Major Medical
HSA 10000

Clearwater

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.

Trident Major Medical HSA 10000

2026 Pricing

Clearwater

AGE BANDS	SINGLE	MARRIED	SINGLE W/ KIDS	FAMILY
18–24	$400.84	$512.75	$500.32	$649.53
25–34	$425.24	$559.10	$544.23	$722.72
35–44	$470.52	$645.15	$625.74	$858.57
45–54	$611.39	$912.80	$879.30	$1,281.18
55–64	$871.86	$1,407.70	$1,348.16	$2,062.60
65+	$1,201.44	$2,033.90	$1,941.40	$3,051.34