2025 ACA Small Group Snapshot Grids





PY25 ACA SG HMO Snapshot Grids

ACA Small Group PY 2025 Portfolio- HMO

		PY202	25 ACA Small (Group Snapsh	ot Grid			Networks Avail	able: BSW Premier F	HMO and BSW Plu	us HMO	
	Plan Name / Ne	twork / Medica	al Rider	Coins	surance / Deductib	le / MOOP			In-Network Ben	efits		
		Calend	ar Year		Deductible an	d MOOP INN	Primary Care Visit *First Non-	Pediatric PCP			Emergency	Inpatient
	Plan Name	BSW Premier HMO	BSW Plus HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	Preventive Visit is No Charge	Copay**	Specialist Visit	Urgent Care	Services	Hosp
	Bronze HMO 100 9200	BHG25P30	BHG25A30	0%	\$9,200	\$9,200	0% copay AFD	No charge	0% copay, AFD	\$50 copay/visit	0% copay AED	0% copay AED
Bronze	DIGITZE TIMO 100 9200	BHG25P01	BIIGZSASO	070	\$18,400	\$18,400	0% copay Ar D	No charge	070 copay, Ar D	φου copay/visit	0% copay AFD	10% Copay Ar D
Brc	Pronzo HMO 00 7000		PLIC2E AD1	10%	\$7,900	\$9,200	\$4E conculsion	No charge	e \$50 copay AFD	\$50 copay/visit	10% copay	10% copay
	Bronze HMO 90 7900		BHG25A01		\$15,800	\$18,400	\$45 copay/visit	No charge		\$50 Copay/visit	AFD	AFD
	Duran HMO oo 7500 DUGG5D00	BHC25A02	200/	\$7,500	\$9,200	TEE conculsion	No charge	¢60 conov AFD	ΦEQ conquisit	20% copay	20% copay	
	Bronze HMO 80 7500	BHG25P03 E	BHG25A03	3 20%	\$15,000	\$18,400	\$55 copay/visit	No charge	\$60 copay AFD	\$50 copay/visit	AFD	AFD
	Drawe LIMO LICA 7000	BUCAFRA	DUCATAGA	00/	\$7,300	\$7,300	00/	No oborgo	00/ 0000/ 450	00/ 00001/455	00/ 0000/450	00/ 0000/ 455
	Bronze HMO HSA 7300	BHG25P02	2 BHG25A02	0%	\$14,600	\$1,4600	- 0% copay AFD	No charge	0% copay, AFD	и% сорау АГЛ	0% copay AFD	U% copay AFD

		PY20)25 ACA Small	Group Snapsh	ot Grid			Networks Avai	lable: BSW Premier F	HMO and BSW Plus	в НМО	
	Plan Name / Ne	etwork / Medica	al Rider	Coin	surance / Deductibl	e / MOOP			In-Network Ben	efits		
		Calenda	ar Year		Deductible an	d MOOP INN	Primary Care Visit					
	Plan Name	BSW Premier HMO	BSW Plus HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	Silver HMO 80 8900	SHG25P31	SHG25A31	20%	\$8,900	\$9,200	¢E0 conquisit	No chargo	\$100 copay/visit	\$50 copay/visit	\$750 copay	20% copay AFD
	Silver HMO 80 8900	30023731	3HGZ3A31	20%	\$17,800	\$18,400	\$50 copay/visit	No charge	\$100 copay/visit	จ้อบ copay/visit	AFD	20% Copay AFD
	Cibra IIMO 00 7500	CHOOLDOO	CHOOLVOO	000/	\$7,500	\$9,200	ф.4.Г / / · i - i +	N. alaansa	ф00 / · i - i +	ΦΕΟ	\$750 copay	000/
	Silver HMO 80 7500	SHG25P32	SHG25A32	20%	\$15,000	\$18,400	\$45 copay/visit	No charge	\$80 copay/visit	\$50 copay/visit	AFD	20% copay AFD
	011 11140 400 7000	011005040	011005440	00/	\$7,300	\$9,200	405 (:::		4-0 (: ::	450 () ; ;	\$750 copay	00/ 455
	Silver HMO 100 7300	SHG25P13	SHG25A13	0% \$14,600 \$18,400 \$25 copay/visit		No charge	\$70 copay/visit	\$50 copay/visit	AFD	0% copay AFD		
Silver		01100=000	01100=100	4.00/	\$7,000	\$8,200				4-0 (111)		
0)	Silver HMO 90 7000	SHG25P33	SHG25A33	10%	\$14,000	\$16,400	10% copay AFD	No charge	10% copay AFD	\$50 copay/visit	10% copay AFL	10% copay AFD
		01100=000	011005400	20%	\$6,900	\$9,100				4-0 (111)	\$750 copay	
	Silver HMO 80 6900	SHG25P08	SHG25A08	20%	\$13,800	\$18,200	\$45 copay/visit	No charge	\$85 copay/visit	\$50 copay/visit	AFD	20% copay AFD
	011 11140 70 0700	011005504	011005404	000/	\$6,700	\$9,200	A.= /::		405 () ;;	450 () ; ; ;	\$750 copay	2004
	Silver HMO 70 6700	SHG25P34	SHG25A34	30%	\$13,400	\$18,400	- \$45 copay/visit	No charge	\$85 copay/visit	\$50 copay/visit	AFD	30% copay AFD
	0.1 11140 00 0500	011005040	011005440	100/	\$6,500	\$9,100	440 /: ::	N. I.	400 / : ::	450 () ; ;	\$750 copay	100/
	Silver HMO 90 6500	SHG25P10	SHG25A10	10%	\$13,000	\$18,200	- \$40 copay/visit	No charge	\$80 copay/visit	\$50 copay/visit	AFD	10% copay AFD
	011	011005500	011005406	0007	\$6,250	\$9,100	# 40 / · · · ·	No al	ф л г	ΦΕΟ (' ' '	\$750 copay	000/ 150
	Silver HMO 80 6250	SHG25P09	SHG25A09	20%	\$12,500	\$18,200	- \$40 copay/visit	No charge	\$75 copay/visit	\$50 copay/visit	AFD	20% copay AFD
	011 11146 1121 2522	01100=555		001	\$6,200	\$6,200			00/	00/	201	00/
	Silver HMO HSA 6200	SHG25P35	SHG25A35	0%	\$12,400	\$12,400	0% copay AFD	No charge	0% copay, AFD	0% copay AFD	U% copay AFD	0% copay AFD

