

## Standard Silver SELECT Wellstar - 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 \$493.00</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	3	▼

Official documents	<a href="#"> Summary of benefits and coverages (PDF)</a> <a href="#"> Drug formulary</a> <a href="#"> Provider list</a> <a href="#"> Plan brochure</a>
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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

No charge

No  
charge



Specialist visit	\$10	\$10
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
<b>Urgent care</b>	\$5	\$5
<b>Emergency room</b>	25%	25%
<b>Ambulance</b>	25%	25%
<b>Hospital stay (facility)</b>	25%	25%
<b>Hospital stay (physician)</b>	25%	25%
<b>Outpatient procedure (facility)</b>	25%	25%
<b>Outpatient procedure (physician)</b>	25%	25%
<b>Physical rehabilitation</b>	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
<b>Outpatient services</b>	No charge	No charge
<b>Psychiatric hospital stay</b>	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 \$305, 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 **7th lowest** annual out-of-pocket estimate of all 118 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
2	Doctor visits	\$10
1	Labs or tests	\$280
5	Prescriptions	\$15
<b>Annual estimate</b>		<b>\$305</b>
Monthly estimate (on average)		\$25 per month