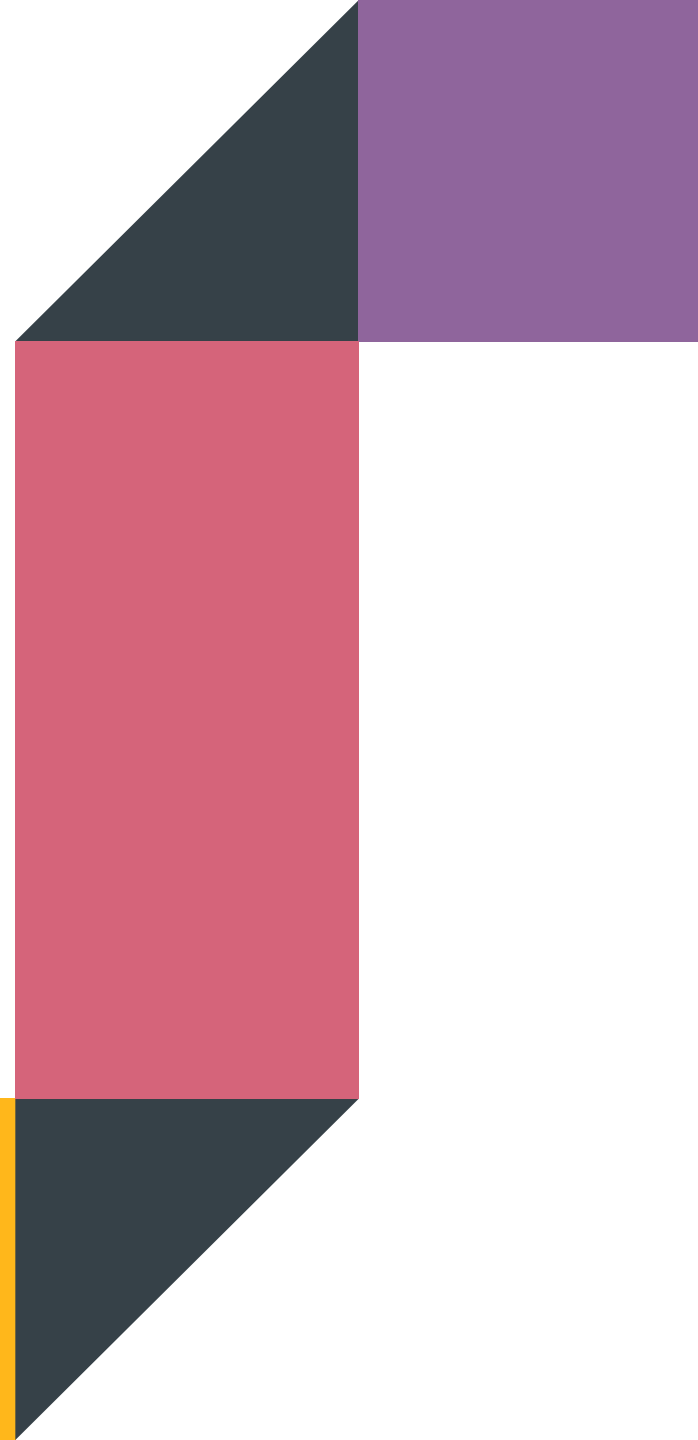


# 2024 ACA Small Group Snapshot Grid



# HMO

BSW Plus HMO

BSW Premier HMO



| PY24 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<br><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 9450 | BHG24P30      | No  | 100%  | \$9,450                      | \$9,450                | No charge               | 0% AFD                                        | 0% AFD               | 0% AFD               | 0% AFD  | 0% AFD    | No charge               | 0% AFD     | 0% AFD          | 0% AFD           | 0% AFD           | 0% AFD |
|                                        |                     |               |     |       | \$18,900                     | \$18,900               |                         |                                               |                      |                      |         |           |                         |            |                 |                  |                  |        |
|                                        | Bronze HMO 90 7900  | BHG24P01      | No  | 90%   | \$7,900                      | \$9,450                | No charge               | \$45 copay/visit                              | \$50 copay/visit AFD | \$50 copay/visit AFD | 10% AFD | 10% AFD   | No charge               | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |        |
|                                        |                     |               |     |       | \$15,800                     | \$18,900               |                         |                                               |                      |                      |         |           |                         |            |                 |                  |                  |        |
|                                        | Bronze HMO 80 7500  | BHG24P03      | No  | 80%   | \$7,500                      | \$9,450                | No charge               | \$55 copay/visit                              | \$60 copay/visit AFD | \$60 copay/visit AFD | 20% AFD | 20% AFD   | No charge               | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |        |
|                                        |                     |               |     |       | \$15,000                     | \$18,900               |                         |                                               |                      |                      |         |           |                         |            |                 |                  |                  |        |
|                                        | Bronze HMO HSA 7300 | BHG24P02      | Yes | 100%  | \$7,300                      | \$7,300                | 0% AFD                  | 0% AFD                                        | 0% AFD               | 0% AFD               | 0% AFD  | 0% AFD    | 0% AFD                  | No charge  | 0% AFD          | 0% AFD           | 0% AFD           | 0% AFD |
|                                        |                     |               |     |       | \$14,600                     | \$14,600               |                         |                                               |                      |                      |         |           |                         |            |                 |                  |                  |        |

\*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.

**Subject to regulatory approval.**



| PY24 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 80 8900  | SHG24P31      | No  | 80%      | \$8,900                      | \$9,450                | 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 |             |
|                                        |                     |               |     |          | \$17,800                     | \$18,900               |                         |                                     |                   |                       |                       |           |                         |            |             |                 |             |             |
|                                        | Silver HMO 80 7500  | SHG24P32      | No  | 80%      | \$7,500                      | \$9,450                | 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                     | \$18,900               |                         |                                     |                   |                       |                       |           |                         |            |             |                 |             |             |
|                                        | Silver HMO 100 7300 | SHG24P13      | 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  | SHG24P33      | 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                     | SHG24P08            | 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                     | SHG24P34            | No            | 70% | \$6,700  | \$9,450                      | 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 | \$18,900                     |                        |                         |                                     |                   |                       |                       |           |                         |            |             |                 |             |             |
| Silver HMO 90 6500                     | SHG24P10            | 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                     | SHG24P09            | 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                     |                        |                         |                                     |                   |                       |                       |           |                         |            |             |                 |             |             |



\*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.

Subject to regulatory approval.

| PY24 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 6200 | SHG24P35      | Yes | 100%    | \$6,200                      | \$6,200                | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | No charge               | 0% AFD     | 0% AFD      | 0% AFD          | 0% AFD      |
|                                        |                     |               |     |         | \$12,400                     | \$12,400               |                         |                                     |                   |                       |                                                       |           |                         |            |             |                 |             |
|                                        | Silver HMO 90 5900  | SHG24P15      | 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  | SHG24P11      | 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 5100 | SHG24P14      | Yes | 100%    | \$5,100                      | \$5,100                | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | 0% AFD                  | No charge  | 0% AFD      | 0% AFD          | 0% AFD      |
|                                        |                     |               |     |         | \$10,200                     | \$10,200               |                         |                                     |                   |                       |                                                       |           |                         |            |             |                 |             |
|                                        | Silver HMO 70 4500  | SHG24P12      | 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                     | SHG24P40            | 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                     | SHG24P17            | 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                     | SHG24P37            | 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 90 650                      | SHG24P16            | No            | 90% | \$650   | \$9,450                      | No charge              | \$50 copay/visit        | \$100 copay/visit                   | \$100 copay/visit | \$750 copay/visit AFD | \$1,500 copayment per day AFD (not to exceed \$7,500) | No Charge | \$15 copay              | \$55 copay | \$150 copay | \$500 copay     |             |
|                                        |                     |               |     | \$1,300 | \$18,900                     |                        |                         |                                     |                   |                       |                                                       |           |                         |            |             |                 |             |



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

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Subject to regulatory approval.

| PY24 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<br>*No charge<br>1st sick visit | Specialist       | Urgent Care         | ER                    | Inpatient | ACA Preventive          | Generic    | Pref. Brand | Non Pref. Brand | Specialty   |        |
| Gold                                   | Gold HMO 90 4500  | GHG24P07      | No  | 90%   | \$4,500                      | \$6,300                | 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                      | \$12,600               |                         |                                           |                  |                     |                       |           |                         |            |             |                 |             |        |
|                                        | Gold HMO 100 4000 | GHG24P38      | 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 3500 | GHG24P19      | No  | 100%  | \$3,500                      | \$6,900                | 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 |        |
|                                        |                   |               |     |       | \$7,000                      | \$13,800               |                         |                                           |                  |                     |                       |           |                         |            |             |                 |             |        |
|                                        | Gold HMO HSA 3700 | GHG24P18      | Yes | 100%  | \$3,700                      | \$3,700                | 0% AFD                  | 0% AFD                                    | 0% AFD           | 0% AFD              | 0% AFD                | 0% AFD    | 0% AFD                  | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD |
|                                        |                   |               |     |       | \$7,400                      | \$7,400                |                         |                                           |                  |                     |                       |           |                         |            |             |                 |             |        |
|                                        | Gold HMO 100 3000 | GHG24P27      | 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 3200 | GHG24P20      | Yes | 100%  | \$3,200                      | \$3,200                | 0% AFD                  | 0% AFD                                    | 0% AFD           | 0% AFD              | 0% AFD                | 0% AFD    | 0% AFD                  | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD |
|                                        |                   |               |     |       | \$6,400                      | \$6,400                |                         |                                           |                  |                     |                       |           |                         |            |             |                 |             |        |
|                                        | Gold HMO 100 2300 | GHG24P26      | 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               |                         |                                           |                  |                     |                       |           |                         |            |             |                 |             |        |



\*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

Subject to regulatory approval.

| PY24 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<br><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          | GHG24P25      | 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          | GHG24P28      | 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          | GHG24P23      | 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          | GHG24P24      | 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           | GHG24P39      | 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 7000 | GHG24P22      | No  | 90%   | \$0                          | \$7,000                | 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                          | \$14,000               |                         |                                               |                  |                     |                       |                                                 |                         |            |             |                 |             |
|                                        | Gold HMO SM 0 9450        | GHG24P29      | No  | 80%   | \$0                          | \$9,450                | No charge               | \$60 copay/visit.                             | \$95 copay/visit | \$95 copay/visit    | \$750 copay/visit     | 20% of charges                                  | No charge               | \$15 copay | \$55 copay  | \$150 copay     | \$500 copay |
|                                        |                           |               |     |       | \$0                          | \$18,900               |                         |                                               |                  |                     |                       |                                                 |                         |            |             |                 |             |



\*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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**Subject to regulatory approval.**

| PY24 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<br><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 9450 | BHG24A30      | No  | 100%  | \$9,450                      | \$9,450                | No charge               | 0% AFD                                        | 0% AFD               | 0% AFD               | 0% AFD  | 0% AFD    | No charge              | 0% AFD     | 0% AFD          | 0% AFD           | 0% AFD           |
|                                        |                     |               |     |       | \$18,900                     | \$18,900               |                         |                                               |                      |                      |         |           |                        |            |                 |                  |                  |
|                                        | Bronze HMO 90 7900  | BHG24A01      | No  | 90%   | \$7,900                      | \$9,450                | No charge               | \$45 copay/visit                              | \$50 copay/visit AFD | \$50 copay/visit AFD | 10% AFD | 10% AFD   | No charge              | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |
|                                        |                     |               |     |       | \$15,800                     | \$18,900               |                         |                                               |                      |                      |         |           |                        |            |                 |                  |                  |
|                                        | Bronze HMO 80 7500  | BHG24A03      | No  | 80%   | \$7,500                      | \$9,450                | No charge               | \$55 copay/visit                              | \$60 copay/visit AFD | \$60 copay/visit AFD | 20% AFD | 20% AFD   | No charge              | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |
|                                        |                     |               |     |       | \$15,000                     | \$18,900               |                         |                                               |                      |                      |         |           |                        |            |                 |                  |                  |
|                                        | Bronze HMO HSA 7300 | BHG24A02      | Yes | 100%  | \$7,300                      | \$7,300                | 0% AFD                  | 0% AFD                                        | 0% AFD               | 0% AFD               | 0% AFD  | 0% AFD    | 0% AFD                 | No charge  | 0% AFD          | 0% AFD           | 0% AFD           |
|                                        |                     |               |     |       | \$14,600                     | \$14,600               |                         |                                               |                      |                      |         |           |                        |            |                 |                  |                  |



\*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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Subject to regulatory approval.



| PY24 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<br><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 8900  | SHG24A31      | No  | 80%      | \$8,900                      | \$9,450                | 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 |             |
|                                        |                     |               |     |          | \$17,800                     | \$18,900               |                         |                                               |                   |                       |                       |           |                        |            |             |                 |             |             |
|                                        | Silver HMO 80 7500  | SHG24A32      | No  | 80%      | \$7,500                      | \$9,450                | 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                     | \$18,900               |                         |                                               |                   |                       |                       |           |                        |            |             |                 |             |             |
|                                        | Silver HMO 100 7300 | SHG24A13      | 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  | SHG24A33      | 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                     | SHG24A08            | 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                     | SHG24A34            | No            | 70% | \$6,700  | \$9,450                      | 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 | \$18,900                     |                        |                         |                                               |                   |                       |                       |           |                        |            |             |                 |             |             |
| Silver HMO 90 6500                     | SHG24A10            | 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                     | SHG24A09            | 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                     |                        |                         |                                               |                   |                       |                       |           |                        |            |             |                 |             |             |

\*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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Subject to regulatory approval.