		PY20)25 ACA Small	Group Snapsh	ot Grid			Networks Avai	lable: BSW Premier H	MO and BSW Plus	НМО	
	Plan Name / Ne	etwork / Medica	ıl Rider	Coin	surance / Deductibl	e / MOOP			In-Network Bene	efits		
		Calend	ar Year		Deductible an	d MOOP INN	Primary Care Visit				_	
	Plan Name	BSW Premier HMO	BSW Plus HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	Silver HMO 00 5000	SHG25P15	SHG25A15	10%	\$5,900	\$9,100	\$25 copov/vioit	No oborgo	\$70 copov/vioit	\$EQ conquisit	\$750 copay	100% conov AFD
	Silver HMO 90 5900	3HGZ3P13	3HG25A15	10%	\$11,800	\$18,200	\$35 copay/visit	No charge	\$70 copay/visit	\$50 copay/visit	AFD	10% copay AFD
	Cibrar LIMO 00 F000	CHCOED11	CHCOE A44	200/	\$5,000	\$9,100	¢40 conov/vioit	No oboveo	¢00 conovérioit	ΦΕΟ consulvisit	\$750 copay	200/ cancy AFD
	Silver HMO 80 5000	SHG25P11	SHG25A11	20%	\$10,000	\$18,200	\$40 copay/visit	No charge	\$80 copay/visit	\$50 copay/visit	AFD	20% copay AFD
	01h x x 1 1MO 110	011005044	011005444	00/	\$5,100	\$5,100	00/ AFD	Nashawa	00/ AFD	00/ AFD	00/ AFD	00/ AFD
	Silver HMO HSA 5100	SHG25P14	SHG25A14	0%	\$10,200	\$10,200	- 0% copay AFD	No charge	0% copay AFD	0% copay AFD	0% copay AFD	0% copay AFD
Silver	011 11140 70 4500	011005040	011005440	000/	\$4,500	\$9,100	0.40	Nashawa	400	ΦΕΟ	\$750 copay	000/
Si	Silver HMO 70 4500 SHG25P12	SHG25A12	30%	\$9,000	\$18,200	\$40 copay/visit	No charge	\$80 copay/visit	\$50 copay/visit	AFD	30% copay AFD	
	Cibra IIMO 00 4050	CLICOED 40	CLICOT A 40	000/	\$4,250	\$9,100	ΦΕΟ · · / · i - i +	No obougo	Φ0.5 · · · · · · · · · · · · ·	ΦΕΟ / - i - i +	\$750 copay	000/
	Silver HMO 80 4250	SHG25P40	SHG25A40	20%	\$8,500	\$18,200	\$50 copay/visit	No charge	\$95 copay/visit	\$50 copay/visit	AFD	20% copay AFD
	Cibror LIMO CO 4000	CHCOED44	CLICOT A 44	400/	\$4,200	\$9,200	¢4F conov.AFD	No oboveo	¢00 conov AFD	ΦΕΟ consulvisit	\$750 copay	400/ concy AFD
	Silver HMO 60 4200	SHG25P41	SHG25A41	40%	\$8,400	\$18,400	+ \$45 copay AFD	No charge	\$80 copay AFD	\$50 copay/visit	AFD	40% copay AFD
	Cibror LIMO 70 2000	CHCOED47	CHOOFAA7	200/	\$3,800	\$9,100	ΦΕΟ conov/hisit	Naabarga	ΦΩΕ conquisit	ΦΕΟ consulvisit	\$750 copay	200/ canay AFD
	Silver HMO 70 3800	SHG25P17	SHG25A17	30%	\$7,600	\$18,200	\$50 copay/visit	No charge	\$95 copay/visit	\$50 copay/visit	AFD	30% copay AFD
	Cibror LIMO CO 2250	CHOOFDOT	CHOOFAOT	400/	\$3,250	\$9,100	ΦΕΕ conou() (icit	Naabarga	Con an authinit	ΦΕΟ consulvisit	\$750 copay	400/ consulAED
	Silver HMO 60 3250	SHG25P37	SHG25A37	40%	\$6,500	\$18,200	\$55 copay/visit	No charge	\$95 copay/visit	\$50 copay/visit	AFD	40% copay AFD
			SHG25A16		\$750	\$9,200					\$750 copay	\$2,250 copay
	Silver HMO 90 750	SHG25P16		10%	\$1,500	\$18,400	\$50 copay/visit	No charge	\$100 copay/visit	\$50 copay/visit	ΔED	per hospital admission, AFD

