferred*	Specialty
Off Exchange	BSW Prime Silver HMO 010	No	20%	\$4,950	\$9,100	\$30	\$0	\$60	\$60	\$750 copay/visit AFD	20% AFD	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55 AFD	\$150 AFD	\$500 AFD
				\$9,900	\$18,200												
	BSW Prime Silver HMO 011	No	10%	\$0	\$9,100	\$55	\$0	\$85	\$85	\$750 copay	\$2,500 copay/stay	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$0	\$18,200												
	BSW Elite Gold HMO 002	No	25%	\$0	\$9,100	\$50	\$0	\$85	\$85	\$750 copay/visit	25%	ACA Preventive and Tier 1: \$0 Tier 2-4 Integrated with Medical	\$0	\$15	\$55	\$150	\$500
				\$0	\$18,200												

\*For a covered dependent through the age of 18. Applies to all PCP office visits

\*\*3x copay for 90-day maintenance eligible drug



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