



SILVER + CSR

## Anthem Silver Essential 450 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) S05 - 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	\$0.76 per month <small>was \$391.76</small>	▼
Deductible (Health + Rx)	\$450 per person	▼
Out-of-pocket max	\$2,500 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 1



Before deductible is met

After deductible is met

Primary care visit

\$5

\$5



Specialist visit	\$50	\$50
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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 1



**Before** deductible is met

**After** deductible is met

Generic	\$10	\$10
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Brand	\$40	\$40
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Non-preferred Brand	Full price	35%
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Specialty	Full price	40%
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## Labs & imaging

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

### Tier Selector

In network 1



**Before** deductible is met

**After** deductible is met

X-rays	Full price	40%
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Imaging (CT/PET/MRI)	Full price	40%
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Blood work	Full price	40%
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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 1



	Before deductible is met	After deductible is met
<b>Urgent care</b>	\$75	\$75
<b>Emergency room</b>	Full price	\$350 with 40%
<b>Ambulance</b>	Full price	40%
<b>Hospital stay (facility)</b>	Full price	40%
<b>Hospital stay (physician)</b>	Full price	40%
<b>Outpatient procedure (facility)</b>	Full price	40%
<b>Outpatient procedure (physician)</b>	Full price	40%
<b>Physical rehabilitation</b>	Full price	40%



#### 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 1



	Before deductible is met	After deductible is met
<b>Outpatient services</b>	Full price	40%
<b>Psychiatric hospital stay</b>	Full price	40%

#### Pregnancy & birth



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

#### Tier Selector

In network 1



	Before deductible is met	After deductible is met
Well baby care	No charge	No charge
Labor, delivery, hospital stay	Full price	40%



#### 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 \$797, 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 67 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	\$9
2	Doctor visits	\$55
1	Labs or tests	\$613
9	Prescriptions	\$120
Annual estimate		\$797
Monthly estimate (on average)		\$66 per month