

2020 Medical Plan Coverage and Costs

■ Change for 2020

Medical Plan	SEQA	EQA	PPO			HSA		
Network	Tier 1 BSWQA	Tier 1 BSWQA	Tier 1 BSWQA	Tier 2 Cigna National	Tier 3 Out of Network	Tier 1 BSWQA	Tier 2 Cigna National	Tier 3 Out of Network
Employer-funded dollars	(Use HRA Rollover - \$1,000 Cap)	(Use HRA Rollover - \$1,000 Cap)	(Use HRA Rollover - \$1,000 Cap)	(Use HRA Rollover - \$1,000 Cap. Urgent Care/ ER Care only)		–	–	–
Annual Deductible								
Employee only	\$0	\$500	\$1,000	\$2,000	\$5,000	\$1,500	\$3,000	\$5,000
Employee + family	\$0	\$1,000 [^]	\$2,000 [^]	\$4,000 [^]	\$10,000 [^]	\$3,000	\$6,000	\$10,000
Out-of-Pocket Maximum								
Employee only	\$3,000	\$4,000	\$4,000	\$6,750	No Limit	\$3,950	\$6,750	No Limit
Employee + family	\$6,000 ^{^^}	\$8,000 ^{^^}	\$8,000 ^{^^}	\$13,500 ^{^^}	No Limit	\$7,900 ^{^^}	\$13,500 ^{^^}	No Limit
Your Cost for Care and Services								
Preventive care*	\$0	\$0	\$0	\$0	Not Covered	\$0	\$0	Not Covered
Physician office visit	\$10	\$30	\$35	\$70	70% AD	10% AD	50% AD	70% AD
Specialist office visit	\$40	\$50	\$60	\$100	70% AD	10% AD	50% AD	70% AD
Bundled maternity copay ⁺	\$400	\$400	\$1,200	N/A	N/A	N/A	N/A	N/A
Video and eVisit **	\$0	\$0	\$0	Not Covered	Not Covered	\$0 AD	Not Covered	Not Covered
Urgent care office visit	\$50	\$75	\$75	\$100	\$100	10% AD	50% AD	50% AD
Emergency room	\$250	\$250	\$250	\$250	\$250	10% AD	10% AD	10% AD
Diagnostic labs and X-rays	Labs: 20% X-rays: \$75	Labs: 30% X-rays: \$75	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Advanced imaging – PET/CT, CAT	\$100	\$100	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Advanced imaging – MRI, MRA	\$150	\$150	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Inpatient hospitalization	\$150/day (max of 5)	\$150/day (max of 5)	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD
Outpatient care	\$150/visit	\$150/visit	10% AD	50% AD	70% AD	10% AD	50% AD	70% AD

- AD means after you've met your deductible.

* In order for preventive care to be covered at 100%, services must be coded as preventive. Please see bswh.swhp.org for a complete list of covered preventive care services.

** Note: Employees must have a MyBSWHealth account.

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

[^] 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.

Prescription Drug Costs

■ Change for 2020

Type of Rx	SEQA		EQA and PPO		HSA
	BSW Pharmacy 30-day cost/ *90-day cost	Contracted Pharmacy *30-day supply only	BSW Pharmacy 30-day cost/ *90-day cost	Contracted Pharmacy *30-day supply only	BSW or Contracted Pharmacy *90-day supplies are only available through the BSW Pharmacy
Preferred generic	\$3/\$6	\$10	\$3/\$6	\$10	10% AD
Preferred brand	\$25/\$50	\$50	\$35/\$70	\$50	10% AD
Non-preferred brand and generic	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50%	Lesser of \$50/\$100 or 50%	Lesser of \$75 or 50%	10% AD
Specialty	\$100	N/A	20% (\$200 Max)	N/A	10% AD**
Chronic and preventive**	\$10/\$20 \$0 Diabetic Treatment [^]	\$20 \$0 Diabetic Treatment [^]	\$10/\$20	\$20	10% AD

* Only BSW pharmacies can fill a 90-day supply of a medication. The max day supply through a contracted pharmacy is 30 days.

** To help make some frequently prescribed preferred drugs for asthma, diabetes and some other chronic conditions more affordable, we've placed a select group on a special chronic and preventive medication list. Find the complete list on bswh.swhp.org.

