

# Medical coverages and costs

Annual deductible	SEQA	EQA	Premium			High-Deductible Health Plan (HDHP)		
Network	Tier 1 BSW Premier	Tier 1 BSW Premier	Tier 1* BSW Premier	Tier 2* United Healthcare	Tier 3* Out-of-Network	Tier 1* BSW Premier	Tier 2* United Healthcare	Tier 3* Out-of-Network
Employee only	\$350	\$750	\$2,000	\$3,000	\$10,000	\$1,750	\$3,500	\$7,000
Employee + family	\$700^	\$1,500^	\$4,000^	\$6,000^	\$20,000^	\$3,500	\$7,000	\$14,000

Out-of-pocket maximum	SEQA	EQA	Premium			High-Deductible Health Plan (HDHP)		
Network	Tier 1 BSW Premier	Tier 1 BSW Premier	Tier 1** BSW Premier	Tier 2** United Healthcare	Tier 3** Out-of-Network	Tier 1** BSW Premier	Tier 2** United Healthcare	Tier 3** Out-of-Network
Employee only	\$4,000	\$4,500	\$5,000	\$7,000	No limit	\$4,500	\$7,000	No limit
Employee + family	\$8,000^^	\$9,000^^	\$10,000^^	\$14,000^^	No limit	\$9,000^^	\$14,000^^	No limit

Your cost for care and services	SEQA	EQA	Premium			High-Deductible Health Plan (HDHP)		
Network	Tier 1 BSW Premier	Tier 1 BSW Premier	Tier 1* BSW Premier	Tier 2* United Healthcare	Tier 3* Out-of-Network	Tier 1* BSW Premier	Tier 2* United Healthcare	Tier 3* Out-of-Network
Preventive care*	\$0	\$0	\$0	\$0	Not covered	\$0	\$0	Not covered
eVisit	\$0	\$0	\$0	\$70/\$100***	Not covered	10% AD	50% AD	Not covered
Primary care physician (PCP) and video visit	\$25	\$35	\$45	\$70	80% AD	10% AD	50% AD	80% AD
Specialist office and video visit	\$40	\$50	\$60	\$100	80% AD	10% AD	50% AD	80% AD
Urgent care office visit	\$25	\$35	\$45	\$100	\$100	10% AD	50% AD	50% AD
Emergency room**	\$500 copay	\$500 copay	\$500 + 20% coinsurance	\$500 + 20% coinsurance	\$500 + 20% coinsurance	10% AD	10% AD	10% AD
Bundled maternity copay***	\$400	\$400	\$1,200	N/A	N/A	N/A	N/A	N/A
Diagnostic labs and X-rays	Labs: 20% X-rays: \$75	Labs: 30% X-rays: \$75	20% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Advanced imaging—PET, CT, CAT	\$100	\$100	20% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Advanced imaging—MRI, MRA	\$150	\$150	20% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Inpatient hospitalization	10% AD	10% AD	20% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Outpatient care	10% AD	10% AD	20% AD	50% AD	80% AD	10% AD	50% AD	80% AD

\* Medical expenses will only apply to the applicable network tier deductible.

\*\* Medical expenses will only apply to the applicable network tier out-of-pocket maximum and do not cross accumulate. Total Tier 1 and Tier 2 aggregate out-of-pocket expenses will not exceed the overall Affordable Care Act (ACA) maximum in the Premium plan; and the HDHP will not exceed the IRS HDHP maximum.

\*\*\* Covered at the applicable copay: PCP \$70, specialist \$100.

\* In order for preventive care to be covered at 100%, services must be coded as preventive. Please see [BSWHealthPlan.com/BSWH](#) for a complete list of covered preventive care services.

++ Waived if admitted for SEQA/EQA and Premium plans.

+++ Copay applies to the facility claim. All other services billed with a maternity/delivery diagnosis code (e.g., OB-GYN, anesthesia, pathology) will be paid at 100%, including prenatal services

and well-baby charges if your newborn is added to the plan for coverage.

^ The plan provides after-deductible coverage once an individual with family coverage meets the individual deductible, even if the family deductible has not been met.

^^ Once an individual with family coverage has met the out-of-pocket maximum, the plan provides 100% coverage for that individual, even if the family out-of-pocket maximum has not been met.

▲ AD means after deductible.

▲ N/A means not applicable.