

Final Clear Choice Plan Design 2025						Off Exchange			Off Exchange				
Benefits	Catastrophic	Bronze \$6,300 HSA	Bronze \$7,200 HSA	Bronze \$7,500	Bronze \$9,200	**Silver \$3,500 HSA	Silver \$3,500	Silver \$4,200	**Silver \$4,500 HSA	Gold \$1,500	Gold \$2,500	Platinum	
Estimated AV Value	N/A	64.40%	64.76%	66.21%	66.04%	71.76%	71.96%	72.05%	69.87%	81.11%	80.82%-82.42%	89.49%	
Deductible	\$9,200	\$6,300	\$7,200	\$7,500	\$9,200	\$3,500	\$3,500	\$4,200	\$4,500	\$1,500	\$2,500	\$500	
Maximum OOP	\$9,200	\$7,500	\$7,200	\$9,200	\$9,200	\$7,000	\$8,500	\$8,000	\$7,000	\$5,000	\$5,000	\$3,000	
Coinsurance	0%	50% Coin. After Ded.	0% Coin. After Ded.	50%	0%	20% Coins. After Ded.	30%	30%	20% After Deductible	30%	30%	20%	
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible			\$45	\$50		\$40	\$40		\$25	\$20	\$20	
Chiropratic Services, Rehabilitative Occupational, Physical and Speech Therapy	0% Coins. After Ded.			\$45	\$50		\$40	\$40		\$30	\$30	\$30	
Specialist Visit				\$80	\$80		\$60	\$60		\$50	\$50	\$40	
Free Standing Urgent Care				\$60	\$60		\$40	\$40		\$40	\$40	\$25	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				50% Coins. After Ded.	0% Coins. After Ded.		30% After Deductible	30% After Deductible		30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.	
Outpatient Surgery and Physician/Surgical Services													
Inpatient Hospital Services and ER													
Inpatient Physician, Rehabilitation and Surgical Services													
Ambulance													
All other benefits													
RX - Tier 2/3 Generic				\$30	\$30	\$25	\$25	\$25		\$25	\$5 / \$25	\$0	
RX - Tier 4 Preferred Brand	\$50			0% After Deductible	\$50	\$50	\$50	\$50		\$50	\$15		
RX - Tier 5 NonPreferred	\$100				\$100	\$100	30%	\$100		30% up to \$300	\$100		
RX - Tier 6 Specialty	\$250				\$250	\$250	50%	\$250		50% up to \$600	\$250		
Preventive Medical Benefits and RX	0%												
Pediatric Dental - Preventive & Diagnostic	0% Coins. After Ded.	0%											
Pediatric Dental - Restorative & Basic Services		20% Coin. After Ded.	0% Coin. After Ded.	20% Coin. After Ded.	0% Coin. After Ded.	20% Coin. After Ded.							
Pediatric Dental - Major Services & Medically Necessary Orthodontics		50% Coin. After Ded.		50% Coin. After Ded.		50% Coin. After Ded.							

\* 1st PCP and Behavioral Health Office Visit have \$0 copay, subsequent visits have copay before deductible except HSA plans

Before deductible

\*\*Silver \$3,500 HSA and Silver \$4,500 HSA only off-Marketplace

As of 3/8/2024

Clear Choice Plan Design 2026					Off Exchange			Off Exchange			
Benefits	Catastrophic	Bronze \$6,300 HSA	Bronze \$8,000 HSA	Bronze \$7,500	**Silver \$4,000 HSA	Silver \$4,000	Silver \$5,000	**Silver \$4,500 HSA	Gold \$1,500	Gold \$2,500	Platinum
Estimated AV Value	N/A	63.55%	63.11%	64.98%	70.71%	71.57%	71.09%	69.87%	81.13%	79.35 - 80.72%	89.49%
Deductible	\$10,150	\$6,300	\$8,000	\$7,500	\$4,000	\$4,000	\$5,000	\$4,500	\$1,500	\$2,500	\$500
Maximum OOP	\$10,150	\$8,000	\$8,000	\$10,000	\$7,000	\$8,500	\$8,500	\$7,000	\$5,000	\$6,000	\$3,000
Coinsurance	0%	50% Coin. After Ded.	0% Coin. After Ded.	50%	20% Coins. After Ded.	30%	30%	20%	30%	30%	20%
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible			\$45		\$40	\$40		\$25	\$20	\$20
Chiropratic Services, Rehabilitative Occupational, Physical and Speech Therapy	0% Coins. After Ded.			\$45		\$40	\$40		\$30	\$30	\$30
Specialist Visit				\$80		\$60	\$60		\$50	\$50	\$40
Free Standing Urgent Care				\$60		\$40	\$40		\$40	\$40	\$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)				50% Coins. After Ded.		30% After Deductible	30% After Deductible		30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.
Outpatient Surgery and Physician/Surgical Services											
Inpatient Hospital Services and ER											
Inpatient Physician, Rehabilitation and Surgical Services											
Ambulance											
All other benefits											
RX - Tier 2/3 Generic				\$30	\$25	\$25	\$25		\$25	\$10 / \$25	\$0
RX - Tier 4 Preferred Brand				\$50	\$50	\$50	\$50		\$50	\$50	\$15
RX - Tier 5 NonPreferred				\$100	\$100	\$100	30%		\$80	30% up to \$300	\$80
RX - Tier 6 Specialty				\$250	\$250	\$250	50%		\$250	50% up to \$600	\$250
Preventive Medical Benefits and RX	0%										
Pediatric Dental - Preventive & Diagnostic	0% Coins. After Ded.	0%									
Pediatric Dental - Restorative & Basic Services		20% Coin. After Ded.	0% Coin. After Ded.	20% Coin. After Ded.	20% Coin. After Ded.						
Pediatric Dental - Major Services & Medically Necessary Orthodontics		50% Coin. After Ded.		50% Coin. After Ded.	50% Coin. After Ded.						

\* 1st PCP and Behavioral Health Office Visit have \$0 copay, subsequent visits have copay before deductible except HSA plans

Before deductible

\*\*Silver \$4,000 HSA and Silver \$4,500 HSA only off-Marketplace

As of 2/28/2025

Clear Choice CSR Plan Design 2026						
	73% CSR		87% CSR		94% CSR	
Benefits	Silver \$4,000	Silver \$5,000	Silver \$4,000	Silver \$5,000	Silver \$4,000	Silver \$5,000
Deductible	\$3,200	\$3,800	\$700	\$900	\$250	\$400
Maximum OOP	\$7,200	\$7,200	\$2,300	\$2,300	\$800	\$900
Coinsurance	30%	30%	30%	25%	25%	25%