PY24 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 *No charge 1st sick visit | Specialist        | Urgent Care           | ER                                                    | Inpatient | ACA Preventive     | Generic    | Pref. Brand | Non Pref. Brand | Specialty   |        |
| Silver             | Silver HMO HSA 6200 | SHG24A35      | Yes | 100%    | \$6,200                      | \$6,200                | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | No charge          | 0% AFD     | 0% AFD      | 0% AFD          | 0% AFD      |        |
|                    |                     |               |     |         | \$12,400                     | \$12,400               |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |        |
|                    | Silver HMO 90 5900  | SHG24A15      | 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  | SHG24A11      | 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 5100 | SHG24A14      | Yes | 100%    | \$5,100                      | \$5,100                | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | 0% AFD             | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD |
|                    |                     |               |     |         | \$10,200                     | \$10,200               |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |        |
|                    | Silver HMO 70 4500  | SHG24A12      | 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 | SHG24A40            | 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 | SHG24A17            | 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 | SHG24A37            | 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 90 650  | SHG24A16            | No            | 90% | \$650   | \$9,450                      | No charge              | \$50 copay/visit.       | \$100 copay/visit                   | \$100 copay/visit | \$750 copay/visit AFD | \$1,500 copayment per day AFD (not to exceed \$7,500) | No Charge | \$15 copay         | \$55 copay | \$150 copay | \$500 copay     |             |        |
|                    |                     |               |     | \$1,300 | \$18,900                     |                        |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |        |



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Subject to regulatory approval.

| PY24 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<br>*No charge<br>1st sick visit | Specialist       | Urgent Care         | ER                    | Inpatient | ACA Preventive         | Generic    | Pref. Brand | Non Pref. Brand | Specialty   |        |
| Gold                                   | Gold HMO 90 4500  | GHG24A07      | No  | 90%   | \$4,500                      | \$6,300                | 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                      | \$12,600               |                         |                                           |                  |                     |                       |           |                        |            |             |                 |             |        |
|                                        | Gold HMO 100 4000 | GHG24A38      | 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 3500 | GHG24A19      | No  | 100%  | \$3,500                      | \$6,900                | 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 |        |
|                                        |                   |               |     |       | \$7,000                      | \$13,800               |                         |                                           |                  |                     |                       |           |                        |            |             |                 |             |        |
|                                        | Gold HMO HSA 3700 | GHG24A18      | Yes | 100%  | \$3,700                      | \$3,700                | 0% AFD                  | 0% AFD                                    | 0% AFD           | 0% AFD              | 0% AFD                | 0% AFD    | 0% AFD                 | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD |
|                                        |                   |               |     |       | \$7,400                      | \$7,400                |                         |                                           |                  |                     |                       |           |                        |            |             |                 |             |        |
|                                        | Gold HMO 100 3000 | GHG24A27      | 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 3200 | GHG24A20      | Yes | 100%  | \$3,200                      | \$3,200                | 0% AFD                  | 0% AFD                                    | 0% AFD           | 0% AFD              | 0% AFD                | 0% AFD    | 0% AFD                 | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD |
|                                        |                   |               |     |       | \$6,400                      | \$6,400                |                         |                                           |                  |                     |                       |           |                        |            |             |                 |             |        |
|                                        | Gold HMO 100 2300 | GHG24A26      | 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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Subject to regulatory approval.

| PY24 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<br>*No charge<br>1st sick visit | Specialist       | Urgent Care           | ER                                              | Inpatient | ACA Preventive         | Generic    | Pref. Brand        | Non Pref. Brand | Specialty   |  |  |
| Gold                                   | Gold HMO 90 2000 | GHG24A25      | 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 | GHG24A28      | 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 | GHG24A23      | 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 | GHG24A24      | 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                        | GHG24A39         | 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 7000              | GHG24A22         | No            | 90% | \$0     | \$7,000                      | 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     | \$14,000                     |                        |                         |                                           |                  |                       |                                                 |           |                        |            |                    |                 |             |  |  |
| Gold HMO SM 0 9450                     | GHG24A29         | No            | 80% | \$0     | \$9,450                      | No charge              | \$60 copay/visit.       | \$95 copay/visit                          | \$95 copay/visit | \$750 copay/visit     | 20% of charges                                  | No charge | \$15 copay             | \$55 copay | \$150 copay        | \$500 copay     |             |  |  |
|                                        |                  |               |     | \$0     | \$18,900                     |                        |                         |                                           |                  |                       |                                                 |           |                        |            |                    |                 |             |  |  |



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Subject to regulatory approval.

PPO

BSW Plus PPO

BSW Access PPO



| PY24 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<br>*No charge<br>1st sick visit | Specialist           | Urgent Care          | ER      | Inpatient | ACA Preventive         | Generic    | Pref. Brand     | Non Pref. Brand  | Specialty        |        |
| Bronze                                 | Bronze PPO 100 9450 | BPG24D30      | No  | 100%  | 50% | \$9,450                      | \$18,900 | \$9,450                | \$28,350 | No charge               | 0% AFD                                    | 0% AFD               | 0% AFD               | 0% AFD  | 0% AFD    | No charge              | 0% AFD     | 0% AFD          | 0% AFD           | 0% AFD           |        |
|                                        |                     |               |     |       |     | \$18,900                     | \$37,800 | \$18,900               | \$56,700 |                         |                                           |                      |                      |         |           |                        |            |                 |                  |                  |        |
|                                        | Bronze PPO 90 7900  | BPG24D01      | No  | 90%   | 50% | \$7,900                      | \$15,800 | \$9,450                | \$28,350 | No charge               | \$45 copay/visit                          | \$50 copay/visit AFD | \$50 copay/visit AFD | 10% AFD | 10% AFD   | No charge              | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |        |
|                                        |                     |               |     |       |     | \$15,800                     | \$31,600 | \$18,900               | \$56,700 |                         |                                           |                      |                      |         |           |                        |            |                 |                  |                  |        |
|                                        | Bronze PPO 80 7500  | BPG24D03      | No  | 80%   | 50% | \$7,500                      | \$15,000 | \$9,450                | \$28,350 | No charge               | \$55 copay/visit                          | \$60 copay/visit AFD | \$60 copay/visit AFD | 20% AFD | 20% AFD   | No charge              | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |        |
|                                        |                     |               |     |       |     | \$15,000                     | \$30,000 | \$18,900               | \$56,700 |                         |                                           |                      |                      |         |           |                        |            |                 |                  |                  |        |
|                                        | Bronze PPO HSA 7300 | BPG24D02      | Yes | 100%  | 50% | \$7,300                      | \$14,600 | \$7,300                | \$21,900 | 0% AFD                  | 0% AFD                                    | 0% AFD               | 0% AFD               | 0% AFD  | 0% AFD    | 0% AFD                 | No charge  | 0% AFD          | 0% AFD           | 0% AFD           | 0% AFD |
|                                        |                     |               |     |       |     | \$14,600                     | \$29,200 | \$14,600               | \$43,800 |                         |                                           |                      |                      |         |           |                        |            |                 |                  |                  |        |



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Subject to regulatory approval.

| PY24 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<br>*No charge<br>1st sick visit | Specialist        | Urgent Care         | ER                    | Inpatient | ACA Preventive         | Generic    | Pref. Brand | Non Pref. Brand | Specialty   |             |
| Silver                                 | Silver PPO 80 8900  | SPG24D31      | No  | 80%   | 50% | \$8,900                      | \$17,800 | \$9,450                | \$28,350 | 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 |             |
|                                        |                     |               |     |       |     | \$17,800                     | \$35,600 | \$18,900               | \$56,700 |                         |                                           |                   |                     |                       |           |                        |            |             |                 |             |             |
|                                        | Silver PPO 80 7500  | SPG24D32      | No  | 80%   | 50% | \$7,500                      | \$15,000 | \$9,450                | \$28,350 | 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 | \$18,900               | \$56,700 |                         |                                           |                   |                     |                       |           |                        |            |             |                 |             |             |
|                                        | Silver PPO 100 7300 | SPG24D13      | 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  | SPG24D33      | 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  | SPG24D08      | 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  | SPG24D34      | No  | 70%   | 50% | \$6,700                      | \$13,400 | \$9,450                | \$28,350 | 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 | \$18,900               | \$56,700 |                         |                                           |                   |                     |                       |           |                        |            |             |                 |             |             |
|                                        | Silver PPO 90 6500  | SPG24D10      | 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  | SPG24D09      | 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 |                         |                                           |                   |                     |                       |           |                        |            |             |                 |             |             |



\*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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Subject to regulatory approval.

PY24 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 6200 | SPG24D35      | Yes | 100%  | 50%     | \$6,200                      | \$12,400 | \$6,200                | \$18,600  | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | No charge          | 0% AFD     | 0% AFD      | 0% AFD          | 0% AFD      |             |        |
|                    |                     |               |     |       |         | \$12,400                     | \$24,800 | \$12,400               | \$37,200  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
|                    | Silver PPO 90 5900  | SPG24D15      | 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 | \$500 copay |        |
|                    |                     |               |     |       |         | \$11,800                     | \$24,600 | \$18,200               | \$54,600  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
|                    | Silver PPO 80 5000  | SPG24D11      | 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 | \$500 copay |        |
|                    |                     |               |     |       |         | \$10,000                     | \$20,000 | \$18,200               | \$54,600  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
|                    | Silver PPO HSA 5100 | SPG24D14      | Yes | 100%  | 50%     | \$5,100                      | \$10,200 | \$5,100                | \$15,300  | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | 0% AFD             | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD      | 0% AFD |
|                    |                     |               |     |       |         | \$10,200                     | \$20,400 | \$10,200               | \$30,600  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
|                    | Silver PPO 70 4500  | SPG24D12      | 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 | \$500 copay |        |
|                    |                     |               |     |       |         | \$9,000                      | \$18,000 | \$18,200               | \$54,600  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
| Silver PPO 80 4250 | SPG24D40            | 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     | \$500 copay |             |        |
|                    |                     |               |     |       | \$8,500 | \$17,000                     | \$18,200 | \$54,600               |           |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
| Silver PPO 70 3800 | SPG24D17            | 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     | \$500 copay |             |        |
|                    |                     |               |     |       | \$7,600 | \$15,200                     | \$18,200 | \$54,600               |           |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
| Silver PPO 60 3250 | SPG24D37            | 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     | \$500 copay |             |        |
|                    |                     |               |     |       | \$6,500 | \$13,000                     | \$18,200 | \$54,600               |           |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |
| Silver PPO 90 650  | SPG24D16            | No            | 90% | 50%   | \$650   | \$1,300                      | \$9,450  | \$28,350               | No charge | \$50 copay/visit.       | \$100 copay/visit                   | \$100 copay/visit | \$750 copay/visit AFD | \$1,500 copayment per day AFD (not to exceed \$7,500) | No Charge | \$15 copay         | \$55 copay | \$150 copay | \$500 copay     | \$500 copay |             |        |
|                    |                     |               |     |       | \$1,300 | \$2,600                      | \$18,900 | \$56,700               |           |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |             |        |



\*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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Subject to regulatory approval.