		PY2	025 ACA Small	Group Snapsh	ot Grid			Networks Avai	lable: BSW Premier F	IMO and BSW Plus	s НМО	
	Plan Name / N	etwork / Medica	al Rider	Coin	surance / Deductibl	e / MOOP			In-Network Bend	efits		
		Calenda	ar Year		Deductible an	d MOOP INN	Primary Care Visit				_	
	Plan Name	BSW Premier HMO	BSW Plus HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	Cold IIMO 00 4500	CHC25D07	GHG25A07	10%	\$4,500	\$6,300	ΦΕ conquisit	No oboveo	#40 concubicit	ΦΕΟ conculsioit	\$750 copay	100/ conov AFD
	Gold HMO 90 4500	GHG25P07	GHG25AU/	10%	\$9,000	\$12,600	\$5 copay/visit	No charge	\$40 copay/visit	\$50 copay/visit	AFD	10% copay AFD
	0-1-1-110-0-100-1000	OLIOOFBOO	011005400	00/	\$4,000	\$6,500	445	Negaliana	40 5	Φ50 · · · · · · ·	\$750 copay	00/ AED
	Gold HMO 100 4000	GHG25P38	GHG25A38	0%	\$8,000	\$13,000	\$15 copay/visit	No charge	\$25 copay/visit	\$50 copay/visit	AFD	0% copay AFD
Gold	0-1411140 400 0500	011005040	GHG25P19 GHG25A19		\$3,500	\$6,900	Nachana	Neckows	dos acceptable	Φ50 t-i-it-	\$750 copay	00/ AFD
Ю	Gold HMO 100 3500 GHG25P19	GHG25A19	0%	\$7,000	\$13,800	- No charge	No charge	\$65 copay/visit	\$50 copay/visit	AFD	0% copay AFD	
	0-1411M01104 0700	OLIOOED40	011005440	00/	\$3,700	\$3,700	00/	Nie aleauwa	00/ AED	00/	00/	00/
	Gold HMO HSA 3700	GHG25P18	GHG25A18	0%	\$7,400	\$7,400	- 0% copay AFD	No charge	0% copay, AFD	0% copay AFD	0% copay AFD	0% copay AFD
	0-1411M01104 2000	OLIOOFBOO	011005400	00/	\$3,300	\$3,300	00/	Nie aleauwa	00/ AED	00/	00/	00/ 22724 AFD
	Gold HMO HSA 3300	GHG25P20	GHG25A20	0%	\$6,600	\$6,600	- 0% copay AFD	No charge	0% copay, AFD	0% copay AFD	0% copay AFD	0% copay AFD
	Cold IIMO 100 2000	CHC2FD27	CHOOFACT	00/	\$3,000	\$4,400	#OF consultrisit	No obove	¢co conquisit	ΦEO concubicit	\$750 copay	00/ 0000/ 450
	Gold HMO 100 3000	GHG25P27	GHG25A27	0%	\$6,000	\$8,800	\$25 copay/visit	No charge	\$60 copay/visit	\$50 copay/visit	AFD	0% copay AFD
					\$3,000	\$5,500					\$750 copay	
	Gold HMO 80 3000	GHG25P42	GHG25A42	20%	\$6,000	\$11,000	\$35 copay/visit	No charge	\$80 copay/visit	\$50 copay/visit	AFD	20% copay AFD