[^] Selected diabetes devices, drugs and insulin.

· HRA rollover cannot be used for pharmacy copays.

· Fertility drugs are covered at 20% with a maximum \$400 copay and a \$7,500 lifetime maximum pharmacy benefit.

· Drugs not listed on formulary require prior authorization. If authorized, you'll pay the applicable non-preferred or specialty copay.

** Specialty drugs only available at BSW pharmacy.

2020 Medical Premiums Per Pay Period

Your Hourly Rate	Coverage Tier	SEQA	EQA	HSA	PPO
Up to \$13/hour	Employee only	\$9	The EQA Plan is unavailable for this hourly rate	\$11	\$38
	Employee + spouse	\$65		\$46	\$102
	Employee + child(ren)	\$64		\$45	\$99
	Employee + family	\$109		\$69	\$149
\$13.01 to \$25/hour	Employee only	\$19	The SEQA Plan is unavailable for this hourly rate	\$28	\$60
	Employee + spouse	\$106		\$90	\$167
	Employee + child(ren)	\$93		\$73	\$131
	Employee + family	\$150		\$121	\$214
\$25.01 to \$48/hour	Employee only	The SEQA Plan is unavailable for this hourly rate	\$61	\$52	\$80
	Employee + spouse		\$158	\$134	\$203
	Employee + child(ren)		\$135	\$111	\$173
	Employee + family		\$208	\$187	\$277
\$48.01/per hour and above	Employee only	The SEQA Plan is unavailable for this hourly rate	\$82	\$73	\$101
	Employee + spouse		\$188	\$169	\$243
	Employee + child(ren)		\$163	\$139	\$203
	Employee + family		\$247	\$237	\$318

· Premiums are deducted on a pretax basis.

· If you are a commissioned employee, your hourly rate is determined by your prior year W-2 earnings divided by annual hours worked.

· The hourly rate for new commissioned employees who haven't had a W-2 yet will be the base rate that is in PeoplePlace.

Part-Time Employee Medical Premiums Per Pay Period

Coverage Tier	SEQA (\$25/hour and below) EQA (\$25.01/hour and above)	HSA	PPO
Employee only	\$95	\$99	\$232
Employee + spouse	\$282	\$287	\$414
Employee + child(ren)	\$200	\$205	\$405
Employee + family	\$337	\$342	\$619

· Premiums are deducted on a pretax basis.

Dental Premiums Per Pay Period

Coverage Tier	MetLife Dental PPO	MetLife Dental PPO Plus
Employee only	\$8.80	\$17.48
Employee + spouse	\$17.63	\$34.09
Employee + child(ren)	\$23.59	\$43.88
Employee + family	\$29.92	\$60.49

· Premiums are deducted on a pretax basis.

Vision Premiums Per Pay Period

Coverage Tier	Cost
Employee only	\$3.08
Employee + spouse	\$6.12
Employee + child(ren)	\$6.00
Employee + family	\$9.12

· Premiums are deducted on a pretax basis.

Accidental Injury Insurance Premiums Per Pay Period

Coverage Tier	Cost
Employee only	\$4.61
Employee + spouse	\$7.94
Employee + child(ren)	\$7.62
Employee + family	\$9.57

· Premiums are deducted on a post-tax basis.

Critical Illness Insurance Premiums Per Pay Period

\$15,000 Benefit				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-24	\$2.10	\$4.25	\$4.84	\$6.99
25-29	\$2.49	\$4.88	\$5.23	\$7.62
30-34	\$3.43	\$6.52	\$6.18	\$9.26
35-39	\$5.05	\$9.61	\$7.79	\$12.34
40-44	\$6.51	\$12.46	\$9.25	\$15.20
45-49	\$9.09	\$17.86	\$11.82	\$20.60
50-54	\$12.09	\$25.50	\$14.83	\$28.23
55-59	\$15.94	\$35.32	\$18.69	\$38.06
60-64	\$19.81	\$44.40	\$22.55	\$47.14
65-69	\$24.28	\$53.20	\$27.02	\$55.95
70-74	\$33.84	\$73.18	\$36.57	\$75.92
75-79	\$43.79	\$95.48	\$46.52	\$98.22
80-84	\$60.91	\$116.25	\$63.65	\$118.98
85+	\$77.41	\$159.36	\$80.14	\$162.09