| PY24 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  | GPG24D07      | No  | 90%   | 50%     | \$4,500                      | \$9,000  | \$6,300                | \$18,900  | 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 | \$12,600               | \$37,800  |                         |                                     |                  |                     |                       |                                                 |                        |            |             |                 |             |             |
|                                        | Gold PPO 100 4000 | GPG24D38      | 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 3500 | GPG24D19      | No  | 100%  | 50%     | \$3,500                      | \$7,000  | \$6,900                | \$20,700  | 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 |             |
|                                        |                   |               |     |       |         | \$7,000                      | \$14,000 | \$13,800               | \$41,400  |                         |                                     |                  |                     |                       |                                                 |                        |            |             |                 |             |             |
|                                        | Gold PPO HSA 3700 | GPG24D18      | Yes | 100%  | 50%     | \$3,700                      | \$7,400  | \$3,700                | \$11,100  | 0% AFD                  | 0% AFD                              | 0% AFD           | 0% AFD              | 0% AFD                | 0% AFD                                          | 0% AFD                 | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD      |
|                                        |                   |               |     |       |         | \$7,400                      | \$14,800 | \$7,400                | \$22,200  |                         |                                     |                  |                     |                       |                                                 |                        |            |             |                 |             |             |
|                                        | Gold PPO 100 3000 | GPG24D27      | No  | 100%  | 50%     | \$3,000                      | \$6,000  | \$4,000                | \$12,000  | No charge               | \$25 copay/visit.                   | \$60 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 3200 | GPG24D20      | Yes | 100%  | 50%     | \$3,200                      | \$6,400  | \$3,200                | \$9,600   | 0% AFD                  | 0% AFD                              | 0% AFD           | 0% AFD              | 0% AFD                | 0% AFD                                          | 0% AFD                 | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD      |
|                                        |                   |               |     |       |         | \$6,400                      | \$12,800 | \$6,400                | \$19,200  |                         |                                     |                  |                     |                       |                                                 |                        |            |             |                 |             |             |
|                                        | Gold PPO 100 2300 | GPG24D26      | No  | 100%  | 50%     | \$2,300                      | \$4,600  | \$8,500                | \$25,500  | No charge               | No charge                           | \$60 copay/visit | \$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  | GPG24D25      | No  | 90%   | 50%     | \$2,000                      | \$4,000  | \$5,500                | \$16,500  | No charge               | \$25 copay/visit.                   | \$60 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  | GPG24D28      | No  | 90%   | 50%     | \$1,800                      | \$3,600  | \$7,500                | \$22,500  | No charge               | No charge                           | \$50 copay/visit | \$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  | GPG24D23      | No  | 80%   | 50%     | \$1,500                      | \$3,000  | \$7,000                | \$21,000  | No charge               | \$25 copay/visit.                   | \$60 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                       | GPG24D24          | No            | 80% | 50%   | \$1,000 | \$2,000                      | \$8,200  | \$24,600               | No charge | \$25 copay/visit.       | \$60 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                        | GPG24D39          | No            | 80% | 50%   | \$750   | \$1,500                      | \$8,250  | \$24,750               | No charge | \$40 copay/visit.       | \$70 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 7000              | GPG24D22          | No            | 90% | 50%   | \$0     | \$2,750                      | \$7,000  | \$21,000               | No charge | \$15 copay/visit.       | \$50 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                      | \$14,000 | \$42,000               |           |                         |                                     |                  |                     |                       |                                                 |                        |            |             |                 |             |             |

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approval

PY24 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<br><i>*No charge 1st sick visit</i> | Specialist           | Urgent Care          | ER                 | Inpatient | ACA Preventive | Generic    | Pref. Brand     | Non Pref. Brand  | Specialty        |        |
| Bronze      | Bronze PPO 100 9100 | UHC24F30      | No  | 100%                         | 50% | \$9,450                | \$18,900 | \$9,450                 | \$28,350 | No charge     | 0% AFD                                        | 0% AFD               | 0% AFD               | 0% AFD             | 0% AFD    | No charge      | 0% AFD     | 0% AFD          | 0% AFD           | 0% AFD           |        |
|             |                     |               |     |                              |     | \$18,900               | \$37,800 | \$18,900                | \$56,700 |               |                                               |                      |                      |                    |           |                |            |                 |                  |                  |        |
|             | Bronze PPO 90 7900  | UHC24F01      | No  | 90%                          | 50% | \$7,900                | \$15,800 | \$9,450                 | \$28,350 | No charge     | \$45 copay/visit                              | \$50 copay/visit AFD | \$50 copay/visit AFD | 10% AFD            | 10% AFD   | No charge      | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |        |
|             |                     |               |     |                              |     | \$15,800               | \$31,600 | \$18,900                | \$56,700 |               |                                               |                      |                      |                    |           |                |            |                 |                  |                  |        |
|             | Bronze PPO 80 7500  | UHC24F03      | No  | 80%                          | 50% | \$7,500                | \$15,000 | \$9,450                 | \$28,350 | No charge     | \$55 copay/visit                              | \$60 copay/visit AFD | \$60 copay/visit AFD | 20% AFD            | 20% AFD   | No charge      | \$15 copay | \$55 copay, AFD | \$150 copay, AFD | \$500 copay, AFD |        |
|             |                     |               |     |                              |     | \$15,000               | \$30,000 | \$18,900                | \$56,700 |               |                                               |                      |                      |                    |           |                |            |                 |                  |                  |        |
|             | Bronze PPO HSA 7300 | UHC24F02      | Yes | 100%                         | 50% | \$7,300                | \$14,600 | \$7,300                 | \$21,900 | 0% AFD        | 0% AFD                                        | 0% AFD               | 0% AFD               | 0% AFD             | 0% AFD    | 0% AFD         | No charge  | 0% AFD          | 0% AFD           | 0% AFD           | 0% AFD |
|             |                     |               |     |                              |     | \$14,600               | \$29,200 | \$14,600                | \$43,800 |               |                                               |                      |                      |                    |           |                |            |                 |                  |                  |        |



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| PY24 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<br><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 8900  | UHC24F31      | No  | 80%         | 50% | \$8,900                      | \$17,800 | \$9,450                | \$28,350 | 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 |             |
|                                        |                     |               |     |             |     | \$17,800                     | \$35,600 | \$18,900               | \$56,700 |                         |                                               |                   |                     |                       |           |                        |            |             |                 |             |             |
|                                        | Silver PPO 80 7500  | UHC24F32      | No  | 80%         | 50% | \$7,500                      | \$15,000 | \$9,450                | \$28,350 | 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 | \$18,900               | \$56,700 |                         |                                               |                   |                     |                       |           |                        |            |             |                 |             |             |
|                                        | Silver PPO 100 7300 | UHC24F13      | 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  | UHC24F33      | 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  | UHC24F08      | 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  | UHC24F34      | No  | 70%         | 50% | \$6,700                      | \$13,400 | \$9,450                | \$28,350 | 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 | \$18,900               | \$56,700 |                         |                                               |                   |                     |                       |           |                        |            |             |                 |             |             |
|                                        | Silver PPO 90 6500  | UHC24F10      | 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  | UHC24F09      | 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 |                         |                                               |                   |                     |                       |           |                        |            |             |                 |             |             |



\*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.

Subject to regulatory approval.

PY24 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 6200 | UHC24F35      | Yes         | 100% | 50%     | \$6,200                      | \$12,400 | \$6,200                | \$18,600  | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | No charge          | 0% AFD     | 0% AFD      | 0% AFD          | 0% AFD      |
|                    |                     |               |             |      |         | \$12,400                     | \$24,800 | \$12,400               | \$37,200  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |
|                    | Silver PPO 90 5900  | UHC24F15      | 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                     | \$24,600 | \$18,200               | \$54,600  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |
|                    | Silver PPO 80 5000  | UHC24F11      | 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 5100 | UHC24F14      | Yes         | 100% | 50%     | \$5,100                      | \$10,200 | \$5,100                | \$15,300  | 0% AFD                  | 0% AFD                              | 0% AFD            | 0% AFD                | 0% AFD                                                | 0% AFD    | No charge          | 0% AFD     | 0% AFD      | 0% AFD          | 0% AFD      |
|                    |                     |               |             |      |         | \$10,200                     | \$20,400 | \$10,200               | \$30,600  |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |
|                    | Silver PPO 70 4500  | UHC24F12      | 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 | UHC24F40            | 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 | UHC24F17            | 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 | UHC24F37            | 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 90 650  | UHC24F16            | No            | 90%         | 50%  | \$650   | \$1,300                      | \$9,450  | \$28,350               | No charge | \$50 copay/visit.       | \$100 copay/visit                   | \$100 copay/visit | \$750 copay/visit AFD | \$1,500 copayment per day AFD (not to exceed \$7,500) | No Charge | \$15 copay         | \$55 copay | \$150 copay | \$500 copay     |             |
|                    |                     |               |             |      | \$1,300 | \$2,600                      | \$18,900 | \$56,700               |           |                         |                                     |                   |                       |                                                       |           |                    |            |             |                 |             |



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

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

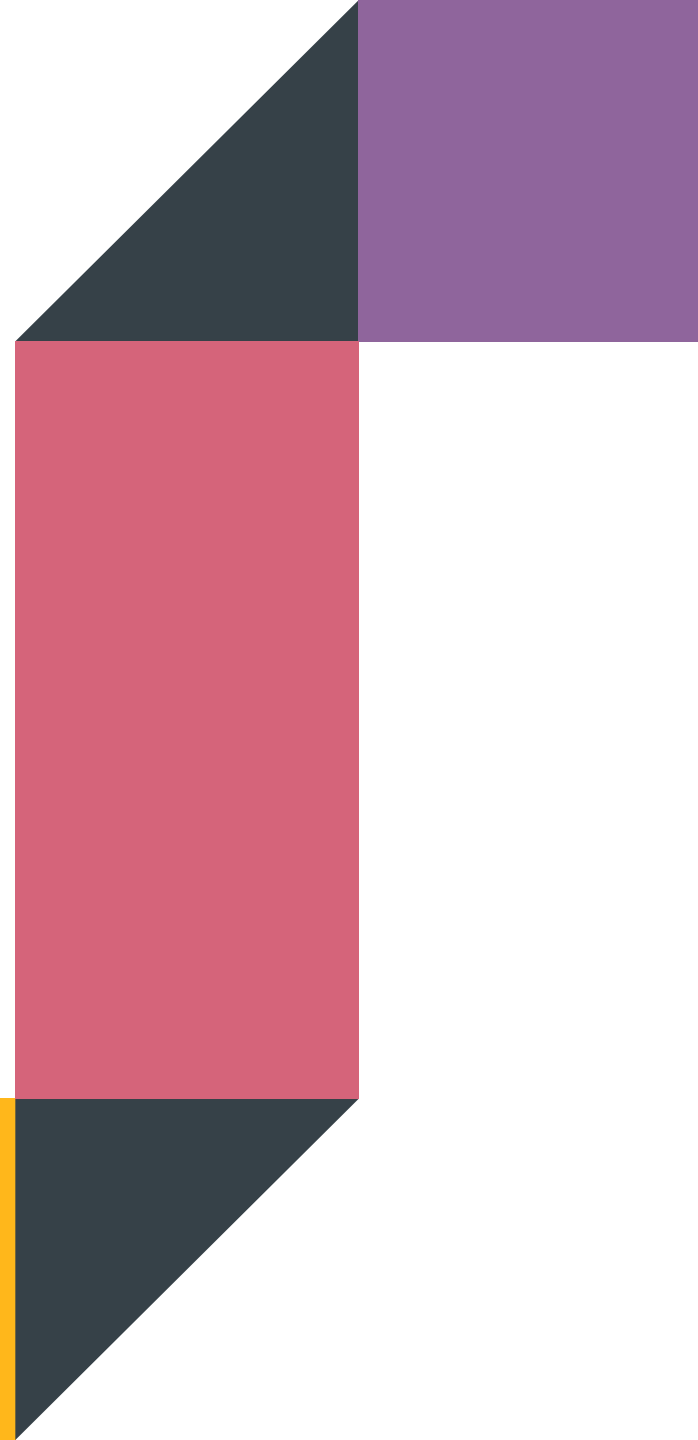
This is a summary of benefit highlights only; all benefits shown indicate member responsibility.