		PY2025	ACA Small Gro	up Snapshot G	Grid			Networks Avai	lable: BSW Premier F	IMO and BSW Plu	s HMO	
	Plan Name / Netwo	ork / Medical R	ider	Coin	surance / Deductib	le / MOOP			In-Network Ben	efits		
		Calend	ar Year		Deductible an	nd MOOP INN	Primary Care Visit				_	
	Plan Name	BSW Premier HMO	BSW Plus HMO	INN Coins	INN Deductible Individual Family	INN MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	O-14 LIMO 400 0000	OLIOOFDOO	011005400	00/	\$2,300	\$8,500	No obougo	No obougo	Φ70 / · i - i +	ΦΕΟ / - i - i +	\$750 copay	00/
	Gold HMO 100 2300	GHG25P26	GHG25A26	0%	\$4,600	\$17,000	No charge	No charge	\$70 copay/visit	\$50 copay/visit	AFD	0% copay AFD
	0.1111140.00.0000	QUIQOEDOE	011005405	100/	\$2,000	\$5,500	405 () ''		400 /: "	450 (; ; ;	\$750 copay	10% copay
	Gold HMO 90 2000	GHG25P25	GHG25A25	10%	\$4,000	\$11,000	\$25 copay/visit	No charge	\$60 copay/visit	\$50 copay/visit	AFD	AFD
			01100=100		\$1,900	\$7,500			400 / 1111	4-0 /	\$750 copay	10% copay
Gold	Gold HMO 90 1900	GHG25P28	GHG25A28	10%	\$3,800	\$15,000	No charge	No charge	\$60 copay/visit	\$50 copay/visit	AFD	AFD
Ō	Gold HMO 80 1500	OLIOOFBOO	011005400	000/	\$1,500	\$7,000	405 i - i +	Nontraga	Φ00 i - i - i -	Φ50 / /	\$750 copay	20% copay
		GHG25P23	GHG25A23	20%	\$3,000	\$14,000	\$25 copay/visit	No charge	\$60 copay/visit	\$50 copay/visit	AFD	AFD
	0.1111110.00.1000	OLIOOFROA	011005404	000/	\$1,000	\$8,200	405 i - i +	Northead	Φ00 i - i - i -	Φ50 / /	\$750 copay	20% copay
	Gold HMO 80 1000	GHG25P24	GHG25A24	20%	\$2,000	\$16,400	\$25 copay/visit	No charge	\$60 copay/visit	\$50 copay/visit	AFD	AFD
	0.111110.00.770	QUIQOEDOO	011005400	000/	\$750	\$8,250	440		470 () ; ;	450 () ; ;	\$750 copay	20% copay
	Gold HMO 80 750	GHG25P39	GHG25A39	20%	\$1,500	\$16,500	\$40 copay/visit	No charge	\$70 copay/visit	\$50 copay/visit	AFD	AFD
					\$0	\$7,000					ф 7 го	\$1,500
	Gold HMO copayment 0 7000	GHG25P22	GHG25A22	10%	\$0	\$14,000	\$20 copay/visit	No charge	\$55 copay/visit	\$50 copay/visit	\$750 copay/visit	copayment per hospital admission
	Cold HMC SM 0 0000	GHG25P29	CHCOEAGO	200/	\$0	\$9,200	¢EO oonsy/visit	No observe	ΦΩΕ αρπουλεία!±	igit \$50 congy/vigit \$75	\$750	30%
	Gold HMO SM 0 9200	GHG25F29	GHG25A29	9 30%	\$0	\$18,400	\$50 copay/visit	No charge	\$85 copay/visit	\$50 copay/visit	copay/visit	copayment



