



SILVER + CSR

Standard Silver - 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 \$408.14</small> | ▼ |
| Deductible (Health + Rx) | \$0 per person | ▼ |
| Out-of-pocket max | \$2,000 per person | ▲ |

This is the most you'll have to pay for healthcare services during your coverage period (typically 12 months) – think of it as your safety net in the event of a major health problem.

Note: monthly premiums don't count towards your out-of-pocket max.

| | | |
|--------------------|---|---|
| Network type | HMO | ▼ |
| Metal tier | Silver | ▼ |
| Plan Type | EASY PRICING | ▼ |
| Overall rating | Not Rated | ▼ |
| Official documents | Summary of benefits and coverages (PDF) Drug formulary Provider list Plan brochure | |



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 | No charge | No charge |
| Specialist visit | \$10 | \$10 |
| A specialist is a medical professional who specializes in a condition or area of the body. | | |
| For example, a dermatologist (skin), cardiologist (heart), neurologist (brain), or oncologist (cancer). | | |
| Preventive care visit | No charge | No charge |
| | | |
|  | 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 |
| Generic | No charge | No charge |
| Brand | \$15 | \$15 |
| Non-preferred Brand | \$50 | \$50 |
| Specialty | \$150 | \$150 |
| | | |
|  | 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 |
| X-rays | 25% | 25% |

Imaging (CT/PET/MRI)

25%

25%

Blood work

25%

25%



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

\$5

\$5

Emergency room

25%

25%

Ambulance

25%

25%

Hospital stay (facility)

25%

25%

Hospital stay (physician)

25%

25%

Outpatient procedure (facility)

25%

25%

Outpatient procedure (physician)

25%

25%

Physical rehabilitation

No charge

No
charge



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

No charge

No

charge

| | | |
|---------------------------|-----|-----|
| Psychiatric hospital stay | 25% | 25% |
|---------------------------|-----|-----|



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

25%

25%



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 \$0, 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 **8th lowest** annual out-of-pocket estimate of all 194 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 |
| 0 | Minimal healthcare usage | \$0 |
| | Annual estimate | \$0 |
| | Monthly estimate (on average) | \$0 per month |