



SILVER + CSR

## Focused 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 \$1,039.47</small>	▼
Deductible (Health + Rx)	\$0 per person	\$0 per family	▼
Out-of-pocket max	\$1,350 per person	\$2,700 per family	▼
Network type	HMO		▼
Metal tier	Silver		▼
Overall rating	Not Rated		▼
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>		



### 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

	No charge	No charge	▼
<b>Specialist visit</b>	\$15	\$15	▼
<b>Preventive care visit</b>	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 ▼

	<b>Before deductible is met</b>	<b>After deductible is met</b>	
<b>Generic</b>	No charge	No charge	▼
<b>Brand</b>	\$25	\$25	▼
<b>Non-preferred Brand</b>	45%	45%	▼
<b>Specialty</b>	50%	50%	▼



## Labs & imaging

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

### Tier Selector

In network ▼

	<b>Before deductible is met</b>	<b>After deductible is met</b>	
<b>X-rays</b>	30%	30%	▼
<b>Imaging (CT/PET/MRI)</b>	30%	30%	▼

**Blood work**

No charge

No charge



## 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**

30%

30%

**Ambulance**

30%

30%

**Hospital stay (facility)**

30%

30%

**Hospital stay (physician)**

30%

30%

**Outpatient procedure (facility)**

30%

30%

**Outpatient procedure (physician)**

30%

30%

**Physical rehabilitation**

30%

30%



## 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**

30%

30%



## 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**

30%

30%



## 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 \$40, 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 88 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
4	Doctor visits	\$15
1	Labs or tests	\$0
7	Prescriptions	\$25
Annual estimate		\$40
Monthly estimate (on average)		\$3 per month