PY25 ACA SG PPO Snapshot Grids

			PY2025	ACA Small G	Group Snapshot G	Grid			N	letworks Ava	ailable: BSW Plu	s PPO and BS	W Access PPO	
	Plan Name / Net	work / Medic	cal Rider		Coinsura	nce / Deductib	le / MOOP				In-Networ	k Benefits		
		Calen	dar Year		Dedu	ctible and M	OOP INN & C	OON	Primary Care Visit	Da diatria				
	Plan Name	BSW Plus PPO	BSW Access PPO	INN Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	Bronze PPO 100 9200	BPG25D30	UHC25F30	0%	\$9,200	\$18,400	\$9,200	\$27,600	0% coins AFD	No charge	0% coins, AFD	\$50	0% coins AFD	0% coins AFD
Bronze	STOTIZE PPO 100 9200	020000	011020100	070	\$18,400	\$36,800	\$18,400	\$55,200		110 charge	070 001110,711 2	copay/visit	070 001110711 2	070 00111071112
	Bronze PPO 90 7900	BPG25D01	LIHC25F01	C25F01 10%	\$7,900	\$15,800	\$9,200	\$27,600	- \$45 copay/visit	No charge	\$50 copay AFD	\$50	10% coins AFD	10% coins AFD
	Bronze PPO 90 7900 BPG25D01 L	1 UHC25F01	01 10%	\$15,800	\$31,600	\$18,400	\$55,200	======================================	ivo charge	ψ50 copay Ai D	copay/visit	1070 COM3 AT D	1070 COM3 AI D	
	Bronze PPO 80 7500	BPG25D03	LILLCOEFOS	000/	\$7,500	\$15,000	\$9,200	\$27,600	A 55	No oborgo	\$60 copay AFD	\$50	20% coins AFD	200/ pains AFD
	BIOIIZE PPO 80 7500	BPG23D03	UHC25F03	20%	\$15,000	\$30,000	\$18,400	\$55,200	\$55 copay/visit	No charge	роо сорау Агр	copay/visit	20% COINS AFD	20% COINS APD
	Bronze PPO HSA 7300	RDC25D02	LIHCSEEGS	0%	\$7,300	\$14,600	\$7,300	\$21,900	0% coins AFD	No charge	0% coins, AFD	0% coins AED	00% coins AED	0% coins AFD
	DIVIIZE PPO NOA 7300	DFG23DU2	UHC25F02	0%	\$14,600	\$29,200	\$1,4600	\$43,800	U% COIIIS AFD	ino charge	0% COIIIS, AFD	U% COIIIS AFD	U% CUITS AFD	070 COIIIS AFD

ACA Small Group PY 2025 Portfolio- PPO

			PY2025 A	CA Small	Group Snaps	hot Grid				Networks Av	ailable: BSW	/ Plus PPO and	BSW Access PPO		
	Plan Name / Net	twork / Medic	al Rider		Coins	surance / Deductil	ole / MOOP				In-Net	work Benefits			
		Calend	ar Year		Dedu	ctible and MOO	P INN		Primary Care Visit						
	Plan Name	BSW Plus PPO	BSW Access PPO	INN Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp	
	Silver PPO 80 8900	SPG25D31	UHC25F31	20%	\$8,900	\$17,800	\$9,200	\$27,600	\$50 copay/visit	No charge	\$100	\$50	\$750 copay AFD	20% coins AFD	
	311VEI FF 0 80 8900	3FG23D31	011023131	2070	\$17,800	\$35,600	\$18,400	\$55,200	\$50 Copay/visit	ivo charge	copay/visit	copay/visit	\$750 Copay AFD	20% Coms Ar D	
	Silver PPO 80 7500	SPG25D32	UHC25F32	20%	\$7,500	\$15,000	\$9,200	\$27,600	\$45 copay/visit	No charge	\$80	\$50	\$750 copay AFD	20% coins AFD	
	Silver PFO 80 7500	3FG23D32	J23D32 011023F32	20%	\$15,000	\$30,000	\$18,400	\$55,200	\$45 Copay/visit	ino charge	copay/visit	copay/visit	\$750 Copay APD	20% Coms Ar D	
	Silver PPO 100 7300	SPG25D13	UHC25F13	0%	\$7,300	\$14,600	\$9,200	\$27,600	\$25 copay/visit	No charge	\$70	\$50	\$750 copay AFD	0% coins AFD	
5	Silver FFO 100 7300	3FG23D13	011023113	U 70	\$14,600	\$29,200	\$18,400	\$55,200	φ25 copay/visit	ivo charge	copay/visit	copay/visit	\$750 Copay AFD	0% Collis AFD	
	ilver PPO 90 7000	SPG25D33	11HC25E33	10%	\$7,000	\$14,000	\$8,200	\$24,600	10% coins AFD	No charge	10% coins	\$50	10% coins AFD	10% coins AFD	
	Silver FFO 90 7000	3FG23D33	UHC25F33	1070	\$14,000	\$28,000	\$16,400	\$49,200	10% COMS AFD	No charge	AFD	copay/visit	10% Collis Al D	10% Coms Ar D	
	Silver PPO 80 6900	SPG25D08	UHC25F08	20%	\$6,900	\$13,800	\$9,100	\$27,300	\$45 copay/visit	No charge	\$85	\$50	\$750 copay AFD	20% coins AFD	
	311Vel FF 0 80 0900	3FG23D06	011023108	2070	\$13,800	\$27,600	\$18,200	\$54,600	φ45 copay/visit	ivo charge	copay/visit	copay/visit	\$750 Copay Air D	20% Coms Ar D	
	Silver PPO 70 6700	SPG25D34	UHC25F34	30%	\$6,700	\$13,400	\$9,200	\$27,600	\$45 copay/visit	No charge	\$85	\$50	\$750 copay AFD	30% coins AFD	
	311Vel FFO 70 0700	37023034	011023134	30%	\$13,400	\$26,800	\$18,400	\$55,200	φ45 copay/visit	ivo charge	copay/visit	copay/visit	ф750 сорау AFD	30% COMS AFD	
	Silver PPO 90 6500	SPG25D10	UHC25F10	10%	\$6,500	\$13,000	\$9,100	\$27,300	\$40 copay/visit	No charge	\$80	\$50	\$750 copay AFD	10% coins AFD	
	311Vel FFO 90 0300	3FG23D10	011023110	1070	\$13,000	\$26,000	\$18,200	\$54,600	φ40 copay/visit	No charge	copay/visit	copay/visit	\$750 Copay AFD	10% Collis AFD	
	Silver PPO 80 6250	SPG25D09	UHC25F09	200%	\$6,250	\$12,500	\$9,100	\$27,300	\$40 copay/yisit	No charge	\$75	\$50	\$750 copay AFD	20% coins AFD	
	Silver FFO 60 6250	37023009	UHC23F09	F09 20%	\$12,500	\$25,000	\$18,200	\$54,600	\$40 copay/visit No charge co	copay/visit	copay/visit	φ/30 Cupay AFD	2070 CUIIIS AFD		
	Silvor DDO USA 6200	SDC25D25	IIII CAEESE	UHC25F35 0%	\$6,200	\$12,400	\$6,200	\$18,600	0% coins AFD	D No charge	0% coins	0% coins AFD	0% coins AFD	0% coins AFD	
	Silver PPO HSA 6200 SPG25I	3FGZ3D35	UHC25F35	U%0	\$12,400	\$24,800	\$12,400	\$37,200	U% COIIIS AFD	ino charge	AFD	U70 CUITS AFD	0% COMS AFD	0% COMS AFD	

