

Major Medical HSA 10000



www.ClearwaterHealth.com

RBP_11052025

Plan Details

SERVICE	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	LIMITS/INFO
Deductible (Individual / Family)	\$10,000/\$20,000	Not Covered	N/A
Out Of Pocket Max (Individual / Family)	\$10,000/\$20,000	Not Covered	N/A

Physician Services

SERVICE	PARTICIPATING PROVIDERS	NON-PARTICIPATING PROVIDERS	LIMITS/INFO
Preventive Care*	\$0	Not Covered	As Outlined By The Affordable Care Act
Primary Care Office Visit	0% Coinsurance After Ded.	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	0% Coinsurance After Ded.	Not Covered	
Chiropractic Services	0% Coinsurance After Ded.	Not Covered	Penalty For Failure To Obtain Prior Authorization. Limited To 12 Visits Per Plan Year.
Physical Rehabilitation	0% Coinsurance After Ded.	Not Covered	Penalty For Failure To Obtain Prior Authorization. Limited To 12 Visits Per Year.
Mental Health: Office Visit	0% Coinsurance After Ded.	Not Covered	N/A
Blood Work	0% Coinsurance After Ded.	Not Covered	N/A
Imaging (X-Ray, CT/MRI/PET)	0% Coinsurance After Ded.	Not Covered	Penalty For Failure To Obtain Prior Authorization.
Urgent Care Office Visit	0% Coinsurance After Ded.	Not Covered	N/A

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

Hospital Services

SERVICE	PARTICIPATING PROVIDERS	LIMITS/INFO
Emergency Room	0% Coinsurance After Ded.	Notification Is Required If Admitted As Inpatient.
Ambulance	0% Coinsurance After Ded.	ALS And Air Ambulance Are Only Covered When Medically Necessary And The Only Option.
Hospital Stay	0% Coinsurance After Ded.	Penalty For Failure To Obtain Prior Authorization
Outpatient Procedures	0% Coinsurance After Ded.	Penalty For Failure To Obtain Prior Authorization
Mental Health: Inpatient	0% Coinsurance After Ded.	Penalty For Failure To Obtain Prior Authorization
Childbirth/Delivery Services	0% Coinsurance After Ded.	Penalty For Failure To Obtain Prior Authorization

Prescriptions

30/90 DAY

Generic, Formulary, Non-Formulary, And Speciality: 0% Coinsurance After Ded.

Rx 30-Day Supply Is Retail Only, 90-Day Supply Is Retail Or Mail Order See The Plan Documents For Complete Coverage Details, Limits, And Exclusions.