

Final Clear Choice Plan Design 2024

Benefits	Catastrophic	Bronze \$5,900 HSA	Bronze \$6,300 HSA	Bronze \$7,200 HSA	Bronze \$7,500	Bronze \$9,450	Silver \$3,000	Silver \$3,500	**Silver \$4,000 HSA	Silver \$4,200	**Silver \$4,500 HSA	Silver \$5,500	Gold \$1,500	Gold \$2,500	Platinum					
Estimated AV Value	N/A	64.29%	64.16%	64.61%	64.77%	64.67%	71.01%	70.68%	70.07%	70.97%	69.22%	70.84%	80.19%	79.50-81.37%	88.82%					
Deductible	\$9,450	\$5,900	\$6,300	\$7,200	\$7,500	\$9,450	\$3,000	\$3,500	\$4,000	\$4,200	\$4,500	\$5,500	\$1,500	\$2,500	\$500					
Maximum OOP	\$9,450	\$7,500	\$7,500	\$7,200	\$9,450	\$9,450	\$9,100	\$9,100	\$7,000	\$9,100	\$7,000	\$8,500	\$5,000	\$5,000	\$3,000					
Coinsurance	0%	50% Coin. After Ded.	50% Coin. After Ded.	0% Coin. After Ded.	50%	0%	40%	40%	20% Coins. After Ded.	40%	20% After Deductible	30%	30%	30%	20%					
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible				\$45	\$50	\$40	\$40		\$35		\$40	\$40	\$25	\$20	\$20				
Chiropratic Services, Rehabilitative Occupational, Physical and Speech Therapy					\$45	\$50	\$40	\$40		\$40		\$40	\$40	\$30	\$30	\$30				
Specialist Visit					\$80	\$80	\$80	\$80		\$80		\$80	\$80	\$50	\$50	\$40				
Free Standing Urgent Care					\$60		\$40	\$40		\$40		\$40	\$40	\$40	\$40	\$25				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)																				
Outpatient Surgery and Physician/Surgical Services																				
Inpatient Hospital Services and ER	0% Coins. After Ded.							50% Coins. After Ded.		0% Coins. After Ded.		40% After Deductible	40% After Deductible	40% After Deductible	40% After Deductible	30% After Deductible	30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.	
Inpatient Physician, Rehabilitation and Surgical Services																				
Ambulance																				
All other benefits																				
RX - Tier 1 Generic								\$30		\$30		\$25	\$25	\$25	\$20	\$25	\$25	\$5 / \$25	\$0	
RX - Tier 2 Preferred Brand								\$50				\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$50	
RX - Tier 3 NonPreferred								\$100		0% After Deductible		30% up to \$300	\$100	\$100	\$100	\$100	30%	\$100	30% up to \$300	\$100
RX - Tier 4 Specialty								\$250				50% up to \$600	\$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

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

Revised plan

As of 4/25/2023