

Major Medical Copay 5000



www.ClearwaterHealth.com

RBP_11052025

Plan Details

SERVICE	TIER 1 PREFERRED PROVIDERS Benefits not guaranteed	TIER 2 PARTICIPATING PROVIDERS	TIER 3 NON-PARTICIPATING PROVIDERS	LIMITS/INFO
Deductible (Individual / Family)	\$0 / \$0	\$5,000/\$10,000	Not Covered	N/A
Out Of Pocket Max (Individual / Family)	\$10,000/\$20,000	\$10,000/\$20,000	Not Covered	N/A

Physician Services

SERVICE	TIER 1 PREFERRED PROVIDERS Benefits not guaranteed	TIER 2 PARTICIPATING PROVIDERS	TIER 3 NON-PARTICIPATING PROVIDERS	LIMITS/INFO
Preventive Care*	N/A	\$0	Not Covered	As Outlined By The Affordable Care Act
Primary Care Office Visit	\$0 (Through Select Partner)	\$25 Copay	Not Covered	Other services performed in a physician's office setting (including but not limited to minor surgery or procedures) are subject to deductible and coinsurance.
Specialist Care Office Visit	N/A	\$75 Copay	Not Covered	
Chiropractic Services	N/A	\$45 Copay	Not Covered	Limited To 12 Visits Per Plan Year.
Physical Rehabilitation	\$0	\$75 Copay	Not Covered	Penalty For Failure To Obtain Prior Authorization. Limited To 30 Visits Per Year.
Mental Health: Office Visit	\$0 (Through Select Partner)	\$25 Copay	Not Covered	N/A
Blood Work	N/A	30% Coinsurance	Not Covered	N/A
Imaging (X-Ray, CT/MRI/PET)	\$0	30% Coinsurance	Not Covered	Penalty For Failure To Obtain Prior Authorization.
Urgent Care Office Visit	\$0 (Through Select Partner)	\$100 Copay	Not Covered	N/A

*Routine Adult & Child Care · Immunizations · Cancer Screenings · Mammograms · OB/GYN Visits

Hospital Services

SERVICE	TIER 1 PREFERRED PROVIDERS Benefits not guaranteed	TIER 2 PARTICIPATING PROVIDERS	LIMITS/INFO
Emergency Room	N/A	30% Coinsurance	Notification Is Required If Admitted As Inpatient.
Ambulance	N/A	30% Coinsurance	ALS And Air Ambulance Are Only Covered When Medically Necessary And The Only Option.
Hospital Stay	N/A	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Outpatient Procedures	\$0	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Mental Health: Inpatient	\$0	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Childbirth/Delivery Services	\$0	30% Coinsurance	Penalty For Failure To Obtain Prior Authorization

Prescriptions [Browse the plan's formulary here.](#)

30/90 DAY	Generics: \$0 / \$0 Copay	Formulary Brand: \$0 / \$0 Copay	Rx Not On Formulary	Not Covered; Discount Card Available At: writewiserx.americaspharmacy.com
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See The Plan Documents For Complete Coverage Details, Limits, And Exclusions.