

# 2024 coverage and costs

## Medical plan

Medical plan Network	SEQA	EQA	PPO			HDHP		
	Tier 1 BSW Premier HMO	Tier 1 BSW Premier HMO	Tier 1* BSW Premier HMO	Tier 2* United Healthcare Options PPO	Tier 3* Out of Network	Tier 1* BSW Premier HMO	Tier 2* United Healthcare Options PPO	Tier 3* Out of Network
<b>Annual deductible</b>								
Employee only	\$250	\$750	\$1,500	\$3,000	\$10,000	\$1,750	\$3,500	\$7,000
Employee + family	\$500 <sup>^</sup>	\$1,500 <sup>^</sup>	\$3,000 <sup>^</sup>	\$6,000 <sup>^</sup>	\$20,000 <sup>^</sup>	\$3,500	\$7,000	\$14,000
<b>Out-of-pocket maximum</b>								
Employee only	\$3,000	\$4,000	\$4,000	\$7,000	No limit	\$3,950	\$7,000	No limit
Employee + family	\$6,000 <sup>^^</sup>	\$8,000 <sup>^^</sup>	\$8,000 <sup>^^</sup>	\$14,000 <sup>^^</sup>	No limit	\$7,900 <sup>^^</sup>	\$14,000 <sup>^^</sup>	No limit
<b>Your cost for care and services</b>								
Preventive care <sup>**</sup>	\$0	\$0	\$0	\$0	Not covered	\$0	\$0	Not covered
eVisit	\$0	\$0	\$0	\$70/\$100 <sup>***</sup>	Not covered	0% AD	50% AD	Not covered
Primary care physician (PCP) and video visit	\$10	\$30	\$35	\$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	\$50	\$75	\$75	\$100	\$100	10% AD	50% AD	50% AD
Emergency room <sup>+</sup>	\$250 + 10% coinsurance	\$300 + 10% coinsurance	\$350 + 10% coinsurance	\$350 + 10% coinsurance	\$350 + 10% coinsurance	10% AD	10% AD	10% AD
Bundled maternity copay <sup>**</sup>	\$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	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Advanced imaging—PET, CT, CAT	\$100	\$100	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Advanced imaging—MRI, MRA	\$150	\$150	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD
Inpatient hospitalization	10% AD	10% AD	10% AD	50% AD <sup>***</sup>	80% AD	10% AD	50% AD <sup>***</sup>	80% AD
Outpatient care	10% AD	10% AD	10% AD	50% AD <sup>***</sup>	80% AD	10% AD	50% AD <sup>***</sup>	80% AD

**Note:**

- ▾ AD means after deductible.
- ▾ N/A means not applicable.

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

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

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

+ Copay and coinsurance for SEQA/EQA and PPO are waived if admitted.

\*\* 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.

\*\*\* Out-of-area Tier 2 modified coverage is 20% AD if activated through BSWHP.

<sup>^</sup> 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.

<sup>^^</sup> 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 drugs

Text in red reflects a change for 2024.

Medical plan	SEQA		EQA and PPO*		HDHP*	
	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 pharmacy 30-day cost/ 90-day** cost	Contracted pharmacy 30-day** supply only
Preferred generic	\$5/\$10	\$12	\$5/\$10	\$12	10% AD	20% AD
Preferred brand	\$25/\$50	\$50	\$35/\$70	\$50	10% AD	20% 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% after \$100 individual deductible	10% AD	20% AD
Specialty***	\$100	N/A	20% (\$200 max)	N/A	10% AD	N/A
Chronic and preventive†	\$10/\$20 \$0 diabetic treatment††	\$20 \$0 diabetic treatment††	\$10/\$20	\$20	10% AD	20% AD

**Note:**

- ▼ Fertility drugs are covered at 20% with a maximum \$400 copay and a \$7,500 lifetime maximum pharmacy benefit.
- ▼ Drugs not listed on the formulary may require prior authorization. If authorized, you'll pay the applicable non-preferred or specialty copay.
- ▼ Member Choice program requires generic medication fills when available; if a brand name medication is requested (when a generic is available), you'll pay the non-preferred member cost share plus the difference in cost between the brand name and generic equivalent drug.

