

Clear Choice Plan Design 2024 with proposed OT/PT copays

Benefits	Catastrophic	Bronze \$5,900 HSA	Bronze \$6,300 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 (New)	N/A	64.29%	64.16%	64.48%	64.66%	71.00%	70.67%	70.11%	70.05%	70.52%	70.82%	80.19%	79.93%	88.82%				
Deductible	\$9,450	\$5,900	\$6,300	\$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	\$9,450	\$9,450	\$9,100	\$9,100	\$7,000	\$9,100	\$6,000	\$8,500	\$5,000	\$5,000	\$3,000				
Coinsurance	0%	50% Coin. After Ded.	50% Coin. After Ded.	50%	0%	40%	40%	20% Coins. After Ded.	30%	20% After Deductible	30%	30%	30%	20%				
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible			\$45	\$50	\$40	\$40		\$40		\$40	\$40	\$40	\$40	\$25	\$20	\$20	
Rehabilitative Occupational and Physical Therapy				\$45	\$50	\$40	\$40		\$40		\$40	\$40	\$40	\$40	\$30	\$30	\$30	
Specialist Visit				50% Coins. After Ded.	\$80	\$80	\$80		\$80		\$80	\$80	\$80	\$80	\$70	\$50	\$50	\$40
Free Standing Urgent Care				\$60		\$40	\$40		\$40		\$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																		
Inpatient Physician, Rehabilitation and Surgical Services																		
Ambulance																		
All other benefits																		
RX - Tier 1 Generic						\$25	\$30		\$25		\$25	\$25	\$25	\$25	\$25	\$25	\$5 / \$25	\$0
RX - Tier 2 Preferred Brand						\$50			\$50		\$50	\$50	\$50	\$50	\$50	\$50	\$50	\$15
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