

Clear Choice Plan Design 2023

Off Exchange

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Benefits	Catastrophic	Bronze \$5,200 HSA	Bronze \$5,900 HSA	Bronze \$6,300 HSA	Bronze \$7,000 HSA	Bronze \$7,500	Bronze \$8,000	Bronze \$9,100	Silver \$3,000 HSA	Silver \$3,000	Silver \$3,500 HSA	Silver \$3,500	Silver \$4,000 HSA	Silver \$4,200	Silver \$4,500 HSA	Silver \$6,000	Silver \$5,500	Gold \$1,500	Gold \$2,500	Platinum
Estimated AV Value	N/A	63.73%	63.40%	63.27%	64.17%	63.71%	63.44%	64.43%	70.44%	71.80%	69.72%	71.18%	69.21%	70.26%	68.30%	70.44%	70.69%	80.95%	79.92%	89.20%
Deductible	\$9,100	\$5,200	\$5,900	\$6,300	\$7,000	\$7,500	\$8,000	\$9,100	\$3,000	\$3,000	\$3,500	\$3,500	\$4,000	\$4,200	\$4,500	\$6,000	\$5,500	\$1,500	\$2,500	\$500
Maximum OOP	\$9,100	\$7,500	\$7,500	\$7,500	\$7,000	\$9,100	\$9,100	\$9,100	\$7,000	\$9,100	\$7,000	\$9,100	\$7,000	\$9,100	\$7,000	\$9,100	\$8,500	\$5,000	\$5,000	\$3,000
Coinsurance	0%					50%	50%	0%	15%	40%		40%		30%		30%	30%	30%	30%	20%
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible					\$40	\$40	\$50		\$40		\$40		\$50		\$35	\$40	\$25	\$20	\$20
Specialist Visit						50% Coins. After Ded.	\$80	\$80		\$80		\$80		\$80		\$70	\$70	\$50	\$50	\$40
Free Standing Urgent Care						\$60	\$60			\$40		\$40		\$50		\$35	\$40	\$40	\$40	\$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)									15% After Ded.		10% Coins. After Ded.									
Outpatient Surgery and Physician/Surgical Services																				
Inpatient Hospital Services and ER																				
Inpatient Physician, Rehabilitation and Surgical Services	0% Coins. After Ded.	50% Coin. After Ded.	50% Coin. After Ded.	50% Coin. After Ded.	0% Coin. After Ded.	50% Coins. After Ded.	50% Coin. After Ded.	0% Coins. After Ded.		40% After Deductible		40% After Deductible		40% After Deductible		30% After Deductible	30% After Deductible	30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.
Ambulance																				
All other benefits																				
RX - Tier 1 Generic						\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$25	\$20	\$25	\$25	\$5 / \$25	\$0
RX - Tier 2 Preferred Brand						\$50	30% Coin. After Ded.		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$15
RX - Tier 3 NonPreferred						\$100	50% Coin. After Ded.	0% After Deductible	\$100	30% up to \$300	\$100	\$100	\$100	\$100	\$100	\$100	30%	\$100	30% up to \$300	\$100
RX - Tier 4 Specialty						\$250			\$250	50% up to \$600	\$250	\$250	\$250	\$250	\$250	\$250	50%	\$250	50% up to \$600	\$250
Preventive Medical Benefits	0%																			
Pediatric Dental - Preventive & Diagnostic	0%																			
Pediatric Dental - Restorative & Basic Services	20% Coin. After Ded.																			
Pediatric Dental - Major Services & Medically Necessary Orthodontics	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  
Newest revisions to meet AV