Subject to regulatory approval.

| PY24 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<br>*No charge<br>1st sick visit | Specialist       | Urgent Care           | ER                                              | Inpatient | ACA Preventive         | Generic    | Pref. Brand | Non Pref. Brand | Specialty   |        |
| Gold                                   | Gold PPO 90 4500  | UHC24F07      | No  | 90%         | 50%     | \$4,500                      | \$9,000  | \$6,300                | \$18,900  | 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 | \$12,600               | \$37,800  |                         |                                           |                  |                       |                                                 |           |                        |            |             |                 |             |        |
|                                        | Gold PPO 100 4000 | UHC24F38      | 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 3500 | UHC24F19      | No  | 100%        | 50%     | \$3,500                      | \$7,000  | \$6,900                | \$20,700  | 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 |        |
|                                        |                   |               |     |             |         | \$7,000                      | \$14,000 | \$13,800               | \$41,400  |                         |                                           |                  |                       |                                                 |           |                        |            |             |                 |             |        |
|                                        | Gold PPO HSA 3700 | UHC24F18      | Yes | 100%        | 50%     | \$3,700                      | \$7,400  | \$3,700                | \$11,100  | 0% AFD                  | 0% AFD                                    | 0% AFD           | 0% AFD                | 0% AFD                                          | 0% AFD    | 0% AFD                 | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD |
|                                        |                   |               |     |             |         | \$7,400                      | \$14,800 | \$7,400                | \$22,200  |                         |                                           |                  |                       |                                                 |           |                        |            |             |                 |             |        |
|                                        | Gold PPO 100 3000 | UHC24F27      | 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 3200 | UHC24F20      | Yes | 100%        | 50%     | \$3,200                      | \$6,400  | \$3,200                | \$9,600   | 0% AFD                  | 0% AFD                                    | 0% AFD           | 0% AFD                | 0% AFD                                          | 0% AFD    | 0% AFD                 | No charge  | 0% AFD      | 0% AFD          | 0% AFD      | 0% AFD |
|                                        |                   |               |     |             |         | \$6,400                      | \$12,800 | \$6,400                | \$19,200  |                         |                                           |                  |                       |                                                 |           |                        |            |             |                 |             |        |
|                                        | Gold PPO 100 2300 | UHC24F26      | 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  | UHC24F25      | 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  | UHC24F28      | 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                       | UHC24F23          | 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                       | UHC24F24          | 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                        | UHC24F39          | 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 7000              | UHC24F22          | No            | 90% | 50%         | \$0     | \$2,750                      | \$7,000  | \$21,000               | 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                      | \$14,000 | \$42,000               |           |                         |                                           |                  |                       |                                                 |           |                        |            |             |                 |             |        |

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

# 2024 Large Group Snapshot Grid



# HMO

## BSW Plus HMO

## BSW Premier HMO



# Large Group PY 2024 HMO Portfolio

# Network Available: BSW Plus HMO / BSW Premier HMO

| PY24 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                           |                                                             |                       |                  |                  |                                                       |                     |
| LG HMO                             | HS24_0_01           | Calendar Year | LM4HA1A2               | LM4HB1A2        | 0%        | \$0                              | \$3,000                                              | \$15 copay/visit                                            | \$0 copay/visit       | \$15 copay/visit | \$50 copay/visit | \$250 copay/visit                                     | \$250 copay per day |
|                                    | HS24_0_02           | Calendar Year | LM4HA2A2               | LM4HB2A2        | 0%        | \$0                              | \$3,000                                              | \$30 copay/visit                                            | \$0 copay/visit       | \$30 copay/visit | \$50 copay/visit | \$500 copay/visit                                     | \$500 copay per day |
|                                    | HS24_0_03           | Calendar Year | LM4HA3A2               | LM4HB3A2        | 20%       | \$0                              | \$3,000                                              | \$40 copay/visit                                            | \$0 copay/visit       | \$40 copay/visit | \$50 copay/visit | 20% of charges                                        | 20% of charges      |
| LG HMO-CC \$500 - \$1,500          | HC24_500_01         | Calendar Year | LC4HA2C2               | LC4HB2C2        | 20%       | \$500                            | \$1,500                                              | \$20 copay/visit                                            | \$0 copay/visit       | \$40 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_500_02         | Calendar Year | LC4HA3C2               | LC4HB3C2        | 20%       | \$500                            | \$3,000                                              | \$20 copay/visit                                            | \$0 copay/visit       | \$40 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_750_01         | Calendar Year | LC4HA1V2               | LC4HB1V2        | 20%       | \$750                            | \$2,250                                              | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_1000_01        | Calendar Year | LC4HA1D2               | LC4HB1D2        | 10%       | \$1,000                          | \$3,500                                              | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges, no deductible | 10% AFD             |
|                                    | HC24_1000_02        | Calendar Year | LC4HA2D2               | LC4HB2D2        | 20%       | \$1,000                          | \$3,500                                              | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_1000_03        | Calendar Year | LC4HA3D2               | LC4HB3D2        | 20%       | \$1,000                          | \$4,000                                              | \$10 copay/visit                                            | \$0 copay/visit       | \$20 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_1000_04        | Calendar Year | LC4HA4D2               | LC4HB4D2        | 30%       | \$1,000                          | \$4,500                                              | \$35 copay/visit                                            | \$0 copay/visit       | \$70 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD             |
|                                    | HC24_1000_05        | Calendar Year | LC4HA5D2               | LC4HB5D2        | 30%       | \$1,000                          | \$6,000                                              | \$15 copay/visit                                            | \$0 copay/visit       | \$30 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD             |
|                                    | HC24_1500_01        | Calendar Year | LC4HA1E2               | LC4HB1E2        | 20%       | \$1,500                          | \$4,000                                              | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_1500_02        | Calendar Year | LC4HA3E2               | LC4HB3E2        | 20%       | \$1,500                          | \$4,500                                              | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_1500_03        | Calendar Year | LC4HA4E2               | LC4HB4E2        | 20%       | \$1,500                          | \$6,000                                              | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_1500_04        | Calendar Year | LC4HA5E2               | LC4HB5E2        | 20%       | \$1,500                          | \$5,000                                              | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD             |
|                                    | HC24_1500_05        | Calendar Year | LC4HA6E2               | LC4HB6E2        | 30%       | \$1,500                          | \$5,000                                              | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% 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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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



# Large Group PY 2024 HMO Portfolio

# Network Available: BSW Plus HMO / BSW Premier HMO

PY24 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 |                                                             |                       |                  |                  |                                                       |                |
| HC24_2000_01                      | Calendar Year | LC4HA1F2               | LC4HB1F2        | 20%       | \$2,000                          | \$5,000                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$4,000                          | \$10,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2000_02                      | Calendar Year | LC4HA2F2               | LC4HB2F2        | 20%       | \$2,000                          | \$5,500                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$4,000                          | \$11,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2000_03                      | Calendar Year | LC4HA3F2               | LC4HB3F2        | 30%       | \$2,000                          | \$5,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                   |               |                        |                 |           | \$4,000                          | \$10,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2000_04                      | Calendar Year | LC4HA4F2               | LC4HB4F2        | 10%       | \$2,000                          | \$5,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges, no deductible | 10% AFD        |
|                                   |               |                        |                 |           | \$4,000                          | \$10,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2000_05                      | Calendar Year | LC4HA5F2               | LC4HB5F2        | 30%       | \$2,000                          | \$5,500                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                   |               |                        |                 |           | \$4,000                          | \$11,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2500_01                      | Calendar Year | LC4HA1G2               | LC4HB1G2        | 10%       | \$2,500                          | \$6,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges, no deductible | 10% AFD        |
|                                   |               |                        |                 |           | \$5,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2500_02                      | Calendar Year | LC4HA2G2               | LC4HB2G2        | 20%       | \$2,500                          | \$6,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$5,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2500_03                      | Calendar Year | LC4HA4G2               | LC4HB4G2        | 20%       | \$2,500                          | \$5,500                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$5,000                          | \$11,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2500_04                      | Calendar Year | LC4HA5G2               | LC4HB5G2        | 20%       | \$2,500                          | \$5,000                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$5,000                          | \$10,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2500_05                      | Calendar Year | LC4HA6G2               | LC4HB6G2        | 20%       | \$2,500                          | \$6,000                    | \$10 copay/visit                                            | \$0 copay/visit       | \$20 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$5,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2500_06                      | Calendar Year | LC4HA7G2               | LC4HB7G2        | 30%       | \$2,500                          | \$6,000                    | \$35 copay/visit                                            | \$0 copay/visit       | \$70 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                   |               |                        |                 |           | \$5,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_2500_07                      | Calendar Year | LC4HA8G2               | LC4HB8G2        | 20%       | \$2,500                          | \$6,000                    | \$35 copay/visit                                            | \$0 copay/visit       | \$70 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$5,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_3000_01                      | Calendar Year | LC4HA1H2               | LC4HB1H2        | 0%        | \$3,000                          | \$6,000                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, no deductible                      | 0% AFD         |
|                                   |               |                        |                 |           | \$6,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_3000_02                      | Calendar Year | LC4HA2H2               | LC4HB2H2        | 10%       | \$3,000                          | \$6,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges, no deductible | 10% AFD        |
|                                   |               |                        |                 |           | \$6,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_3000_03                      | Calendar Year | LC4HA3H2               | LC4HB3H2        | 20%       | \$3,000                          | \$6,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                   |               |                        |                 |           | \$6,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_3000_04                      | Calendar Year | LC4HA4H2               | LC4HB4H2        | 30%       | \$3,000                          | \$6,000                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                   |               |                        |                 |           | \$6,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_3000_05                      | Calendar Year | LC4HA5H2               | LC4HB5H2        | 30%       | \$3,000                          | \$6,000                    | \$20 copay/visit                                            | \$0 copay/visit       | \$40 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                   |               |                        |                 |           | \$6,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_3000_06                      | Calendar Year | LC4HA6H2               | LC4HB6H2        | 50%       | \$3,000                          | \$6,000                    | \$15 copay/visit                                            | \$0 copay/visit       | \$30 copay/visit | \$50 copay/visit | \$500 copay/visit, then 50% of charges, no deductible | 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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

# Large Group PY 2024 HMO Portfolio

# Network Available: BSW Plus HMO / BSW Premier HMO

| PY24 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 |                                                             |                       |                  |                  |                                                       |                |
| HC24_3500_01                       | Calendar Year | LC4HA1I2               | LC4HB1I2        | 20%                 | \$3,500                          | \$6,000                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                    |               |                        |                 |                     | \$7,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_3500_02                       | Calendar Year | LC4HA2I2               | LC4HB2I2        | 20%                 | \$3,500                          | \$6,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                    |               |                        |                 |                     | \$7,000                          | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_4000_01                       | Calendar Year | LC4HA1J2               | LC4HB1J2        | 0%                  | \$4,000                          | \$7,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, no deductible                      | 0% AFD         |
|                                    |               |                        |                 |                     | \$8,000                          | \$14,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_4000_02                       | Calendar Year | LC4HA2J2               | LC4HB2J2        | 20%                 | \$4,000                          | \$6,500                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                    |               |                        |                 |                     | \$8,000                          | \$13,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_4000_03                       | Calendar Year | LC4HA3J2               | LC4HB3J2        | 30%                 | \$4,000                          | \$7,500                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                    |               |                        |                 |                     | \$8,000                          | \$15,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_4000_04                       | Calendar Year | LC4HA4J2               | LC4HB4J2        | 50%                 | \$4,000                          | \$7,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 50% of charges, no deductible | 50% AFD        |
|                                    |               |                        |                 |                     | \$8,000                          | \$14,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_4500_01                       | Calendar Year | LC4HA1K2               | LC4HB1K2        | 20%                 | \$4,500                          | \$7,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                    |               |                        |                 |                     | \$9,000                          | \$14,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_5000_01                       | Calendar Year | LC4HA1L2               | LC4HB1L2        | 0%                  | \$5,000                          | \$6,000                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, no deductible                      | 0% AFD         |
|                                    |               |                        |                 |                     | \$10,000                         | \$12,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_5000_02                       | Calendar Year | LC4HA2L2               | LC4HB2L2        | 20%                 | \$5,000                          | \$7,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                    |               |                        |                 |                     | \$10,000                         | \$14,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_5000_03                       | Calendar Year | LC4HA3L2               | LC4HB3L2        | 30%                 | \$5,000                          | \$7,000                    | \$35 copay/visit                                            | \$0 copay/visit       | \$70 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                    |               |                        |                 |                     | \$10,000                         | \$14,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_5000_04                       | Calendar Year | LC4HA4L2               | LC4HB4L2        | 50%                 | \$5,000                          | \$7,000                    | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 50% of charges, no deductible | 50% AFD        |
|                                    |               |                        |                 |                     | \$10,000                         | \$14,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_5500_01                       | Calendar Year | LC4HA1M2               | LC4HB1M2        | 20%                 | \$5,500                          | \$7,000                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 20% of charges, no deductible | 20% AFD        |
|                                    |               |                        |                 |                     | \$11,000                         | \$14,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_6000_01                       | Calendar Year | LC4HA1N2               | LC4HB1N2        | 30%                 | \$6,000                          | \$7,500                    | \$35 copay/visit                                            | \$0 copay/visit       | \$70 copay/visit | \$50 copay/visit | \$500 copay/visit, then 30% of charges, no deductible | 30% AFD        |
|                                    |               |                        |                 |                     | \$12,000                         | \$15,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_7150_01                       | Calendar Year | LC4HA1P2               | LC4HB1P2        | 0%                  | \$7,150                          | \$7,500                    | \$35 copay/visit                                            | \$0 copay/visit       | \$70 copay/visit | \$50 copay/visit | \$500 copay/visit, no deductible                      | 0% AFD         |
|                                    |               |                        |                 |                     | \$14,300                         | \$15,000                   |                                                             |                       |                  |                  |                                                       |                |
| HC24_7500_01                       | Calendar Year | LC4HA1Q2               | LC4HB1Q2        | 10%                 | \$7,500                          | \$9,450                    | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges, no deductible | 10% AFD        |
|                                    |               |                        |                 |                     | \$15,000                         | \$18,900                   |                                                             |                       |                  |                  |                                                       |                |

