BaylorScott&White Health Plan

Plan Benefits	BSW Vital Bronze HMO 001	BSW Vital Bronze EPO 001
Medical Deductible Single/Family	$8,000 / $16,000	$8,000 / $16,000
Medication Deductible Single/Family	$0 for ACA Preventive and Tier I Tiers II-IV are Integrated with Medical	$0 for ACA Preventive and Tier I Tiers II-IV are Integrated with Medical
Preventive Care Copay	No Charge	No Charge
Adult Primary Care Visit Copay	1 free $40	1 free $40
Pediatric Primary Care Visit Copay (Ages 0-18)	$0	$0
Specialty Care Visit Copay	$100	$100
Inpatient Copay	30%[1]	30%[1]
Outpatient Copay	30%[1]	30%[1]
Emergency Room Copay	30%[1]	30%[1]
Urgent Care Copay	$100	$100
Routine Lab/X-Ray Copay	30%[1]	30%[1]
Imaging (MRI, CT, Scans) Copay	30%[1]	30%[1]
Telehealth Coverage includes MyBSWHealth	No Charge	No Charge
Medication Copays:		
ACA Preventive Drugs	$0	$0
Tier I	$25	$25
Tier II	$55[1]	$55[1]
Tier III	$150[1]	$150[1]
Tier IV	$500[1]	$500[1]
Formulary	Click here	Click here
Compare Medication Costs	Link Coming Soon	Link Coming Soon
Maximum Out-of-Pocket Single/Family	$9,200 / $18,400	$9,200 / $18,400
Plan ID	40788TX0410001-00	37755TX0250001-00
Summary of Benefits & Coverage (SBC)		
Plan Documents		

[1]After Medical Deductible