## 2025 Large Group Plans Summary



## **2025 Large Group Plan Offerings**

Feature	What's available
Lines of Business and Networks	<ul> <li>HMO</li> <li>BSW Premier HMO network</li> <li>BSW Plus HMO network</li> <li>PPO</li> <li>BSW Plus PPO network</li> <li>BSW Access PPO (UHC in-network, out-of-area network)</li> <li>PHCS out-of-area network</li> </ul>
Network Service Area	HMO and PPO  • 141 counties
RX Plans	<ul> <li>7-tier plans with \$0-\$5 range for generic drugs and \$75-\$130 for specialty drugs</li> <li>HDHP plans from 70% to 100% coinsurance after deductible</li> <li>No RX deductible (integrated with medical deductible), except HDHP plans</li> </ul>
Additional Standard Benefits	<ul> <li>Telehealth/Video Visits are available at \$0 copay on non-HDHPs thru BSW Telehealth and Teladoc (plan deductible applies to HDHP plans)</li> <li>Wondr Health is available for weight management</li> </ul>
Hearing Aid Rider	<ul> <li>Plan covers 1 device per ear every 3 years for ages 0 thru 18</li> <li>Hearing aid rider available for members ages 19 and above</li> <li>If the group purchases the Hearing Aid rider, it will apply to all members</li> </ul>
In Vitro Rider	<ul> <li>Coverage for outpatient medical services for in vitro fertilization.</li> <li>If the group purchases the In Vitro rider, it must be elected by all members that are enrolled in the medical plan</li> </ul>
Vision and Eyewear Benefit Rider	<ul> <li>Pediatric and adult vision and eyewear are not standard benefits</li> <li>A Vision and Eyewear rider is available</li> <li>If the group purchases the Vision and Eyewear rider, it must be elected by all members that are enrolled in the medical plan</li> </ul>



## **2025 Large Group Plan Types**

Large Group Plans	What's available
Types	<ul> <li>State-mandated HMO Plans (5)</li> <li>Standard HMO and PPO Plans (66 total including HDHP plans)</li> <li>Cost Effective HMO and PPO Plans (12)</li> <li>Copay Only HMO Plans (3)</li> </ul>
Standard	<ul> <li>Deductible ranges from \$0 up to \$8,000 on standard plans and \$3,300 to \$7,950 on HDHP plans</li> <li>70%, 80%, 90% and 100% coinsurance levels</li> <li>No PCP selected required</li> <li>No referral needed for specialist care</li> <li>No charge for: <ul> <li>Pediatric PCP and mental/behavioral health visits (except HDHP)</li> <li>First non-preventive adult sick visits (except HDHP)</li> <li>Diagnostic testing (except HDHP)</li> <li>Telehealth/virtual visits (except HDHP)</li> </ul> </li> </ul>
State Mandated HMO	<ul> <li>\$0 deductible for member and for family coverage</li> <li>Same essential benefits as standard plans</li> <li>No annual limits on home health, rehab, habilitation and chiropractic visits</li> </ul>
Cost Effective	<ul> <li>Most services are at the copay level where deductible does not apply</li> <li>All other benefits will be copay after deductible or coinsurance after deductible</li> <li>Lower rates than standard plans while core benefits are at copay level</li> <li>No charge for pediatric PCP and mental/behavioral health visits, first non-preventive sick visit for adults and telehealth/virtual visits</li> </ul>
Copay Only	<ul> <li>All benefits at a copay level</li> <li>No individual or family deductibles</li> <li>No charge for pediatric PCP and mental/behavioral health visits, first non-preventive sick visit for adults and telehealth/virtual visits</li> </ul>

