

# Plan highlights

	Deductible (Individual/ Family)	Max out of pocket (Individual/Family)	Coinsurance	PCP/Specialist/ Urgent Care	ER	Prescription Drugs (generic/preferred brand/non-preferred brand/specialty)*
<b>WellSense Clarity NH Gold 1500</b>	\$1,500/\$3,000	\$7,800/\$15,600	25%	\$30/\$60/\$45	25%	\$15/ \$30/\$60/\$250
<b>WellSense Clarity NH Silver 5000</b>	\$5,000/\$10,000	\$8,000/\$16,000	40%	\$40/\$80/\$60	40%	\$20/\$40/ \$80/\$350
<b>WellSense Clarity NH Silver 5800</b>	\$5,800/\$11,600	\$8,600/\$17,200	40%	\$30/\$60/\$50	40%	\$20/\$40/\$80/\$350
<b>WellSense Clarity NH Silver 0 Deductible</b>	\$0/\$0	\$9,200/\$18,400	50%	\$50/\$100/\$60	\$2,000	40%/40%/55%/55%
<b>WellSense Clarity NH Bronze 7500</b>	\$7,500/\$15,000	\$9,200/\$18,400	50%	\$50/\$100/\$75	50%	\$25/\$50/\$100/\$500
<b>WellSense Clarity NH Bronze 6500</b>	\$6,500/\$13,000	\$9,200/\$18,400	40%	\$45/\$90/\$70	40%	25%/35%/40%/40%
<b>WellSense Clarity NH Bronze 7300 HSA</b>	\$7,300/\$14,600	\$7,300/\$14,600	0%	0%/0%/0%	0%	0%/0%/0%/0%

**Please note:** You may be eligible for lower out-of-pocket costs on plans above if you qualify for cost share reductions. In addition, there is a corresponding American Indian & Alaska Native (AIAN) plan for every plan on the exchange all \$0, 0% cost share.

Get a quote

\*The cost-share amounts listed in the chart above are for 30-day retail. 90-day mail order cost-share amounts are 2.5x the amounts above. Please note that mail order is not available for specialty drugs.