

Final Clear Choice Plan Design 2025												
Benefits	Catastrophic	Off Exchange				Off Exchange			Off Exchange			
		Bronze \$6,300 HSA	Bronze \$7,200 HSA	Bronze \$7,500	Bronze \$9,200	**Silver \$3,500 HSA	Silver \$3,500	Silver \$4,200	**Silver \$4,500 HSA	Gold \$1,500	Gold \$2,500	Platinum
Estimated AV Value	N/A	63.28%	63.64%	64.94%	64.78%	70.57%	70.51%	70.63%	68.69%	80.02%	80%-81.53%	88.87%
Deductible	\$9,200	\$6,300	\$7,200	\$7,500	\$9,200	\$3,500	\$3,500	\$4,200	\$4,500	\$1,500	\$2,500	\$500
Maximum OOP	\$9,200	\$7,500	\$7,200	\$9,200	\$9,200	\$7,000	\$8,500	\$8,000	\$7,000	\$5,000	\$5,000	\$3,000
Coinsurance	0%			50%	0%		30%	30%		30%	30%	20%
PCP and Behavioral Health Office Visits*	\$50 for 2nd & 3rd visits then deductible			\$45	\$50		\$40	\$40		\$25	\$20	\$20
Chiropractic Services, Rehabilitative Occupational, Physical and Speech Therapy				\$45	\$50		\$40	\$40		\$30	\$30	\$30
Specialist Visit				\$80	\$80		\$60	\$60		\$50	\$50	\$40
Free Standing Urgent Care				\$60	\$60		\$40	\$40		\$40	\$40	\$25
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)						20% Coins. After Ded.						
Outpatient Surgery and Physician/Surgical Services												
Inpatient Hospital Services and ER	0% Coins. After Ded.	50% Coin. After Ded.	0% Coin. After Ded.	50% Coins. After Ded.	0% Coins. After Ded.		30% After Deductible	30% After Deductible	20% 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 2/3 Generic				\$30	\$30	\$25	\$25	\$25		\$25	\$5 / \$25	\$0
RX - Tier 4 Preferred Brand				\$50		\$50	\$50	\$50		\$50	\$50	\$15
RX - Tier 5 NonPreferred				\$100	0% After Deductible	\$100	\$100	30%		\$100	30% up to \$300	\$100
RX - Tier 6 Specialty				\$250		\$250	\$250	50%		\$250	50% up to \$600	\$250
Preventive Medical Benefits and RX		0%										
Pediatric Dental - Preventive & Diagnostic		0%										
Pediatric Dental - Restorative & Basic Services	0% Coins. After Ded.	20% Coin. After Ded.	0% Coin. After Ded.	20% Coin. After Ded.	0% 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 except HSA plans

Before deductible

**Silver \$3,500 HSA and Silver \$4,500 HSA only off-Marketplace

As of 6/8/2024