			PY2025 ACA	Small Gro	up Snapshot G	rid			Networks Av	ailable: BSW	Plus PPO and	I BSW Access PPO		
	Plan Name / N	letwork / Medica	al Rider		Coinsu	rance / Deduct	ible / MOOP				In-Net	work Benefits		
		Calenda	ar Year		Deduct	tible and MO	OP INN		Primary Care Visit					
	Plan Name	BSW Plus PPO	BSW Access PPO	INN Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	Silver PPO 90 5900	SPG25D15	UHC25F15	10%	\$5,900	\$11,800	\$9,100	\$27,300	¢2E oonov/vioit	No charge	\$70	\$50	\$750 aanay AFD	10% coins AFD
	Silver PPO 90 5900	3PG25D15	UHC25F15	10%	\$11,800	\$23,600	\$18,200	\$54,600	\$35 copay/visit	ino charge	copay/visit	copay/visit	\$750 copay AFD	10% COMS AFD
	011	00000044	111005544	000/	\$5,000	\$10,000	\$9,100	\$27,300	440	NI I	\$80	\$50	4750AFD	000/ AFD
	Silver PPO 80 5000	SPG25D11	UHC25F11	20%	\$10,000	\$20,000	\$18,200	\$54,600	\$40 copay/visit	No charge	copay/visit	copay/visit	\$750 copay AFD	20% coins AFD
	0" PRO USA 5400	00005044		00/	\$5,100	\$10,200	\$5,100	\$15,300	,300 00% osing AFD No.		0% coins,	00/ : 450	00/ : 150	201 : 455
J.	Silver PPO HSA 5100	SPG25D14	UHC25F14	0%	\$10,200	\$20,400	\$10,200	\$30,600	0% coins AFD	No charge	AFD	0% coins AFD	0% coins AFD	0% coins AFD
Silver	01h DDO 70, 4500	00005040		2001	\$4,500	\$9,000	\$9,100	\$27,300	440 () ; ;		\$80	\$50	4750 450	
	Silver PPO 70 4500	SPG25D12	UHC25F12	30%	\$9,000	\$18,000	\$18,200	\$54,600	\$40 copay/visit No charge	copay/visit	copay/visit	\$750 copay AFD	30% coins AFD	
	011	00005040		200/	\$4,250	\$8,500	\$9,100	\$27,300	4-0 ()		\$95	\$50	4750 450	
	Silver PPO 80 4250	SPG25D40	UHC25F40	20%	\$8,500	\$17,000	\$18,200	\$54,600	\$50 copay/visit	No charge	copay/visit	copay/visit	\$750 copay AFD	20% coins AFD
					\$4,200	\$8,400	\$9,200	\$27,600			\$80 copay	\$50		
	Silver PPO 60 4200	SPG25D41	UHC25F41	40%	\$8,400	\$16,800	\$18,400	\$55,200	\$45 copay AFD	No charge	AFD	copay/visit	\$750 copay AFD	40% coins AFD
		0000001			\$3,800	\$7,600	\$9,100	\$27,300			\$95	\$50	4	
	Silver PPO 70 3800	SPG25D17	UHC25F17	30%	\$7,600	\$15,200	\$18,200	\$54,600	\$50 copay/visit	No charge	copay/visit	copay/visit	\$750 copay AFD	30% coins AFD
					\$3,250	\$6,500	\$9,100	\$27,300	00 \$55 copay/visit		\$95	\$50		
	Silver PPO 60 3250	SPG25D37	UHC25F37	40%	\$6,500	\$13,000	\$18,200	\$54,600		No charge	copay/visit	copay/visit	\$750 copay AFD	40% coins AFD
	au	0000		1000	\$750	\$1,500	\$9,200	\$27,600	,600		\$100	\$50	4	\$2,250 copay per
	Silver PPO 90 750	SPG25D16	UHC25F16	10%	\$1,500	\$3,000	\$18,400	\$55,200	\$50 copay/visit	No charge	copay/visit	copay/visit	\$750 copay AFD	hospital admission, AFD