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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

| PY24 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                           |                     |                      |                  |             |                    |                |
| HC24_3200_01HD                     | Calendar Year | LE4HA1H2               | LE4HB1H2        | 0%                  | \$3,200                          | \$3,200                                              | 0% AFD              | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |
|                                    |               |                        |                 |                     | \$6,400                          | \$6,400                                              |                     |                      |                  |             |                    |                |
| HC24_3200_02HD                     | Calendar Year | LE4HA2H2               | LE4HB2H2        | 20%                 | \$3,200                          | \$5,250                                              | 20% AFD             | 20% AFD              | 20% AFD          | 20% AFD     | 20% AFD            | 20% AFD        |
|                                    |               |                        |                 |                     | \$6,400                          | \$10,500                                             |                     |                      |                  |             |                    |                |
| HC24_3500_01HD                     | Calendar Year | LE4HA1I2               | LE4HB1I2        | 0%                  | \$3,500                          | \$3,500                                              | 0% AFD              | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |
|                                    |               |                        |                 |                     | \$7,000                          | \$7,000                                              |                     |                      |                  |             |                    |                |
| HC24_4000_01HD                     | Calendar Year | LE4HA1J2               | LE4HB1J2        | 0%                  | \$4,000                          | \$4,000                                              | 0% AFD              | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |
|                                    |               |                        |                 |                     | \$8,000                          | \$8,000                                              |                     |                      |                  |             |                    |                |
| HC24_4500_01HD                     | Calendar Year | LE4HA1K2               | LE4HB1K2        | 30%                 | \$4,500                          | \$6,550                                              | 30% AFD             | 30% AFD              | 30% AFD          | 30% AFD     | 30% AFD            | 30% AFD        |
|                                    |               |                        |                 |                     | \$9,000                          | \$13,100                                             |                     |                      |                  |             |                    |                |
| HC24_5000_01HD                     | Calendar Year | LE4HA1L2               | LE4HB1L2        | 0%                  | \$5,000                          | \$5,000                                              | 0% AFD              | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |
|                                    |               |                        |                 |                     | \$10,000                         | \$10,000                                             |                     |                      |                  |             |                    |                |
| HC24_5000_02HD                     | Calendar Year | LE4HA2L2               | LE4HB2L2        | 20%                 | \$5,000                          | \$6,650                                              | 20% AFD             | 20% AFD              | 20% AFD          | 20% AFD     | 20% AFD            | 20% AFD        |
|                                    |               |                        |                 |                     | \$10,000                         | \$13,300                                             |                     |                      |                  |             |                    |                |
| HC24_6450_01HD                     | Calendar Year | LE4HA1O2               | LE4HB1O2        | 0%                  | \$6,450                          | \$6,450                                              | 0% AFD              | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |
|                                    |               |                        |                 |                     | \$12,900                         | \$12,900                                             |                     |                      |                  |             |                    |                |
| HC24_6550_01HD                     | Calendar Year | LE4HA1R2               | LE4HB1R2        | 0%                  | \$6,550                          | \$6,550                                              | 0% AFD              | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |
|                                    |               |                        |                 |                     | \$13,100                         | \$13,100                                             |                     |                      |                  |             |                    |                |
| HC24_7000_01HD                     | Calendar Year | LE4HA1S2               | LE4HB1S2        | 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.

PPO

BSW Plus PPO

BSW Access PPO

PHCS



# Large Group Plan Year 2024 PPO Portfolio

Network Available: BSW Plus PPO

| PY24 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<br>*First Non-Preventive Visit is No Charge | Pediatric PCP Copay** | Specialist Visit | Urgent Care      | Emergency Services                                    | Inpatient Hosp |
| PO24_500_01                        | Calendar Year | LC4PD2C2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$1,000                          | \$4,000                          | \$3,000                    | \$9,000                    |                                                                |                       |                  |                  |                                                       |                |
| PO24_500_02                        | Calendar Year | LC4PD3C2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$1,000                          | \$2,000                          | \$6,000                    | \$18,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_750_01                        | Calendar Year | LC4PD1V2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$1,500                          | \$3,000                          | \$4,500                    | \$13,500                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1000_01                       | Calendar Year | LC4PD1D2             | 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, no deductible | 10% AFD        |
|                                    |               |                      |              | \$2,000                          | \$4,000                          | \$7,000                    | \$21,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1000_02                       | Calendar Year | LC4PD2D2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$2,000                          | \$4,000                          | \$7,000                    | \$21,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1000_03                       | Calendar Year | LC4PD3D2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$2,000                          | \$4,000                          | \$8,000                    | \$24,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1000_04                       | Calendar Year | LC4PD4D2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$2,000                          | \$4,000                          | \$9,000                    | \$27,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1000_05                       | Calendar Year | LC4PD5D2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$2,000                          | \$4,000                          | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1500_01                       | Calendar Year | LC4PD1E2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$3,000                          | \$6,000                          | \$8,000                    | \$24,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1500_02                       | Calendar Year | LC4PD3E2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$3,000                          | \$6,000                          | \$9,000                    | \$27,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1500_03                       | Calendar Year | LC4PD4E2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$3,000                          | \$6,000                          | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1500_04                       | Calendar Year | LC4PD5E2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$3,000                          | \$6,000                          | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                |
| PO24_1500_05                       | Calendar Year | LC4PD6E2             | 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, no deductible | 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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

# Large Group Plan Year 2024 PPO Portfolio

Network Available: BSW Plus PPO

| PY24 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 |
| PO24_2000_01                       | Calendar Year | LC4PD1F2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$4,000                          | \$8,000                          | \$10,000                   | \$30,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2000_02                       | Calendar Year | LC4PD2F2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$4,000                          | \$8,000                          | \$11,000                   | \$33,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2000_03                       | Calendar Year | LC4PD3F2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$4,000                          | \$8,000                          | \$10,000                   | \$30,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2000_04                       | Calendar Year | LC4PD4F2             | 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, no deductible | 10% AFD        |
|                                    |               |                      |              | \$4,000                          | \$8,000                          | \$10,000                   | \$30,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2000_05                       | Calendar Year | LC4PD5F2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$4,000                          | \$8,000                          | \$11,000                   | \$33,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2500_01                       | Calendar Year | LC4PD1G2             | 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, no deductible | 10% AFD        |
|                                    |               |                      |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2500_02                       | Calendar Year | LC4PD2G2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2500_03                       | Calendar Year | LC4PD4G2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$5,000                          | \$10,000                         | \$11,000                   | \$33,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2500_04                       | Calendar Year | LC4PD5G2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$5,000                          | \$10,000                         | \$10,000                   | \$30,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2500_05                       | Calendar Year | LC4PD6G2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2500_06                       | Calendar Year | LC4PD7G2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_2500_07                       | Calendar Year | LC4PD8G2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |

LG PPO \$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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

# Large Group Plan Year 2024 PPO Portfolio

Network Available: BSW Plus PPO

| PY24 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 |
| PO24_3000_01                       | Calendar Year | LC4PD1H2             | 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, no deductible                      | 0% AFD         |
|                                    |               |                      |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_3000_02                       | Calendar Year | LC4PD2H2             | 10%/30%      | \$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, no deductible | 10% AFD        |
|                                    |               |                      |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_3000_03                       | Calendar Year | LC4PD3H2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_3000_04                       | Calendar Year | LC4PD4H2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_3000_05                       | Calendar Year | LC4PD5H2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_3000_06                       | Calendar Year | LC4PD6H2             | 50%/50%      | \$3,000                          | \$6,000                          | \$6,000                    | \$18,000                   | \$15 copay/visit                                            | \$0 copay/visit       | \$30 copay/visit | \$50 copay/visit | \$500 copay/visit, then 50% of charges, no deductible | 50% AFD        |
|                                    |               |                      |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_3500_01                       | Calendar Year | LC4PD1I2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$7,000                          | \$14,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_3500_02                       | Calendar Year | LC4PD2I2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$7,000                          | \$14,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_4000_01                       | Calendar Year | LC4PD1J2             | 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, no deductible                      | 0% AFD         |
|                                    |               |                      |              | \$8,000                          | \$16,000                         | \$14,000                   | \$42,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_4000_02                       | Calendar Year | LC4PD2J2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$8,000                          | \$16,000                         | \$13,000                   | \$39,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_4000_03                       | Calendar Year | LC4PD3J2             | 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, no deductible | 30% AFD        |
|                                    |               |                      |              | \$8,000                          | \$16,000                         | \$15,000                   | \$45,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_4000_04                       | Calendar Year | LC4PD4J2             | 50%/50%      | \$4,000                          | \$8,000                          | \$7,000                    | \$21,000                   | \$25 copay/visit                                            | \$0 copay/visit       | \$50 copay/visit | \$50 copay/visit | \$500 copay/visit, then 50% of charges, no deductible | 50% AFD        |
|                                    |               |                      |              | \$8,000                          | \$16,000                         | \$14,000                   | \$42,000                   |                                                             |                       |                  |                  |                                                       |                |
| PO24_4500_01                       | Calendar Year | LC4PD1K2             | 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, no deductible | 20% AFD        |
|                                    |               |                      |              | \$9,000                          | \$18,000                         | \$14,000                   | \$42,000                   |                                                             |                       |                  |                  |                                                       |                |

LG PPO \$3,000 - \$4,500



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

# Large Group Plan Year 2024 PPO Portfolio

Network Available: BSW Plus PPO

| PY24 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           | PO24_5000_01  | Calendar Year        | LC4PD1L2     | 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, no deductible                     | 0% AFD  |
|                                    |               |                      |              |                                  | \$10,000                         | \$20,000                   | \$12,000                   | \$36,000                                                    |                       |                  |                  |                                                      |                                                      |         |
|                                    | PO24_5000_02  | Calendar Year        | LC4PD2L2     | 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 no deductible | 20% AFD |
|                                    |               |                      |              |                                  | \$10,000                         | \$20,000                   | \$14,000                   | \$42,000                                                    |                       |                  |                  |                                                      |                                                      |         |
|                                    | PO24_5000_03  | Calendar Year        | LC4PD3L2     | 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 no deductible | 30% AFD |
|                                    |               |                      |              |                                  | \$10,000                         | \$20,000                   | \$14,000                   | \$42,000                                                    |                       |                  |                  |                                                      |                                                      |         |
|                                    | PO24_5000_04  | Calendar Year        | LC4PD4L2     | 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 no deductible | 50% AFD |
|                                    |               |                      |              |                                  | \$10,000                         | \$20,000                   | \$14,000                   | \$42,000                                                    |                       |                  |                  |                                                      |                                                      |         |
|                                    | PO24_5500_01  | Calendar Year        | LC4PD1M2     | 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 no deductible | 20% AFD |
|                                    |               |                      |              |                                  | \$11,000                         | \$22,000                   | \$14,000                   | \$42,000                                                    |                       |                  |                  |                                                      |                                                      |         |
| PO24_6000_01                       | Calendar Year | LC4PD1N2             | 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 no deductible | 30% AFD                                              |         |
|                                    |               |                      |              | \$12,000                         | \$24,000                         | \$15,000                   | \$45,000                   |                                                             |                       |                  |                  |                                                      |                                                      |         |
| PO24_7150_01                       | Calendar Year | LC4PD1P2             | 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, no deductible                     | 0% AFD                                               |         |
|                                    |               |                      |              | \$14,300                         | \$28,600                         | \$15,000                   | \$45,000                   |                                                             |                       |                  |                  |                                                      |                                                      |         |
| PO24_7500_01                       | Calendar Year | LC4PD1Q2             | 10%/30%      | \$7,500                          | \$15,000                         | \$9,450                    | \$28,350                   | \$30 copay/visit                                            | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges no deductible | 10% AFD                                              |         |
|                                    |               |                      |              | \$15,000                         | \$30,000                         | \$18,900                   | \$56,700                   |                                                             |                       |                  |                  |                                                      |                                                      |         |



\* 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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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