\* Pharmacy expenses will only apply to the applicable network tier and will not cross accumulate. Drugs filled at BSW pharmacies apply to Tier 1 cost-sharing and out-of-pocket limits, and those filled at contracted pharmacies apply to Tier 2 cost-sharing and out-of-pocket limits.

\*\* Only BSW pharmacies can fill a 90-day supply of a medication. The max day supply through a contracted pharmacy is 30 days. Specialty drugs are only available at BSW pharmacies.

\*\*\* Specialty is limited to 30 days at BSW pharmacies.

† To help make some frequently prescribed preferred drugs for chronic conditions more affordable, we've placed a select group on a special chronic and preventive medication list. Find the complete list on [BSWHealthPlan.com/BSWH](https://www.bswhealthplan.com/BSWH).

†† Selected diabetes devices, drugs and insulin.

## BSW Pharmacies



### Need a prescription?

Choose from 30+ BSW pharmacies, a dedicated specialty pharmacy, 24/7 kiosks or our nationwide contracted network.

### Time to refill or transfer?

Use the MyBSWHealth app to manage your prescriptions. You can also transfer from a contracted pharmacy to a BSW one—contact the retailer (making sure you have your current prescription number) or call BSW for help!

### Looking for ways to save?

Switch any maintenance medications to a BSW pharmacy—it's the only way to fill a 90-day supply at a reduced cost.

Picking up over-the-counter meds? Show your badge at any BSW pharmacy for a 20% discount!

### Set up mail order:

- ▶ Call toll-free 855.388.3090, Monday-Friday, 7 a.m. to 7 p.m.
- ▶ Visit [BSWHealthPlan.com/BSWH](https://www.bswhealthplan.com/BSWH) and click "Pharmacy" to access the mail order form.

# Medical premiums per pay period

Your hourly rate	Coverage tier	SEQA		EQA		PPO		HDHP			
		You Pay	BSW Pays	You Pay	BSW Pays	You Pay	BSW Pays	You Pay	BSW Pays		
Less than \$17/hour	Employee only	\$10	\$350	The EQA Plan is not available for this hourly rate	The EQA Plan is not available for this hourly rate	\$44	\$277	\$13	\$293		
	Employee + spouse	\$74	\$694			\$117	\$568	\$52	\$599		
	Employee + child(ren)	\$73	\$559			\$113	\$451	\$51	\$485		
	Employee + family	\$124	\$917			\$170	\$758	\$79	\$802		
\$17.01 to \$28/hour	Employee only	\$22	\$338			\$69	\$252	\$32	\$274		
	Employee + spouse	\$121	\$647			\$191	\$494	\$104	\$547		
	Employee + child(ren)	\$107	\$525			\$150	\$414	\$84	\$452		
	Employee + family	\$172	\$869			\$245	\$683	\$139	\$742		
\$28.01 to \$51/hour	Employee only	The SEQA Plan is not available for this hourly rate	The SEQA Plan is not available for this hourly rate			\$72	\$272	\$94	\$227	\$62	\$244
	Employee + spouse					\$247	\$485	\$298	\$387	\$219	\$432
	Employee + child(ren)					\$157	\$445	\$201	\$363	\$130	\$406
	Employee + family					\$304	\$687	\$383	\$545	\$280	\$601
\$51.01 to \$72/hour	Employee only			\$99	\$245	\$121	\$200	\$89	\$217		
	Employee + spouse			\$284	\$448	\$346	\$339	\$262	\$389		
	Employee + child(ren)			\$191	\$411	\$237	\$327	\$164	\$372		
	Employee + family			\$351	\$640	\$432	\$496	\$339	\$542		
\$72.01/hour and above	Employee only			\$103	\$241	\$124	\$197	\$92	\$214		
	Employee + spouse			\$291	\$441	\$356	\$329	\$268	\$383		
	Employee + child(ren)			\$199	\$403	\$246	\$318	\$169	\$367		
	Employee + family			\$361	\$630	\$445	\$483	\$349	\$532		

Note: Premiums are deducted on a pre-tax basis.

