

CleanTech Alliance Washington Side by Side Comparison

(January 1, 2023 - December 31, 2023)

Plan Name	Deductible		Coinsurance		Office Visit Copay	Out-of-Pocket Maximum		Emergency Care ¹	Preventive Office Visits/Immunizations	Other Professional Diagnostic Imaging	Other Professional Diagnostic Laboratory/Pathology	Rx Cost Shares	
	Individual	Family	In Network	Out of Network		Individual	Family					Retail	Mail Order
Sustainable 200	\$200	\$600	0%	50%	\$25	\$3,200	\$9,600	\$200 copay, then 0% after deductible	Covered in Full	Covered in Full	Covered in Full	\$10/\$30/\$60/\$250	\$20/\$60/\$60/\$500
Sustainable 250	\$250	\$750	10%	50%	\$25	\$3,750	\$11,250	\$200 copay, then 10% after deductible	Covered in Full	10% deductible waived	10% deductible waived	\$10/\$30/\$60/\$250	\$20/\$60/\$60/\$500
Sustainable 300	\$300	\$900	20%	50%	\$30	\$4,300	\$12,900	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$70/\$500
Sustainable 500	\$500	\$1,500	20%	50%	\$30	\$4,500	\$13,500	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$70/\$500
Sustainable 750	\$750	\$2,250	20%	50%	\$35	\$4,750	\$14,250	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$35/\$70/\$250	\$20/\$70/\$70/\$500
Sustainable 1000	\$1,000	\$3,000	20%	50%	\$35	\$6,000	\$12,000	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$40/\$80/\$250	\$20/\$80/\$80/\$500
Sustainable 1500	\$1,500	\$4,500	20%	50%	\$35	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$40/\$80/\$250	\$20/\$80/\$80/\$500
Sustainable 2500	\$2,500	\$7,500	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$50/\$100/\$250	\$20/\$100/\$100/\$500
Sustainable 3000	\$3,000	\$9,000	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$50/\$100/\$250	\$20/\$100/\$100/\$500
Sustainable 5000	\$5,000	\$12,000	20%	50%	\$40	\$6,850	\$13,700	\$200 copay, then 20% after deductible	Covered in Full	20% deductible waived	20% deductible waived	\$10/\$50/\$100/\$250	\$20/\$100/\$100/\$500
Durable 500	\$500	\$1,000	10%	50%	\$25	\$5,000	\$10,000	\$250 copay, then 10% after deductible	Covered in Full	10% deductible waived	10% deductible waived	\$10/\$50/\$100/\$50%	\$20/\$100/\$100/\$300
Durable 1500	\$1,500	\$3,000	30%	50%	\$30	\$7,350	\$14,700	\$250 copay, then 30% after deductible	Covered in Full	30% deductible waived	30% deductible waived	\$10/\$50/\$100/\$50%	\$20/\$100/\$100/\$300
Durable 3500	\$3,500	\$7,000	30%	50%	\$40	\$7,350	\$14,700	\$250 copay, then 30% after deductible	Covered in Full	30% deductible waived	30% deductible waived	\$10/\$50/\$100/\$50%	\$20/\$100/\$100/\$300
Durable 6000	\$6,000	\$12,000	30%	50%	\$40	\$7,350	\$14,700	\$250 copay, then 30% after deductible	Covered in Full	30% deductible waived	30% deductible waived	\$10/\$50/\$100/\$50%	\$20/\$100/\$100/\$300
HSA 2000	\$2,000	\$4,000	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	Covered in Full	\$10/\$50/\$100/\$50%	\$20/\$100/\$100/\$50%
HSA 3000	\$3,000	\$6,000	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	20% after deductible	\$10/\$50/\$100/\$50%	\$20/\$100/\$100/\$50%
HSA 5000	\$5,000	\$5,550	20%	50%	20% after deductible	\$6,550	\$13,100	20% after deductible	Covered in Full	20% after deductible	20% after deductible	\$10/\$50/\$100/\$50%	\$20/\$100/\$100/\$50%

This benefit summary is not a contract or a complete explanation of covered services, exclusions, limitations, or reductions. Please refer to the benefit highlights and booklets for additional information.

¹Waive copay if admitted to inpatient facility

Manipulations - Spinal and other (12 visits PCY)

Acupuncture (HSA-12 visits PCY/ PPO-18 visits PCY)