

Medical plan

Text in red reflects a change for 2025.

| Medical plan | 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 |
| Annual deductible | | | | | | | | |
| 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 | | | | | | | | |
| 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 | | | | | | | | |
| 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.

AD means after deductible.

** 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.

N/A means not applicable.

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

[^] 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.