## Short-term disability (STD)

STD coverage may pay a portion of your salary for qualified illnesses or injuries for up to 180 days. It's also the only way to receive parental leave benefits.

Benefit	Cost*	Weekly Maximum
60% coverage	\$0.911	\$3,000
70% coverage	\$1.045	\$4,000

\* Per \$100 of monthly covered payroll. Full-rate calculations are available in the PeoplePlace enrollment system.

**Note:**

- ▼ Premiums for STD are deducted pre-tax.
- ▼ Preexisting condition limitations may apply.
- ▼ **Actively at work provision:** If you request to elect or increase your coverage and are not actively at work at the start of the plan year, your coverage charts will not take effect until the date you return to work.

## Long-term disability (LTD)

LTD picks up where STD leaves off and may pay a benefit for qualified illness or injuries, starting on the 181st day.

Benefit	Cost	Monthly Maximum*
50% coverage*	No cost	\$15,000
60% coverage*	Varies**	\$15,000

\* Other coverage levels and maximums may be available for certain roles and are visible in the PeoplePlace enrollment system.

\*\* Cost is available in the PeoplePlace enrollment system.

**Note:**

- ▼ Premiums for LTD are deducted post-tax.
- ▼ Preexisting condition limitations may apply.
- ▼ **Actively at work provision:** If you request to elect or increase your coverage and are not actively at work at the start of the plan year, your coverage charts will not take effect until the date you return to work.

## Part-time medical premiums per pay period

Coverage tier	SEQA (less than \$28.01/hour)		EQA (\$28.01/hour and above)		PPO		HDHP	
	You Pay	BSW Pays	You Pay	BSW Pays	You Pay	BSW Pays	You Pay	BSW Pays
Employee only	\$109	\$251	\$109	\$235	\$266	\$55	\$113	\$193
Employee + spouse	\$323	\$445	\$386	\$346	\$537	\$148	\$391	\$260
Employee + child(ren)	\$229	\$403	\$229	\$373	\$464	\$100	\$235	\$301
Employee + family	\$386	\$655	\$449	\$542	\$772	\$156	\$455	\$462

Note: Premiums are deducted on a pre-tax basis.

## Dental premiums per pay period

Coverage tier	Choice	Choice Plus	DHMO*
Employee only	\$9.20	\$18.14	\$4.78
Employee + spouse	\$18.42	\$35.39	\$9.57
Employee + child(ren)	\$24.65	\$45.55	\$12.81
Employee + family	\$31.26	\$62.79	\$16.25

Note: Premiums are deducted on a pre-tax basis.

\*Not offered in all states. Availability varies by ZIP code.

## Vision premiums per pay period

Coverage tier	Cost
Employee only	\$4.09
Employee + spouse	\$8.11
Employee + child(ren)	\$7.95
Employee + family	\$12.09

Note: Premiums are deducted on a pre-tax basis.

## Legal premiums per pay period

Standard plan	Cost
Employee only	\$4.68
Family*	\$6.50

Note: Premiums are deducted on a post-tax basis.

\*Family coverage covers you, your spouse and dependents.

Parents Plus	Cost
Employee + parents	\$7.00
Family* + parents	\$8.82

## Accidental injury insurance premiums per pay period

Low plan	Cost
Employee only	\$2.12
Employee + spouse	\$3.67
Employee + child(ren)	\$3.53
Employee + family	\$4.93

High plan	Cost
Employee only	\$4.08
Employee + spouse	\$7.40
Employee + child(ren)	\$7.13
Employee + family	\$8.94

Note:

▼ Premiums are deducted on a post-tax basis.

