

Clear Choice Plan Design 2024

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%	64.54%	64.58%	71.16%	70.73%	70.11%	70.08%	70.52%	70.76%	80.29%	79.89%	89.18%
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%	0%	40%	40%		30%		30%	30%	30%	20%
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible			\$45	\$50	\$40	\$40		\$50		\$40	\$25	\$20	\$20
Specialist Visit				50% Coins. After Ded.	\$80	\$80	\$80		\$80		\$70	\$50	\$50	\$40
Free Standing Urgent Care				\$60		\$40	\$40		\$50		\$40	\$40	\$40	\$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)														
Outpatient Surgery and Physician/Surgical Services														
Inpatient Hospital Services and ER		50% Coin. After Ded.	50% Coin. After Ded.	50% Coins. After Ded.	0% Coins. After Ded.	40% After Deductible	40% After Deductible	20% Coins. After Ded.	40% After Deductible	20% After Deductible	30% After Deductible	30% Coins. After Ded.	30% Coins. After Ded.	20% Coins. After Ded.
Inpatient Physician, Rehabilitation and Surgical Services	0% Coins. After Ded.													
Ambulance														
All other benefits														
RX - Tier 1 Generic				\$25	\$30	\$25	\$25		\$25		\$25	\$25	\$5 / \$25	\$0
RX - Tier 2 Preferred Brand				\$50		\$50	\$50		\$50		\$50	\$50	\$50	\$15
RX - Tier 3 NonPreferred				\$100	0% After Deductible	30% up to \$300	\$100		\$100		30%	\$100	30% up to \$300	\$100
RX - Tier 4 Specialty				\$250		50% up to \$600	\$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