# Large Group Plan Year 2024 PPO Portfolio

Network Available: BSW Plus PPO

| PY24 PPO Large Group Snapshot Grid |               |                      |              |                                  |                                  |                            |                            | Networks Available: BSW Plus PPO |                       |                  |             |                    |                |         |
|------------------------------------|---------------|----------------------|--------------|----------------------------------|----------------------------------|----------------------------|----------------------------|----------------------------------|-----------------------|------------------|-------------|--------------------|----------------|---------|
| Plan Name and Medical Rider Names  |               |                      |              | Deductible and MOOPINN 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*              | Pediatric PCP Copay** | Specialist Visit | Urgent Care | Emergency Services | Inpatient Hosp |         |
| PO24_3200_01HD                     | Calendar Year | LE4PD1H2             | 0%/50%       | \$3,200                          | \$6,400                          | \$3,200                    | \$9,600                    | 0% AFD                           | 0% AFD                | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |         |
|                                    |               |                      |              | \$6,400                          | \$12,800                         | \$6,400                    | \$19,200                   |                                  |                       |                  |             |                    |                |         |
| PO24_3200_02HD                     | Calendar Year | LE4PD2H2             | 20%/50%      | \$3,200                          | \$6,400                          | \$5,250                    | \$15,750                   | 20% AFD                          | 20% AFD               | 20% AFD          | 20% AFD     | 20% AFD            | 20% AFD        | 20% AFD |
|                                    |               |                      |              | \$6,400                          | \$12,800                         | \$10,500                   | \$31,500                   |                                  |                       |                  |             |                    |                |         |
| PO24_3500_01HD                     | Calendar Year | LE4PD1I2             | 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                   |                                  |                       |                  |             |                    |                |         |
| PO24_4000_01HD                     | Calendar Year | LE4PD1J2             | 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                   |                                  |                       |                  |             |                    |                |         |
| PO24_4500_01HD                     | Calendar Year | LE4PD1K2             | 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                   |                                  |                       |                  |             |                    |                |         |
| PO24_5000_01HD                     | Calendar Year | LE4PD1L2             | 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                   |                                  |                       |                  |             |                    |                |         |
| PO24_5000_02HD                     | Calendar Year | LE4PD2L2             | 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                   |                                  |                       |                  |             |                    |                |         |
| PO24_6450_01HD                     | Calendar Year | LE4PD1O2             | 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                   |                                  |                       |                  |             |                    |                |         |
| PO24_6550_01HD                     | Calendar Year | LE4PD1R2             | 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                   |                                  |                       |                  |             |                    |                |         |
| PO24_7000_01HD                     | Calendar Year | LE4PD1S2             | 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 PPO 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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

PY24 UHC Large Group Snapshot Grid

Networks Available: BSW Access PPO

| Plan Name     | Calendar Year | Plan Name and Medical Rider Names |                         |              | Deductible and MOOP INN and OON  |                                  |                            |                            | In Network Benefits                                         |                       |                  |                  |                                                       |                |
|---------------|---------------|-----------------------------------|-------------------------|--------------|----------------------------------|----------------------------------|----------------------------|----------------------------|-------------------------------------------------------------|-----------------------|------------------|------------------|-------------------------------------------------------|----------------|
|               |               | BSW Access PPO OOA only           | BSW Access PPO INN only | 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 |
| UHC24_500_01  | Calendar Year | UHC4J2C2                          | UHB4J2C2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$1,000                          | \$4,000                          | \$3,000                    | \$9,000                    |                                                             |                       |                  |                  |                                                       |                |
| UHC24_500_02  | Calendar Year | UHC4J3C2                          | UHB4J3C2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$1,000                          | \$2,000                          | \$6,000                    | \$18,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_750_01  | Calendar Year | UHC4J1V2                          | UHB4J1V2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$1,500                          | \$3,000                          | \$4,500                    | \$13,500                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1000_01 | Calendar Year | UHC4J1D2                          | UHB4J1D2                | 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, no deductible | 10% AFD        |
|               |               |                                   |                         |              | \$2,000                          | \$4,000                          | \$7,000                    | \$21,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1000_02 | Calendar Year | UHC4J2D2                          | UHB4J2D2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$2,000                          | \$4,000                          | \$7,000                    | \$21,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1000_03 | Calendar Year | UHC4J3D2                          | UHB4J3D2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$2,000                          | \$4,000                          | \$8,000                    | \$24,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1000_04 | Calendar Year | UHC4J4D2                          | UHB4J4D2                | 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, no deductible | 30% AFD        |
|               |               |                                   |                         |              | \$2,000                          | \$4,000                          | \$9,000                    | \$27,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1000_05 | Calendar Year | UHC4J5D2                          | UHC4J5D2                | 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, no deductible | 30% AFD        |
|               |               |                                   |                         |              | \$2,000                          | \$4,000                          | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1500_01 | Calendar Year | UHC4J1E2                          | UHB4J1E2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$3,000                          | \$6,000                          | \$8,000                    | \$24,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1500_02 | Calendar Year | UHC4J3E2                          | UHB4J3E2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$3,000                          | \$6,000                          | \$9,000                    | \$27,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1500_03 | Calendar Year | UHC4J4E2                          | UHB4J4E2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$3,000                          | \$6,000                          | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1500_04 | Calendar Year | UHC4J5E2                          | UHB4J5E2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$3,000                          | \$6,000                          | \$10,000                   | \$30,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_1500_05 | Calendar Year | UHC4J6E2                          | UHB4J6E2                | 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, no deductible | 30% AFD        |
|               |               |                                   |                         |              | \$3,000                          | \$6,000                          | \$10,000                   | \$30,000                   |                                                             |                       |                  |                  |                                                       |                |

LG UHC \$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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This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

| PY24 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 | BSW Access PPO OOA only | BSW Access PPO INN only | Coins In/Out | INN Deductible Individual Family | OON Deductible Individual Family | INN MOOP Individual Family | OON MOOP Individual Family | Primary Care Visit*<br>First Non-Preventive Visit is No Charge | Pediatric PCP Copay** | Specialist Visit | Urgent Care      | Emergency Services                                    | Inpatient Hosp                                        |         |
| LG UHC \$2,000 - \$2,500           | UHC24_2000_01 | Calendar Year           | UHC4J1F2                | UHB4J1F2     | 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, no deductible | 20% AFD |
|                                    |               |                         |                         |              |                                  | \$4,000                          | \$8,000                    | \$10,000                   | \$30,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                    | UHC24_2000_02 | Calendar Year           | UHC4J2F2                | UHB4J2F2     | 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, no deductible | 20% AFD |
|                                    |               |                         |                         |              |                                  | \$4,000                          | \$8,000                    | \$11,000                   | \$33,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                    | UHC24_2000_03 | Calendar Year           | UHC4J3F2                | UHB4J3F2     | 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, no deductible | 30% AFD |
|                                    |               |                         |                         |              |                                  | \$4,000                          | \$8,000                    | \$10,000                   | \$30,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                    | UHC24_2000_04 | Calendar Year           | UHC4J4F2                | UHB4J4F2     | 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, no deductible | 10% AFD |
|                                    |               |                         |                         |              |                                  | \$4,000                          | \$8,000                    | \$10,000                   | \$30,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                    | UHC24_2000_05 | Calendar Year           | UHC4J5F2                | UHB4J5F2     | 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, no deductible | 30% AFD |
|                                    |               |                         |                         |              |                                  | \$4,000                          | \$8,000                    | \$11,000                   | \$33,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                    | UHC24_2500_01 | Calendar Year           | UHC4J1G2                | UHB4J1G2     | 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, no deductible | 10% AFD |
|                                    |               |                         |                         |              |                                  | \$5,000                          | \$10,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                    | UHC24_2500_02 | Calendar Year           | UHC4J2G2                | UHB4J2G2     | 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, no deductible | 20% AFD |
|                                    |               |                         |                         |              |                                  | \$5,000                          | \$10,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
| UHC24_2500_03                      | Calendar Year | UHC4J4G2                | UHC4J4G2                | 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, no deductible | 20% AFD                                               |         |
|                                    |               |                         |                         |              | \$5,000                          | \$10,000                         | \$11,000                   | \$33,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| UHC24_2500_04                      | Calendar Year | UHC4J5G2                | UHB4J5G2                | 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, no deductible | 20% AFD                                               |         |
|                                    |               |                         |                         |              | \$5,000                          | \$10,000                         | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| UHC24_2500_05                      | Calendar Year | UHC4J6G2                | UHB4J6G2                | 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, no deductible | 20% AFD                                               |         |
|                                    |               |                         |                         |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| UHC24_2500_06                      | Calendar Year | UHC4J7G2                | UHB4J7G2                | 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, no deductible | 30% AFD                                               |         |
|                                    |               |                         |                         |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| UHC24_2500_07                      | Calendar Year | UHC4J8G2                | UHB4J8G2                | 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, no deductible | 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.

# Large Group Plan Year 2024 UHC Portfolio

Network Available: BSW Access PPO

PY24 UHC Large Group Snapshot Grid

Networks Available: BSW Access PPO

| Plan Name     | Calendar Year | Plan Name and Medical Rider Names |                         |              | Deductible and MOOP INN and OON  |                                  |                            |                            | In Network Benefits                                         |                       |                  |                  |                                                       |                |
|---------------|---------------|-----------------------------------|-------------------------|--------------|----------------------------------|----------------------------------|----------------------------|----------------------------|-------------------------------------------------------------|-----------------------|------------------|------------------|-------------------------------------------------------|----------------|
|               |               | BSW Access PPO OOA only           | BSW Access PPO INN only | 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 |
| UHC24_3000_01 | Calendar Year | UHC4J1H2                          | UHB4J1H2                | 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, no deductible                      | 0% AFD         |
|               |               |                                   |                         |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_3000_02 | Calendar Year | UHC4J2H2                          | UHB4J2H2                | 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, no deductible | 10% AFD        |
|               |               |                                   |                         |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_3000_03 | Calendar Year | UHC4J3H2                          | UHB4J3H2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_3000_04 | Calendar Year | UHC4J4H2                          | UHB4J4H2                | 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, no deductible | 30% AFD        |
|               |               |                                   |                         |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_3000_05 | Calendar Year | UHC4J5H2                          | UHB4J5H2                | 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, no deductible | 30% AFD        |
|               |               |                                   |                         |              | \$6,000                          | \$12,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_3500_01 | Calendar Year | UHC4J1I2                          | UHB4J1I2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$7,000                          | \$14,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_3500_02 | Calendar Year | UHC4J2I2                          | UHB4J2I2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$7,000                          | \$14,000                         | \$12,000                   | \$36,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_4000_01 | Calendar Year | UHC4J1J2                          | UHB4J1J2                | 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, no deductible                      | 0% AFD         |
|               |               |                                   |                         |              | \$8,000                          | \$16,000                         | \$14,000                   | \$42,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_4000_02 | Calendar Year | UHC4J2J2                          | UHB4J2J2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$8,000                          | \$16,000                         | \$13,000                   | \$39,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_4000_03 | Calendar Year | UHC4J3J2                          | UHB4J3J2                | 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, no deductible | 30% AFD        |
|               |               |                                   |                         |              | \$8,000                          | \$16,000                         | \$15,000                   | \$45,000                   |                                                             |                       |                  |                  |                                                       |                |
| UHC24_4500_01 | Calendar Year | UHC4J1K2                          | UHB4J1K2                | 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, no deductible | 20% AFD        |
|               |               |                                   |                         |              | \$9,000                          | \$18,000                         | \$14,000                   | \$42,000                   |                                                             |                       |                  |                  |                                                       |                |

LG UHC \$3,000 - \$4,500



\* 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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

| PY24 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 | BSW Access PPO OOA only | BSW Access PPO INN only | Coins In/Out | INN Deductible Individual Family | OON Deductible Individual Family | INN MOOP Individual Family | OON MOOP Individual Family | Primary Care Visit*<br>First Non-Preventive Visit is No Charge | Pediatric PCP Copay**              | Specialist Visit | Urgent Care      | Emergency Services                                    | Inpatient Hosp |  |
| UHC24_5000_01                      | Calendar Year | UHC4J1L2                | UHB4J1L2                | 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, no deductible                      | 0% AFD         |  |
|                                    |               |                         |                         |              | \$10,000                         | \$20,000                         | \$12,000                   | \$36,000                   |                                                                |                                    |                  |                  |                                                       |                |  |
| UHC24_5000_02                      | Calendar Year | UHC4J2L2                | UHB4J2L2                | 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, no deductible | 20% AFD        |  |
|                                    |               |                         |                         |              | \$10,000                         | \$20,000                         | \$14,000                   | \$42,000                   |                                                                |                                    |                  |                  |                                                       |                |  |
| UHC24_5000_03                      | Calendar Year | UHC4J3L2                | UHB4J3L2                | 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, no deductible | 30% AFD        |  |
|                                    |               |                         |                         |              | \$10,000                         | \$20,000                         | \$14,000                   | \$42,000                   |                                                                |                                    |                  |                  |                                                       |                |  |
| UHC24_5500_01                      | Calendar Year | UHC4J1M2                | UHB4J1M2                | 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, no deductible | 20% AFD        |  |
|                                    |               |                         |                         |              | \$11,000                         | \$22,000                         | \$14,000                   | \$42,000                   |                                                                |                                    |                  |                  |                                                       |                |  |
| UHC24_6000_01                      | Calendar Year | UHC4J1N2                | UHB4J1N2                | 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, no deductible | 30% AFD        |  |
|                                    |               |                         |                         |              | \$12,000                         | \$24,000                         | \$15,000                   | \$45,000                   |                                                                |                                    |                  |                  |                                                       |                |  |
| UHC24_7150_01                      | Calendar Year | UHC4J1P2                | UHB4J1P2                | 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, no deductible                      | 0% AFD         |  |
|                                    |               |                         |                         |              | \$14,300                         | \$28,600                         | \$15,000                   | \$45,000                   |                                                                |                                    |                  |                  |                                                       |                |  |
| UHC24_7500_01                      | Calendar Year | UHC4J1Q2                | UHB4J1Q2                | 10% / 50%    | \$7,500                          | \$15,000                         | \$9,450                    | \$28,350                   | \$30 copay/visit                                               | \$0 copay/visit                    | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges, no deductible | 10% AFD        |  |
|                                    |               |                         |                         |              | \$15,000                         | \$30,000                         | \$18,900                   | \$56,700                   |                                                                |                                    |                  |                  |                                                       |                |  |



\* 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.