▼ **Actively at work provision:** If you request to elect or increase your or your dependents' coverage and are not actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.

# Critical illness insurance premiums per pay period

\$15,000 benefit				
Attained age	Employee	Employee + spouse	Employee + child(ren)	Employee + family
0-24	\$1.87	\$3.93	\$4.47	\$6.46
25-29	\$2.24	\$4.51	\$4.83	\$7.05
30-34	\$3.07	\$6.03	\$5.71	\$8.57
35-39	\$3.84	\$8.18	\$6.63	\$10.52
40-44	\$4.96	\$10.62	\$7.88	\$12.95
45-49	\$6.89	\$15.23	\$10.08	\$17.56
50-54	\$9.22	\$21.73	\$12.63	\$24.07
55-59	\$12.59	\$30.12	\$15.92	\$32.46
60-64	\$15.63	\$37.86	\$19.22	\$40.20
65-69	\$20.70	\$47.75	\$24.25	\$50.22
70-74	\$28.85	\$65.69	\$32.83	\$68.15
75-79	\$39.31	\$90.22	\$43.96	\$92.81
80-84	\$54.68	\$109.84	\$60.14	\$112.43
85+	\$69.48	\$150.59	\$75.73	\$153.17

\$30,000 benefit				
Attained age	Employee	Employee + spouse	Employee + child(ren)	Employee + family
0-24	\$3.74	\$7.85	\$8.94	\$12.92
25-29	\$4.47	\$9.01	\$9.65	\$14.10
30-34	\$6.15	\$12.06	\$11.42	\$17.13
35-39	\$7.67	\$16.37	\$13.25	\$21.03
40-44	\$9.91	\$21.24	\$15.76	\$25.89
45-49	\$13.78	\$30.46	\$20.15	\$35.11
50-54	\$18.43	\$43.46	\$25.26	\$48.14
55-59	\$25.17	\$60.23	\$31.85	\$64.91
60-64	\$31.27	\$75.71	\$38.44	\$80.39
65-69	\$41.39	\$95.50	\$48.49	\$100.43
70-74	\$57.70	\$131.38	\$65.65	\$136.29
75-79	\$78.61	\$180.44	\$87.92	\$185.62
80-84	\$109.34	\$219.68	\$120.28	\$224.86
85+	\$138.96	\$301.17	\$151.45	\$306.33

**Note:**

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

- Actively at work provision:** If you request to elect or increase your or your dependents' coverage and aren't actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.

# Hospital care insurance premiums per pay period

Coverage tier	Employee	Employee + spouse	Employee + child(ren)	Employee + family
Cost	\$6.08	\$10.76	\$10.39	\$15.08

**Note:**

▼ **Actively at work provision:** If you request to elect coverage and are not actively at work at the start of the plan year, your coverage will not take effect until the date you return to work.

# 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	

\***Age reduction provision:** If you have reached age 65, your 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, your 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

**Important notes for Life and AD&D plans:**

- ▼ Premiums are deducted on a post-tax basis.
- ▼ Full rate calculations are available in the PeoplePlace enrollment system.
- ▼ **Actively at work provision:** If you request to elect or increase your or your dependents' coverage and are not actively at work at the start of the plan year, your coverage changes will not take effect until the date you return to work.

▼ **Evidence of insurability (EOI):** Certain levels of life coverage may require you to demonstrate good health by completing an EOI form. In these cases, your coverage will not take effect until approved.

## Special offer for supplemental life insurance

For this year's annual enrollment, employees and spouses may elect new coverage or increase coverage up to the guarantee issue without any medical underwriting.

Guarantee issue is three times salary, up to a maximum of \$1 million amount for employees and \$75,000 for spouses.