\$30,000 Benefit				
Attained Age	Employee	Employee & Spouse	Employee & Child(ren)	Employee & Family
0-24	\$4.20	\$8.50	\$9.67	\$13.98
25-29	\$4.98	\$9.76	\$10.46	\$15.23
30-34	\$6.87	\$13.04	\$12.35	\$18.51
35-39	\$10.10	\$19.21	\$15.57	\$24.69
40-44	\$13.02	\$24.92	\$18.49	\$30.40
45-49	\$18.18	\$35.72	\$23.65	\$41.20
50-54	\$24.18	\$51.00	\$29.66	\$56.47
55-59	\$31.89	\$70.65	\$37.37	\$76.13
60-64	\$39.61	\$88.80	\$45.09	\$94.27
65-69	\$48.56	\$106.41	\$54.04	\$111.89
70-74	\$67.68	\$146.36	\$73.15	\$151.84
75-79	\$87.57	\$190.97	\$93.05	\$196.44
80-84	\$121.82	\$232.49	\$127.30	\$237.96
85+	\$154.81	\$318.71	\$160.29	\$324.18

• Spouse and child rate are derived from employee age. Children are eligible up to age 26.
 • Premiums are deducted on a post-tax basis.

Supplemental Life Insurance Premiums Per Pay Period

We provide basic life insurance of 1x your annual salary at no cost to you. Supplemental plans are available for purchase, and rates are listed below.

Your Age	Per \$1,000 Coverage for You	Per \$1,000 Coverage for Your Spouse	Per \$1,000 Coverage for Your Child(ren)
<25	\$0.013	\$0.025	\$0.035 (one premium covers all children in family)
25-29	\$0.016	\$0.031	
30-34	\$0.022	\$0.041	
35-39	\$0.028	\$0.047	
40-44	\$0.036	\$0.054	
45-49	\$0.054	\$0.080	
50-54	\$0.084	\$0.138	
55-59	\$0.138	\$0.254	
60-64	\$0.192	\$0.416	
65*-69	\$0.313	\$0.810	
70*-74	\$0.630	\$1.563	
75+	\$0.819	\$1.563	

• Premiums are deducted on a post-tax basis.

* **Note about Age Reduction Provision:** If you have reached age 65, you and your spouse's amount of life insurance will be 65% of the amount of life insurance you had prior to 65. If you have reached 70 or more, you and your spouse's amount of life insurance will be 50% of the amount you had prior to the first reduction.

Supplemental AD&D Premiums Per Pay Period

We provide basic AD&D of 1x your annual salary at no cost to you. Supplemental plans are available for purchase, and rates are listed below.

Per \$1,000 Coverage for You	Per \$1,000 Coverage for Your Spouse	Per \$1,000 Coverage for Your Child(ren)
\$0.006	\$0.007	\$0.008

• Premiums are deducted on a post-tax basis.

Short-Term Disability* (STD)

STD coverage pays a portion of your salary if you're sick or injured. It's also the **only** way to receive maternity, parental or adoption benefits.

Person Covered	Cost
You	\$0.818 per \$100 of monthly covered payroll*

• Premiums are deducted on a pretax basis. Any income received from disability would be treated as taxable income.

* Full rate calculations are available in the PeoplePlace enrollment system.

Long-Term Disability* (LTD)

We provide basic LTD at no cost to you. Voluntary plans are available for purchase, and rate calculations are available in the PeoplePlace enrollment system.

Person Covered	Coverage you pay for
You	Additional 10% of your base salary following 180 days of disability

• Income received from the basic LTD plan is treated as taxable income.

• Premiums for voluntary LTD are deducted post-tax; therefore, income received for this portion would not be taxed.

• Pre-existing condition limitations may apply.

This document summarizes programs and benefits available to employees and eligible dependents. Official plan documents, policies and certificates of insurance that contain the details, conditions, maximum benefit levels and restrictions on benefits govern our benefits program and will be available at BSWHealth.com/benefits. In case of a conflict between this document and the official documents, the official documents prevail.

The information in this document isn't a guarantee of benefits. Baylor Scott & White reserves the right to modify or terminate its employee benefit plans and programs at any time for any reason.