PY24 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 | BSW Access PPO OOA only | BSW Access PPO INN only | CoIns In/Out | 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 |
| UHC24_3200_01HD                   | Calendar Year | UHC4H1H2                | UHB4H1H2                | 0% / 50%     | \$3,200                          | \$6,400                          | \$3,200                    | \$9,600                    | 0% AFD              | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |
|                                   |               |                         |                         |              | \$6,400                          | \$12,800                         | \$6,400                    | \$19,200                   |                     |                      |                  |             |                    |                |
| UHC24_3200_02HD                   | Calendar Year | UHC4H2H2                | UHB4H2H2                | 20% / 50%    | \$3,200                          | \$6,400                          | \$5,250                    | \$15,750                   | 20% AFD             | 20% AFD              | 20% AFD          | 20% AFD     | 20% AFD            | 20% AFD        |
|                                   |               |                         |                         |              | \$6,400                          | \$12,800                         | \$10,500                   | \$31,500                   |                     |                      |                  |             |                    |                |
| UHC24_3500_01HD                   | Calendar Year | UHC4H1I2                | UHB4H1I2                | 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                   |                     |                      |                  |             |                    |                |
| UHC24_4000_01HD                   | Calendar Year | UHC4H1J2                | UHB4H1J2                | 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                   |                     |                      |                  |             |                    |                |
| UHC24_4500_01HD                   | Calendar Year | UHC4H1K2                | UHB4H1K2                | 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                   |                     |                      |                  |             |                    |                |
| UHC24_5000_01HD                   | Calendar Year | UHC4H1L2                | UHB4H1L2                | 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                   |                     |                      |                  |             |                    |                |
| UHC24_5000_02HD                   | Calendar Year | UHC4H2L2                | UHB4H2L2                | 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                   |                     |                      |                  |             |                    |                |
| UHC24_6450_01HD                   | Calendar Year | UHC4H1O2                | UHB4H1O2                | 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                   |                     |                      |                  |             |                    |                |
| UHC24_6550_01HD                   | Calendar Year | UHC4H1R2                | UHB4H1R2                | 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                   |                     |                      |                  |             |                    |                |
| UHC24_7000_01HD                   | Calendar Year | UHC4H1S2                | UHB4H1S2                | 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                   |                     |                      |                  |             |                    |                |

LG UHC 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.

# Large Group Plan Year 2024 PHCS Portfolio

Network Available: PHCS Network

| PY24 PHCS Large Group Snapshot Grid |               |           |              |                                  |                                  |                            |                            | Networks Available: PHCS Network                               |                       |                  |                  |                                                       |                |
|-------------------------------------|---------------|-----------|--------------|----------------------------------|----------------------------------|----------------------------|----------------------------|----------------------------------------------------------------|-----------------------|------------------|------------------|-------------------------------------------------------|----------------|
| Plan Name and Medical Rider Names   |               |           |              | Deductible and MOOPINN and OON   |                                  |                            |                            | In Network Benefits                                            |                       |                  |                  |                                                       |                |
| Plan Name                           | Calendar Year | Med Rider | Coins In/Out | INN Deductible Individual Family | OON Deductible Individual Family | INN MOOP Individual Family | OON MOOP Individual Family | Primary Care Visit*<br>First Non-Preventive Visit is No Charge | Pediatric PCP Copay** | Specialist Visit | Urgent Care      | Emergency Services                                    | Inpatient Hosp |
| PHCS24_500_01                       | Calendar Year | PHCS4001  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$1,000                          | \$4,000                          | \$3,000                    | \$9,000                    |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_500_02                       | Calendar Year | PHCS4002  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$1,000                          | \$2,000                          | \$6,000                    | \$18,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_750_01                       | Calendar Year | PHCS4003  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$1,500                          | \$3,000                          | \$4,500                    | \$13,500                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1000_01                      | Calendar Year | PHCS4004  | 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, no deductible | 10% AFD        |
|                                     |               |           |              | \$2,000                          | \$4,000                          | \$7,000                    | \$21,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1000_02                      | Calendar Year | PHCS4005  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$2,000                          | \$4,000                          | \$7,000                    | \$21,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1000_03                      | Calendar Year | PHCS4006  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$2,000                          | \$4,000                          | \$8,000                    | \$24,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1000_04                      | Calendar Year | PHCS4007  | 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, no deductible | 30% AFD        |
|                                     |               |           |              | \$2,000                          | \$4,000                          | \$9,000                    | \$27,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1000_05                      | Calendar Year | PHCS4008  | 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, no deductible | 30% AFD        |
|                                     |               |           |              | \$2,000                          | \$4,000                          | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1500_01                      | Calendar Year | PHCS4009  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$3,000                          | \$6,000                          | \$8,000                    | \$24,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1500_02                      | Calendar Year | PHCS4010  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$3,000                          | \$6,000                          | \$9,000                    | \$27,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1500_03                      | Calendar Year | PHCS4011  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$3,000                          | \$6,000                          | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1500_04                      | Calendar Year | PHCS4012  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$3,000                          | \$6,000                          | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_1500_05                      | Calendar Year | PHCS4013  | 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, no deductible | 30% AFD        |
|                                     |               |           |              | \$3,000                          | \$6,000                          | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                |

LG PHCS \$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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

# Large Group Plan Year 2024 PHCS Portfolio

Network Available: PHCS Network

| PY24 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 In/Out | INN Deductible Individual Family | OON Deductible Individual Family | INN MOOP Individual Family | OON MOOP Individual Family | Primary Care Visit*<br>First Non-Preventive Visit is No Charge | Pediatric PCP Copay** | Specialist Visit | Urgent Care      | Emergency Services                                    | Inpatient Hosp. |  |
| PHCS24_2000_01                      | Calendar Year | PHCS4014  | 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, no deductible | 20% AFD         |  |
|                                     |               |           |              | \$4,000                          | \$8,000                          | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2000_02                      | Calendar Year | PHCS4015  | 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, no deductible | 20% AFD         |  |
|                                     |               |           |              | \$4,000                          | \$8,000                          | \$11,000                   | \$33,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2000_03                      | Calendar Year | PHCS4016  | 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, no deductible | 30% AFD         |  |
|                                     |               |           |              | \$4,000                          | \$8,000                          | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2000_04                      | Calendar Year | PHCS4017  | 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, no deductible | 10% AFD         |  |
|                                     |               |           |              | \$4,000                          | \$8,000                          | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2000_05                      | Calendar Year | PHCS4018  | 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, no deductible | 30% AFD         |  |
|                                     |               |           |              | \$4,000                          | \$8,000                          | \$11,000                   | \$33,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2500_01                      | Calendar Year | PHCS4019  | 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, no deductible | 10% AFD         |  |
|                                     |               |           |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2500_02                      | Calendar Year | PHCS4020  | 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, no deductible | 20% AFD         |  |
|                                     |               |           |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2500_03                      | Calendar Year | PHCS4021  | 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, no deductible | 20% AFD         |  |
|                                     |               |           |              | \$5,000                          | \$10,000                         | \$11,000                   | \$33,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2500_04                      | Calendar Year | PHCS4022  | 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, no deductible | 20% AFD         |  |
|                                     |               |           |              | \$5,000                          | \$10,000                         | \$10,000                   | \$30,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2500_05                      | Calendar Year | PHCS4023  | 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, no deductible | 20% AFD         |  |
|                                     |               |           |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2500_06                      | Calendar Year | PHCS4024  | 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, no deductible | 30% AFD         |  |
|                                     |               |           |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                 |  |
| PHCS24_2500_07                      | Calendar Year | PHCS4025  | 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, no deductible | 20% AFD         |  |
|                                     |               |           |              | \$5,000                          | \$10,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                 |  |

LG PHCS \$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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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



# Large Group Plan Year 2024 PHCS Portfolio

Network Available: PHCS Network

| PY24 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 In/Out | INN Deductible Individual Family | OON Deductible Individual Family | INN MOOP Individual Family | OON MOOP Individual Family | Primary Care Visit*<br>First Non-Preventive Visit is No Charge | Pediatric PCP Copay** | Specialist Visit | Urgent Care      | Emergency Services                                    | Inpatient Hosp                                        |         |
| LG PHCS \$3,000 - \$4,500           | PHCS24_3000_01 | Calendar Year | PHCS4026     | 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, no deductible                      | 0% AFD  |
|                                     |                |               |              |                                  | \$6,000                          | \$12,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                     | PHCS24_3000_02 | Calendar Year | PHCS4027     | 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, no deductible | 10% AFD |
|                                     |                |               |              |                                  | \$6,000                          | \$12,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                     | PHCS24_3000_03 | Calendar Year | PHCS4028     | 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, no deductible | 20% AFD |
|                                     |                |               |              |                                  | \$6,000                          | \$12,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                     | PHCS24_3000_04 | Calendar Year | PHCS4029     | 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, no deductible | 30% AFD |
|                                     |                |               |              |                                  | \$6,000                          | \$12,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                     | PHCS24_3000_05 | Calendar Year | PHCS4030     | 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, no deductible | 30% AFD |
|                                     |                |               |              |                                  | \$6,000                          | \$12,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
|                                     | PHCS24_3500_01 | Calendar Year | PHCS4031     | 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, no deductible | 20% AFD |
|                                     |                |               |              |                                  | \$7,000                          | \$14,000                   | \$12,000                   | \$36,000                                                       |                       |                  |                  |                                                       |                                                       |         |
| PHCS24_3500_02                      | Calendar Year  | PHCS4032      | 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, no deductible | 20% AFD                                               |         |
|                                     |                |               |              | \$7,000                          | \$14,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| PHCS24_4000_01                      | Calendar Year  | PHCS4033      | 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, no deductible                      | 0% AFD                                                |         |
|                                     |                |               |              | \$8,000                          | \$16,000                         | \$14,000                   | \$42,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| PHCS24_4000_02                      | Calendar Year  | PHCS4034      | 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, no deductible | 20% AFD                                               |         |
|                                     |                |               |              | \$8,000                          | \$16,000                         | \$13,000                   | \$39,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| PHCS24_4000_03                      | Calendar Year  | PHCS4035      | 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, no deductible | 30% AFD                                               |         |
|                                     |                |               |              | \$8,000                          | \$16,000                         | \$15,000                   | \$45,000                   |                                                                |                       |                  |                  |                                                       |                                                       |         |
| PHCS24_4500_01                      | Calendar Year  | PHCS4036      | 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, no deductible | 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.

Contract year benefits are available, please contact your Sales or Client Management Team for more details

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

# Large Group Plan Year 2024 PHCS Portfolio

Network Available: PHCS Network

| PY24 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 In/Out | INN Deductible Individual Family | OON Deductible Individual Family | INN MOOP Individual Family | OON MOOP Individual Family | Primary Care Visit*<br>First Non-Preventive Visit is No Charge | Pediatric PCP Copay** | Specialist Visit | Urgent Care      | Emergency Services                                    | Inpatient Hosp |
| PHCS24_5000_01                      | Calendar Year | PHCS4037  | 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, no deductible                      | 0% AFD         |
|                                     |               |           |              | \$10,000                         | \$20,000                         | \$12,000                   | \$36,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_5000_02                      | Calendar Year | PHCS4038  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$10,000                         | \$20,000                         | \$14,000                   | \$42,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_5000_03                      | Calendar Year | PHCS4039  | 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, no deductible | 30% AFD        |
|                                     |               |           |              | \$10,000                         | \$20,000                         | \$14,000                   | \$42,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_5500_01                      | Calendar Year | PHCS4040  | 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, no deductible | 20% AFD        |
|                                     |               |           |              | \$11,000                         | \$22,000                         | \$14,000                   | \$42,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_6000_01                      | Calendar Year | PHCS4041  | 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, no deductible | 30% AFD        |
|                                     |               |           |              | \$12,000                         | \$24,000                         | \$15,000                   | \$45,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_7150_01                      | Calendar Year | PHCS4042  | 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, no deductible                      | 0% AFD         |
|                                     |               |           |              | \$14,300                         | \$28,600                         | \$15,000                   | \$45,000                   |                                                                |                       |                  |                  |                                                       |                |
| PHCS24_7500_01                      | Calendar Year | PHCS4043  | 10% / 50%    | \$7,500                          | \$15,000                         | \$9,450                    | \$28,350                   | \$30 copay/visit                                               | \$0 copay/visit       | \$60 copay/visit | \$50 copay/visit | \$500 copay/visit, then 10% of charges, no deductible | 10% AFD        |
|                                     |               |           |              | \$15,000                         | \$30,000                         | \$18,900                   | \$56,700                   |                                                                |                       |                  |                  |                                                       |                |

LG PHCS \$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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This is a summary of benefit highlights only. All benefits shown indicate member responsibility.

