



SILVER + CSR

SoloCare Standard Silver HMO 110025-05 - HMO

Because you qualify for a Cost Sharing Reduction (CSR), **Silver plans** like this one are an especially good value.



- Cheaper doctor visits**
- Cheaper hospital visits**
- Cheaper prescriptions**
- Lower deductibles**
- Lower out-of-pocket max**



Plan costs

Click the down arrow to learn more about each of these.

Monthly premium	\$0.00 per month <small>was \$1,061.87</small>	▼
Deductible (Health + Rx)	\$500 per person	▼
Out-of-pocket max	\$3,000 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	3	▼

Official documents	Summary of benefits and coverages (PDF) Drug formulary Provider list Plan brochure
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Doctor visits

This applies to doctor visits when you have a condition or symptom. For preventive care visits, such as annual checkups, visits are free.

Tier Selector

In network



Before deductible is met

After deductible is met

Primary care visit

\$20

\$20



Specialist visit	\$40	\$40
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Preventive care visit	No charge	No charge
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Prescription drugs

Prescription coverage is based on which category a drug falls into. To see how this plan categorizes prescriptions, browse its [drug formulary](#). Note that prior authorization may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#).

Tier Selector

In network



	Before deductible is met	After deductible is met
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Generic	\$10	\$10
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Brand	\$20	\$20
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Non-preferred Brand	Full price	\$60
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Specialty	Full price	\$250
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Labs & imaging

These are tests your doctor may run when diagnosing a condition.

Tier Selector

In network



	Before deductible is met	After deductible is met
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X-rays	Full price	30%
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Imaging (CT/PET/MRI)	Full price	30%
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Blood work	Full price	30%
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Hospital & emergency



To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

Tier Selector

In network



Before deductible is met

After deductible is met

Urgent care	\$30	\$30
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Emergency room	Full price	30%
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Ambulance	Full price	30%
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Hospital stay (facility)	Full price	30%
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Hospital stay (physician)	Full price	30%
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Outpatient procedure (facility)	Full price	30%
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Outpatient procedure (physician)	Full price	30%
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Physical rehabilitation	\$20	\$20
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Mental health & substance abuse

All plans cover behavioral health treatment (such as psychotherapy or counseling), mental and behavioral health inpatient services, and substance use treatment.

Tier Selector

In network



Before deductible is met

After deductible is met

Outpatient services	\$20	\$20
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Psychiatric hospital stay	Full price	30%
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Pregnancy & birth

Every plan covers services provided before and after your child is born.

Tier Selector

In network

**Before deductible is met****After deductible is met****Well baby care**

No charge

No
charge**Labor, delivery, hospital stay**

Full price

30%

Free preventive care

Every plan includes over 74 preventive care services that are completely free on day one. These services keep you healthy before you become sick, including routine check-ups, counseling, screenings, and immunizations.

Adults

Women

Children

Abdominal aortic aneurysm one-time screening**Alcohol misuse screening and counseling****Aspirin use****Blood pressure screening****Cholesterol screening****Colorectal cancer screening****Depression screening****Diabetes screening****Diet counseling****Falls prevention****Hepatitis B screening****Hepatitis C screening****HIV screening****Immunization vaccines****Lung cancer screening****Obesity screening and counseling****Sexually transmitted infection (STI) prevention counseling****Statin preventive medication****Syphilis screening**

Tobacco Use counseling

Tuberculosis screening



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$3,000, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **Medium** applied to this plan's deductible and copayments.



This plan has the **10th lowest** annual out-of-pocket estimate of all 42 plans available to you.

Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$0
10	Doctor visits	\$300
6	Labs or tests	\$1,981
2	Hospital visits	\$189
44	Prescriptions	\$530
Annual estimate		\$3,000
Monthly estimate (on average)		\$250 per month