

Clear Choice Plan Design 2027											
Benefits	Catastrophic HSA	Off Exchange		Off Exchange		Off Exchange		Off Exchange			
		Bronze \$7,000 HSA	** Bronze \$8,700 HSA	Bronze \$7,500 HSA	**Silver \$4,000 HSA	Silver \$4,500	Silver \$6,000	**Silver \$5,000 HSA	Gold \$2,000	Gold \$3,000	Platinum
Estimated AV Value	N/A	64.16%	63.16%	63.86%	70.64%	71.48%	70.70%	68.61%	80.13%	79.89 - 81.13%	90.31%
Deductible	\$12,000	\$7,000	\$8,700	\$7,500	\$4,000	\$4,500	\$6,000	\$5,000	\$2,000	\$3,000	\$1,000
Maximum OOP	\$12,000	\$10,000	\$8,700	\$12,000	\$8,700	\$10,000	\$10,000	\$8,700	\$6,000	\$6,000	\$4,000
Coinsurance	0%	50%	0%	50%		30%	30%		30%	30%	20%
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible	\$45		\$45		\$40	\$40		\$25	\$20	\$20
Chiropratic Services, Rehabilitative Occupational, Physical and Speech Therapy		\$45		\$45		\$40	\$40		\$30	\$30	\$30
Specialist Visit		50% Coin. After Ded.		\$80		\$60	\$60		\$50	\$50	\$40
Free Standing Urgent Care		\$60		\$60	20% Coins. After Ded.	\$40	\$40		\$40	\$40	\$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)											
Outpatient Surgery and Physician/Surgical Services			0% Coin. After Ded.								
Inpatient Hospital Services and ER											
Inpatient Physician, Rehabilitation and Surgical Services	0% Coins. After Ded.	50% Coin. After Ded.		50% Coins. After Ded.		30% After Deductible	30% After Deductible	20% Coins. After Ded.	30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.
Ambulance											
All other benefits											
RX - Tier 2/3 Generic		\$30		\$30	\$25	\$25	\$25		\$25	\$10 / \$25	\$0
RX - Tier 4 Preferred Brand				\$50	\$50	\$50	\$50		\$50	\$50	\$15
RX - Tier 5 NonPreferred		50% Coin. After Ded.		\$100	\$100	\$100	30% Up to \$300		\$80	30% up to \$300	\$80
RX - Tier 6 Specialty				\$250	\$250	\$250	50% up to \$600		\$250	50% up to \$600	\$250
Preventive Medical Benefits and RX	0%										
Pediatric Dental - Preventive & Diagnostic											
Pediatric Dental - Restorative & Basic Services	0% Coins. After Ded.	20% 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

Before deductible

** Bronze \$8,700 HSA and Silver HSA plans are only available off-Marketplace

As of 3/18/2026

Clear Choice CSR Plan Design 2027

	73% CSR		87% CSR		94% CSR	
Benefits	Silver \$4500	Silver \$6000	Silver \$4500	Silver \$6000	Silver \$4500	Silver \$6000
Deductible	\$3,600	\$4,500	\$800	\$1,000	\$400	\$500
Maximum OOP	\$8,500	\$8,000	\$2,500	\$2,300	\$1,300	\$1,200
Coinsurance	30%	30%	30%	30%	25%	25%