

Complete Silver - EPO

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	\$6.11 per month <small>was \$869.11</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$1,700 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	EPO	▼
Metal tier	Silver	▼
Overall rating	3	▼
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	\$5	\$5
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	\$25	\$25
Non-preferred Brand	30%	30%
Specialty	35%	35%



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	No charge	No



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	\$10	\$10
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

Limited to 20 visits per year per therapy (occupational therapy, physical therapy). No Limit for speech therapy. Limited to 36 visits per year cardiac therapy. No Limit for pulmonary therapy. 20 Visit(s) per Year

This includes physical and occupational therapy, speech pathology, and psychiatric rehabilitation services.



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 \$233, 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 **lowest** annual out-of-pocket estimate of all 64 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	\$73
4	Doctor visits	\$10
2	Labs or tests	\$0
24	Prescriptions	\$150
Annual estimate		\$233
Monthly estimate (on average)		\$19 per month