# Large Group Plan Year 2024 PHCS Portfolio

Network Available: PHCS Network

| PY24 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 | Med Rider | CoIns In/Out | 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 |         |
| PHCS24_3200_01HD                         | Calendar Year | PHC3H012  | 0% / 50%     | \$3,200                          | \$6,400                          | \$3,200                    | \$9,600                    | 0% AFD                           | 0% AFD               | 0% AFD           | 0% AFD      | 0% AFD             | 0% AFD         |         |
|                                          |               |           |              | \$6,400                          | \$12,800                         | \$6,400                    | \$19,200                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_3200_02HD                         | Calendar Year | PHC3H022  | 20% / 50%    | \$3,200                          | \$6,400                          | \$5,250                    | \$15,750                   | 20% AFD                          | 20% AFD              | 20% AFD          | 20% AFD     | 20% AFD            | 20% AFD        | 20% AFD |
|                                          |               |           |              | \$6,400                          | \$12,800                         | \$10,500                   | \$31,500                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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         | 0% AFD  |
|                                          |               |           |              | \$7,000                          | \$14,000                         | \$7,000                    | \$21,000                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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         | 0% AFD  |
|                                          |               |           |              | \$8,000                          | \$16,000                         | \$8,000                    | \$24,000                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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        | 30% AFD |
|                                          |               |           |              | \$9,000                          | \$18,000                         | \$13,100                   | \$39,300                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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         | 0% AFD  |
|                                          |               |           |              | \$10,000                         | \$20,000                         | \$10,000                   | \$30,000                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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        | 20% AFD |
|                                          |               |           |              | \$10,000                         | \$20,000                         | \$13,300                   | \$39,900                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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         | 0% AFD  |
|                                          |               |           |              | \$12,900                         | \$25,800                         | \$12,900                   | \$38,700                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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         | 0% AFD  |
|                                          |               |           |              | \$13,100                         | \$26,200                         | \$13,100                   | \$39,300                   |                                  |                      |                  |             |                    |                |         |
| PHCS24_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         | 0% AFD  |
|                                          |               |           |              | \$14,000                         | \$28,000                         | \$14,000                   | \$42,000                   |                                  |                      |                  |             |                    |                |         |

LG PHCS 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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# 2024 Individual Snapshot Grids



## On/Off Exchange

| Individual HMO |                               |     |       | Calendar Year Deductible | Calendar Year MOOP | Office Visits |                |            | Benefits (In-Network) |                       |           | Drugs (In-Network)                                                 |                |           |                   |                  |           |
|----------------|-------------------------------|-----|-------|--------------------------|--------------------|---------------|----------------|------------|-----------------------|-----------------------|-----------|--------------------------------------------------------------------|----------------|-----------|-------------------|------------------|-----------|
|                |                               |     |       | Individual               | Individual         |               |                |            |                       |                       |           |                                                                    |                |           |                   |                  |           |
| Metal Level    | Plan Name                     | HSA | Coins | Family                   | Family             | 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    | 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                  | \$9,400            | \$50          | No Charge      | \$100      | \$75                  | 50% AFD               | 50% AFD   | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0            | \$25      | \$50 AFD          | \$100 AFD        | \$500 AFD |
|                |                               |     |       | \$15,000                 | \$18,800           |               |                |            |                       |                       |           |                                                                    |                |           |                   |                  |           |
|                | BSW Vital Bronze HMO 009      | No  | 20%   | \$8,000                  | \$9,450            | 1 free, \$40  | No Charge      | \$100      | \$100                 | 30% AFD               | 30% AFD   | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0            | \$25      | \$55 AFD          | \$150 AFD        | \$500 AFD |
|                |                               |     |       | \$16,000                 | \$18,900           |               |                |            |                       |                       |           |                                                                    |                |           |                   |                  |           |
| 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  | 20%   | \$1,500                  | \$8,700            | \$30          | \$0            | \$60       | \$45                  | 25% AFD               | 25% AFD   | \$0                                                                | \$0            | \$15      | \$30              | \$60             | \$250     |
|                |                               |     |       | \$3,000                  | \$17,400           |               |                |            |                       |                       |           |                                                                    |                |           |                   |                  |           |
|                | BSW Elite Gold HMO 004        | No  | 10%   | \$1,100                  | \$9,450            | 2 Free, \$40  | \$0            | \$65       | \$65                  | \$750 copay/visit     | 20% AFD   | \$0                                                                | \$0            | \$15      | \$55              | \$150            | \$500     |
|                |                               |     |       | \$2,200                  | \$18,900           |               |                |            |                       |                       |           |                                                                    |                |           |                   |                  |           |
|                | BSW Elite Gold HMO 012        | No  | 10%   | \$1,500                  | \$9,300            | \$0           | \$0            | \$60       | \$60                  | \$750 copay/visit AFD | 20% AFD   | \$0                                                                | \$0            | \$15      | \$55              | \$150            | \$500     |
|                |                               |     |       | \$3,000                  | \$18,600           |               |                |            |                       |                       |           |                                                                    |                |           |                   |                  |           |

# On/Off Exchange

| Individual HMO                        |                                       |     |         | Calendar Year Deductible |              | Calendar Year MOOP |                | Office Visits |                   |                       | Benefits (In-Network)                                              |                                                                    |                | Drugs (In-Network) |                   |                |           |  |
|---------------------------------------|---------------------------------------|-----|---------|--------------------------|--------------|--------------------|----------------|---------------|-------------------|-----------------------|--------------------------------------------------------------------|--------------------------------------------------------------------|----------------|--------------------|-------------------|----------------|-----------|--|
|                                       |                                       |     |         | Individual               | Family       | Individual         | Family         |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
|                                       |                                       |     |         | 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 008              | No  | 0%      | \$5,900                  | \$9,450      | 1 free, \$25       | \$0            | \$35          | \$35              | 50% AFD               | 50% AFD                                                            | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0            | \$15               | \$90 AFD          | \$140 AFD      | \$500 AFD |  |
|                                       |                                       |     |         | \$11,800                 | \$18,900     |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
|                                       | BSW Prime Silver HMO 008 - CSR 73% AV | No  | 0%      | \$3,800                  | \$7,550      | 1 free, \$25       | \$0            | \$35          | \$35              | 40% AFD               | 40% AFD                                                            | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0            | \$15               | \$90 AFD          | \$140 AFD      | \$500 AFD |  |
|                                       |                                       |     |         | \$7,600                  | \$15,100     |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| BSW Prime Silver HMO 008 - CSR 87% AV | No                                    | 0%  | \$1,000 | \$3,150                  | 2 free, \$5  | \$0                | \$20           | \$20          | 35% AFD           | 35% AFD               | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0                                                                | \$0            | \$45 AFD           | \$140 AFD         | \$500 AFD      |           |  |
|                                       |                                       |     | \$2,000 | \$6,300                  |              |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| BSW Prime Silver HMO 008 - CSR 94% AV | No                                    | 0%  | \$1,800 | \$1,800                  | 2 free, \$5  | \$0                | \$5            | \$5           | 20%               | 20%                   | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0                                                                | \$0            | \$45               | \$140             | \$500          |           |  |
|                                       |                                       |     | \$3,600 | \$3,600                  |              |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| 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%     | \$5,900                  | \$9,100      | \$40               | \$0            | \$80          | \$60              | 40% AFD               | 40% AFD                                                            | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0            | \$20               | \$40 AFD          | \$80 AFD       | \$350 AFD |  |
|                                       |                                       |     |         | \$11,800                 | \$18,200     |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
|                                       | BSW Prime Silver HMO 003 - CSR 73% AV | No  | 40%     | \$5,700                  | \$7,200      | \$40               | \$0            | \$80          | \$45              | 40% AFD               | 40% AFD                                                            | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0            | \$20               | \$40 AFD          | \$80 AFD       | \$350 AFD |  |
|                                       |                                       |     |         | \$11,400                 | \$14,400     |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| BSW Prime Silver HMO 003 - CSR 87% AV | No                                    | 20% | \$700   | \$3,000                  | \$20         | \$0                | \$40           | \$30          | 30% AFD           | 30% AFD               | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0                                                                | \$10           | \$20 AFD           | \$60 AFD          | \$250 AFD      |           |  |
|                                       |                                       |     | \$1,400 | \$6,000                  |              |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| BSW Prime Silver HMO 003 - CSR 94% AV | No                                    | 20% | \$0     | \$1,800                  | \$0          | \$0                | \$10           | \$5           | 25% AFD           | 25% AFD               | ACA Preventive and Tier 1: \$0<br>Tier 2-4 Integrated with Medical | \$0                                                                | \$0            | \$15               | \$50              | \$150          |           |  |
|                                       |                                       |     | \$0     | \$3,600                  |              |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| 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  | 10%     | \$1,200                  | \$9,450      | 1 Free, \$45       | \$0            | \$85          | \$85              | \$750 copay/visit AFD | \$2,000 copay/stay AFD                                             | \$0                                                                | \$0            | \$20               | \$100 AFD         | \$140 AFD      | \$500 AFD |  |
|                                       |                                       |     |         | \$2,400                  | \$18,900     |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
|                                       | BSW Prime Silver HMO 005 - CSR 73% AV | No  | 10%     | \$1,200                  | \$7,550      | 1 Free, \$45       | \$0            | \$85          | \$85              | \$750 copay/visit AFD | \$2,000 copay/stay AFD                                             | \$0                                                                | \$0            | \$20               | \$100 AFD         | \$140 AFD      | \$500 AFD |  |
|                                       |                                       |     |         | \$2,400                  | \$15,100     |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| BSW Prime Silver HMO 005 - CSR 87% AV | No                                    | 10% | \$0     | \$3,150                  | 1 Free, \$10 | \$0                | \$50           | \$50          | \$500 copay/visit | \$500 copay/stay      | \$0                                                                | \$0                                                                | \$0            | \$45               | \$140             | \$500          |           |  |
|                                       |                                       |     | \$0     | \$6,300                  |              |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |
| BSW Prime Silver HMO 005 - CSR 94% AV | No                                    | 10% | \$0     | \$1,200                  | \$0          | \$0                | \$10           | \$10          | \$200 copay/visit | \$100 copay/stay      | \$0                                                                | \$0                                                                | \$0            | \$15               | \$55              | \$500          |           |  |
|                                       |                                       |     | \$0     | \$2,400                  |              |                    |                |               |                   |                       |                                                                    |                                                                    |                |                    |                   |                |           |  |

# Off Exchange Only

| 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         | BSW Prime Silver HMO 010 | No  | 20%   | \$4,950                  | \$9,300  | \$30               | \$0            | \$60       | \$60          | \$750 copay/visit AFD | 20% AFD                | \$0                     | \$0            | \$15      | \$55 AFD           | \$150 AFD      | \$500 AFD |  |  |
|                |                          |     |       | \$9,900                  | \$18,600 |                    |                |            |               |                       |                        |                         |                |           |                    |                |           |  |  |
|                | BSW Prime Silver HMO 011 | No  | 10%   | \$1,000                  | \$9,450  | \$55               | \$0            | \$85       | \$85          | \$1,000 copay AFD     | \$2,500 copay/stay AFD | \$0                     | \$0            | \$15      | \$55 AFD           | \$150 AFD      | \$500 AFD |  |  |
|                |                          |     |       | \$2,000                  | \$18,900 |                    |                |            |               |                       |                        |                         |                |           |                    |                |           |  |  |
| Gold           | BSW Elite Gold HMO 002   | No  | 20%   | \$0                      | \$9,450  | \$50               | \$0            | \$85       | \$85          | \$750 copay/visit     | 25%                    | \$0                     | \$0            | \$15      | \$55               | \$150          | \$500     |  |  |
|                |                          |     |       | \$0                      | \$18,900 |                    |                |            |               |                       |                        |                         |                |           |                    |                |           |  |  |