Major Medical
Copay 7500

Clearwater

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	$7,500/$15,000	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)	$50 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	$100 Copay	Not Covered	
Chiropractic Services	N/A	$45 Copay	Not Covered	Limited To 12 Visits Per Plan Year.
Physical Rehabilitation	$0	$100 Copay	Not Covered	Penalty For Failure To Obtain Prior Authorization. Limited To 30 Visits Per Year.
Mental Health: Office Visit	$0 (Through Select Partner)	$50 Copay	Not Covered	N/A
Blood Work	N/A	40% Coinsurance	Not Covered	N/A
Imaging (X-Ray, CT/MRI/PET)	$0	40% 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	40% Coinsurance	Notification Is Required If Admitted As Inpatient.
Ambulance	N/A	40% Coinsurance	ALS And Air Ambulance Are Only Covered When Medically Necessary And The Only Option.
Hospital Stay	N/A	40% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Outpatient Procedures	$0	40% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Mental Health: Inpatient	$0	40% Coinsurance	Penalty For Failure To Obtain Prior Authorization
Childbirth/Delivery Services	$0	40% 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

See The Plan Documents For Complete Coverage Details, Limits, And Exclusions.

Trident Major Medical Copay 7500

2026 Pricing

AGE BANDS	SINGLE	MARRIED	SINGLE W/ KIDS	FAMILY
18–24	$435.47	$578.54	$562.65	$753.41
25–34	$466.66	$637.80	$618.78	$846.99
35–44	$524.56	$747.81	$723.01	$1,020.69
45–54	$704.66	$1,090.00	$1,047.20	$1,560.99
55–64	$1,037.67	$1,722.74	$1,646.63	$2,560.04
65+	$1,459.05	$2,523.35	$2,405.09	$3,824.15