			PY2025 A	.CA Small Gro	oup Snapshot	Grid				Networks Av	ailable: BSW	Plus PPO and	BSW Access PPO						
	Plan Name / Ne	etwork / Medic	cal Rider		Coinsu	ırance / Dedu	ıctible / MOOI)			In-Net	work Benefits							
		Calend	dar Year		Deducti	ble and MC	OP INN		Primary Care Visit	Da diatai									
	Plan Name	BSW Plus PPO	BSW Access PPO	INN Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp					
	Gold PPO 90 4500	GPG25D07	UHC25F07	10%	\$4,500	\$9,000	\$6,300	\$18,900	\$5 copay/visit	No charge	\$40	\$50	\$750 copay AFD	10% coins AFD					
	G0td FFO 90 4300	GFG23D07	011023107	1070	\$9,000	\$18,000	\$12,600	\$37,800	φο copay/visit	No charge	copay/visit	copay/visit	ф730 сорау AFD	10% COMS AFD					
	Gold PPO 100 4000	4000 GPG25D38 UHC25F38	0%	\$4,000	\$8,000	\$6,500	\$19,500	\$15 copay/visit	No charge	\$25	\$50	\$750 copay AFD	0% coins AFD						
	00(011 0 100 4000	01 023030	011023130	0 70	\$8,000	\$16,000	\$13,000	\$39,000	ψ13 copay/visit	No charge	copay/visit	copay/visit	\$750 Copay Ai D	0 % Collis Al D					
Gold	Gold PPO 100 3500	GPG25D19	UHC25E10	004	\$3,500	\$7,000	\$6,900	\$20,700	No chargo	No charge	\$65	\$50	\$750 copay AFD	0% coins AFD					
	G010 PPO 100 3300	GFG25D19	UHC25F19	19 0%	\$7,000	\$14,000	\$13,800	\$41,400	No charge	No charge	copay/visit	copay/visit	ъ750 сорау AFD	0% Collis APD					
	Gold PPO HSA 3700	GPG25D18	DOGEDAG HILOGEFAG	UHC25F18	UHC25F18	UHC25F18	UHC25F18	UHC25F18	0%	\$3,700	\$7,400	\$3,700	\$11,100	0% coins AFD	No charge	0% coins,	0% coins AFD	0% coins AFD	0% coins AFD
	O0td 11 O 115A 3700	01 023010	011023110	0 70	\$7,400	\$14,800	\$7,400	\$22,200	0 % Collis Al D	No charge	AFD	0 % COMS ALD	070 COITIS AT D	0 % Collis Al D					
	Gold PPO HSA 3300	GPG25D20	LILLOSEESS	UHC25F20		111005500	0%	\$3,300	\$6,600	\$3,300	\$9,900	0% coins AFD	No charge	0% coins,	0% coins AFD	00/ poins AFD	00/ pains AFD		
	GOIU PPO HSA 3300	GPG25D20	UHC25F20	0%	\$6,600	\$13,200	\$6,600	\$19,800	0% COIIIS AFD	No charge	AFD	0% COMS AFD	0% coins AFD	0% coins AFD					
	Gold PPO 100 3000	GPG25D27	UHC25F27	00/	\$3,000	\$6,000	\$4,400	\$13,200	#25 consulvicit	No charge	\$60	\$50	\$750 oonoy AFD	0% coins AFD					
	G010 PPO 100 3000	GPG25D27	UHC25F27	0%	\$6,000	\$12,000	\$8,800	\$26,400	\$25 copay/visit	No charge	copay/visit	copay/visit	\$750 copay AFD	0% COIIIS AFD					
	Cold DDC 90 3000	GPG25D42	UHCOEE 40	20%	\$3,000	\$6,000	\$5,500	\$16,500	\$35 copay/visit No	No oborgo	\$80	\$50	\$750 consulAED	2004 poins AFD					
	Gold PPO 80 3000 GPG	GPG23D42	UHC25F42	20%	\$6,000	\$12,000	\$11,000	\$33,000		No charge	copay/visit	copay/visit	\$750 copay AFD	20% coins AFD					

