

Coverage and costs for 2023

Medical plan

Text in green reflects a change for 2023

Medical plan	SEQA	EQA	PPO			HSA		
	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
Annual deductible								
Employee only	\$250	\$750	\$1,500	\$3,000	\$10,000	\$1,750	\$3,500	\$7,000
Employee + family	\$500 [^]	\$1,500 [^]	\$3,000 [^]	\$6,000 [^]	\$20,000 [^]	\$3,500	\$7,000	\$14,000
Out-of-pocket maximum								
Employee only	\$3,000	\$4,000	\$4,000	\$7,000	No limit	\$3,950	\$7,000	No limit
Employee + family	\$6,000 ^{^^}	\$8,000 ^{^^}	\$8,000 ^{^^}	\$14,000 ^{^^}	No limit	\$7,900 ^{^^}	\$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	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 ⁺	\$250 + 10% coinsurance	\$300 + 10% coinsurance	\$350 + 10% coinsurance	\$350 + 10% coinsurance	\$350 + 10% 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	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	80% AD	10% AD	50% AD	80% AD
Outpatient care	10% AD	10% AD	10% AD	50% AD	80% AD	10% AD	50% AD	80% AD

Note:

- AD means after deductible.
- N/A means not applicable.
- The cost for video visits aligns with the applicable office visit copay.

*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 for SEQA, EQA and PPO is 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.

[^] 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 drugs

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*
Preferred generic	\$5/\$10	\$12	\$5/\$10	\$12	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% after \$100 individual deductible	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

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.
- **New!** 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.

* 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.

† Pharmacy costs between BSW pharmacies and contracted pharmacies cross apply between Tier 1 and Tier 2 and are subject to the Tier 1 deductible and out-of-pocket maximum.

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

^ 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 [BSWHealthPlan.com/BSWH](https://www.bswhealth.com/BSWH).

Jason Wilson

RESPIRATORY THERAPY MANAGER
BBQ GURU

For Jason, joy is found in front of a backyard smoker, where he cooks up fresh, delicious barbecued meats to share with family and friends.

As a veteran, Jason experienced a difficult transition into civilian life, and barbecuing helped him re-connect. He created a platform called *Meat Therapy* to share his passion with the rest of the world.

"It's OK to not be OK," Jason said. "Everyone needs a little therapy in their lives, no matter what it is. It could be barbecue, gardening, anything. Find the one thing that brings you joy and share it with others—it may even help them in their own journey to find healing."

Read Jason's story and get access to one of his recipes at [BSWHealth.com/Benefits](https://www.bswhealth.com/Benefits).



Medical premiums per pay period

Your hourly rate	Coverage tier	SEQA	EQA	PPO	HSA		
New! Up to \$17/hour	Employee only	\$10	The EQA Plan is unavailable for this hourly rate	\$44	\$13		
	Employee + spouse	\$74		\$117	\$52		
	Employee + child(ren)	\$73		\$113	\$51		
	Employee + family	\$124		\$170	\$79		
New! \$17.01 to \$28/hour	Employee only	\$22		The SEQA Plan is unavailable for this hourly rate	\$69	\$32	
	Employee + spouse	\$121			\$191	\$104	
	Employee + child(ren)	\$107			\$150	\$84	
	Employee + family	\$172			\$245	\$139	
New! \$28.01 to \$51/hour	Employee only		\$72		\$94	\$62	
	Employee + spouse		\$184		\$235	\$156	
	Employee + child(ren)		\$157		\$201	\$130	
	Employee + family		\$241		\$320	\$217	
New! \$51.01 to \$72/hour	Employee only				\$99	\$121	\$89
	Employee + spouse				\$221	\$283	\$199
	Employee + child(ren)				\$191	\$237	\$164
	Employee + family				\$288	\$369	\$276
\$72.01/hour and above	Employee only				\$103	\$124	\$92
	Employee + spouse				\$228	\$293	\$205
	Employee + child(ren)				\$199	\$246	\$169
	Employee + family				\$298	\$382	\$286

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

Part-time medical premiums per pay period

Coverage tier	New! SEQA (\$28/hour and below) New! EQA (\$28.01/hour and above)	PPO	HSA
Employee only	\$109	\$266	\$113
Employee + spouse	\$323	\$474	\$328
Employee + child(ren)	\$229	\$464	\$235
Employee + family	\$386	\$709	\$392

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

Dental premiums per pay period

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

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.

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

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

*Family coverage covers you, your spouse and dependents.

Short-term disability (STD)

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

Benefit	Cost
60% coverage	\$0.911 per \$100 of monthly covered payroll
New! 70% buy-up coverage	\$1.045 per \$100 of monthly covered payroll

Note:

- Premiums are deducted on a pre-tax basis.
- Preexisting condition limitations may apply (see below).
- Full-rate calculations are available in the PeoplePlace enrollment system.
- **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 changes will not take effect until the date you return to work.

Long-term disability (LTD)

We provide basic LTD at no cost to you. LTD may pay a benefit for qualified illnesses or injuries. A voluntary buy-up plan is available for purchase.*

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

Note:

- Premiums are deducted on a post-tax basis.
- 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 changes will not take effect until the date you return to work.

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

As a reminder, if you previously opted out of STD coverage, you must elect it in order to receive maternity, parental and adoption leave benefits.

If you're newly enrolling in STD coverage, you're subject to the preexisting condition provision, which states that if you've been diagnosed, treated or received medical advice for a condition (including pregnancy) within three months

of your effective date on the plan, that condition will be excluded for a period of 12 months. If you're pregnant at the time you enroll, your delivery and recovery will be excluded from the STD benefits for that coverage year. If you're currently enrolled in the plan or are a new hire or newly benefit eligible and elect during your initial enrollment, you're not subject to the provision.

Accidental injury insurance premiums per pay period

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

Note:

- Premiums are deducted on a post-tax basis.
- **Actively at work provision:** If you request to elect or increase you 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.

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 you or your dependent's 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.

New! 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	

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.
- **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.