

2021 Medical Plan Coverage and Costs

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
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 prenatal services and well-baby charges.

[^] 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.