ACA Small Group PY 2025 Portfolio- PPO

			PY2025 AC	CA Small (Group Snapshot	Grid			Networks Av	ailable: BSW	Plus PPO and	BSW Access PPO		
	Plan Name / Net	work / Medical	Rider		Coinsu	rance / Dedu	ctible / MOOP				In-Net	work Benefits		
		Calenda	r Year		Deduct	ible and MC	OOP INN		Primary Care Visit	Dedient				
	Plan Name	BSW Plus PPO	BSW Access PPO	INN Coins	INN Deductible Individual Family	OON Deductible Individual Family	INN MOOP Individual Family	OON MOOP Individual Family	*First Non- Preventive Visit is No Charge	Pediatric PCP Copay**	Specialist Visit	Urgent Care	Emergency Services	Inpatient Hosp
	Gold PPO 100 2300	GPG25D26	UHC25F26	0%	\$2,300	\$4,600	\$8,500	\$25,500	No obove	No charge	\$70	\$50	ф750 oonov A5D	0% coins AFD
	Gold PPO 100 2300	GPG25D26	UHC25F26	U%0	\$4,600	\$9,200	\$17,000	\$51,000	No charge	No charge	copay/visit	copay/visit	\$750 copay AFD	0% COINS APD
	Gold PPO 90 2000	000 GPG25D25 UHC25F25	10%	\$2,000	\$4,000	\$5,500	\$16,500	\$25 copay/visit	No charge	\$60	\$50	\$750 copay AFD	10% coins AFD	
	Gotta PPO 90 2000	GPG25D25	UHC25F25	10%	\$4,000	\$8,000	\$11,000	\$33,000	\$25 COPAY/VISIL	No charge	copay/visit	copay/visit	\$750 Copay AFD	10% COIIIS APD
Gold	0.14 PPO 00 1000	0000000	LULOOFFOO	400/	\$1,900	\$3,800	\$7,500	\$22,500	Na abauca	NI alaawa	\$60	\$50	ф750 · A5D	100/ asina AFD
	Gold PPO 90 1900	GPG25D28	UHC25F28	10%	\$3,800	\$7,600	\$15,000	\$45,000	No charge	No charge	copay/visit	copay/visit	\$750 copay AFD	10% coins AFD
	Gold PPO 80 1500	GPG25D23	UHC25F23	20%	\$1,500	\$3,000	\$7,000	\$21,000	\$25 copay/visit	No charge \$6	\$60	\$50	\$750 copay AFD	20% coins AFD
	G010 PPO 80 1500	GPG25D23	UHC25F23	20%	\$3,000	\$6,000	\$14,000	\$42,000	\$25 copay/visit	No charge	copay/visit	copay/visit	\$750 сорау AFD	20% COINS AFD
	Gold PPO 80 1000	GPG25D24	UHC25F24	20%	\$1,000	\$2,000	\$8,200	\$24,600	#2E consulvicit	No oborgo	\$60	\$50	\$750 copay AFD	20% coins AFD
	G0td PPO 80 1000	GPG25D24	UHC25F24	20%	\$2,000	\$4,000	\$16,400	\$49,200	\$25 copay/visit	No charge	copay/visit	copay/visit	\$750 сорау AFD	20% COINS AFD
	0-14 PD0 00 750	0000000	LULOOFFOO	000/	\$750	\$1,500	\$8,250	\$24,750	ф40 / · i - i +	NI alaawa	\$70	\$50	ф750 · A F D	000/ asina AFD
	Gold PPO 80 750	GPG25D39	UHC25F39	20%	\$1,500	\$3,000	\$16,500	\$49,500	1 1	No charge	copay/visit	copay/visit	\$750 copay AFD	20% coins AFD
	Gold PPO copayment 0	ODOSEDOS	LILLOGEFOC	100:	\$0	\$2,750	\$7,000	\$21,000	#20 oor /- ii-ii-	No object	\$55	\$50	ф7 Г О 00 т 20 h is it	\$1,500 copay per
	Gold PPO copayment 0 7000	GPG25D22	UHC25F22	10%	\$0	\$5,500	\$14,000	\$42,000	\$20 copay/visit	No charge	copay/visit	copay/visit	\$750 copay/visit	hospital admission