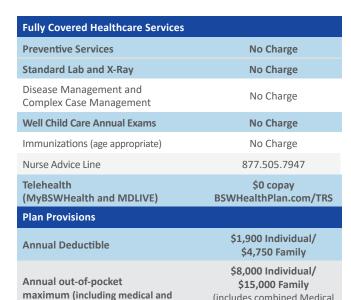
prescription copays and coinsurance)

Benefits Summary



(includes combined Medical

and Rx copays, deductibles and coinsurance)

Lifetime Paid Benefit Maximum	None
Outpatient Services	
Primary Care ¹	\$15 Copay First Primary Care Visit for Illness - \$0 Copay ²
Primary Care Dependents ¹ (under age 19)	\$0 Copay ²
After-Hours Primary Care Clinics	\$15 copay
Specialty Care	\$70 copay
Other Outpatient Services	20% after deductible ³
Diagnostic/Radiology Procedures	20% after deductible
Eye Exam (one annually)	No Charge
Allergy Serum & Injections	20% after deductible
Inpatient Services	
Overnight hospital stay: includes all medical services including semi-private room or intensive care	20% after deductible
Maternity Care	
Prenatal Care	No Charge
Inpatient Delivery	20% after deductible
Maternity Care Management ⁶	No Charge
Equipment and Supplies	
Preferred Diabetic Supplies and Equipment - Rx only	\$12/\$30 copay; no deductible
Non-Preferred Diabetic Supplies and Equipment - Rx only	30% after Rx deductible
Durable Medical Equipment/	20% after deductible





Harra Haaldh Carrian			
Home Health Care Vis		\$70 copay	
Worldwide Emergence		уло сорау	
Ambulance and Helicop		\$40 copay and 20% after deductible	
Emergency Room ⁵	\$500	copay after deductible	
Urgent Care Facility		\$45 copay	
Prescription Drugs			
Annual Benefit Maximu	ım	Unlimited	
Rx Deductible per Indiv Does not apply to preferred		\$200	
Ask a BSWHP pharmacy representative how to save money on your prescriptions.	Retail Quantity (Up to a 30-day supply)	Maintenance Quantity (Up to a 90-day supply) Available at BSW pharmacies, in-network retail pharmacies and mail order	
ACA Preventive*	\$0 copay	\$0 copay	
Preferred Generic	\$12 copay	\$30 copay	
Preferred Brand	30% after Rx deductible	30% after Rx deductible	
Non-Preferred	50% after Rx deductible	50% after Rx deductible	
Online Refills	BSWHealthPlan.com/TRS		
Mail Order	BSWH: 855.388.3090 OptumRx: 855.205.9182		
Specialty Medications (up to a 30-day supply)			
Tier 1 Tier 2 Tier 3	25% after Rx deductible 25% after Rx deductible 35% after Rx deductible		
Diagnostic and Therapeutic Services			
Physical and Speech Therapy		\$70 copay	
Manipulative Therapy ⁴		20% without office visit \$40 plus 20% with office visit	
Wellness			
Wondr Health™ ⁶		No Charge	
Well-Being Assessment ⁶		No Charge	
Digital Health Coaching	7 ⁶	No Charge	

¹Including all services billed with office visit

Prosthetics

²Does not apply to wellness or preventive visits

³Includes other services, treatments, or procedures received at time of office visit

⁴35 visits per year maximum

⁵Copay waived if admitted within 24 hours

⁶See member guide for additional information

^{*}See list of ACA preventive drugs on the Pharmacy Benefits page at BSWHealthPlan.com/TRS.