








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 was \$674.24	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
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 ▼

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	▼

Your added prescription drug costs and coverage under this plan.

24 Hr Metformin Hydrochloride 1000 Mg / Saxagliptin 2.5 Mg
Extended Release Oral Tablet

✔ Covered – [see formulary](#)

Modified 24 Hr Metformin Hydrochloride 500 Mg Extended
Release Oral Tablet

❗ Prescription not covered



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.

For women

For 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 \$645, 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 **9th lowest** annual out-of-pocket estimate of all 45 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
3	<u>Doctor visits</u>	\$10
2	<u>Labs or tests</u>	\$560

Prescriptions (estimate)

24 Hr Metformin Hydrochloride 1000 Mg / Saxagliptin 2.5 Mg Extended Release Oral Tablet

Generic / Extended Release Oral Tablet

12 months for primary applicant

20

✔ Covered – [see formulary](#)

\$75

Modified 24 Hr Metformin Hydrochloride 500 Mg Extended Release Oral Tablet

Generic / Extended Release Oral Tablet

12 months for primary applicant

❌ Prescription not covered

Annual estimate

\$645

Monthly estimate (on average)

\$54 per month

