

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 \$2,107.85		
Deductible (Health + Rx)	\$500 per person	\$1,000per family	\$1,000per family
Out-of-pocket max	\$3,000 per person	\$6,000per family	\$6,000per family
Network type	HMO		
Metal tier	Silver		
Plan Type	 EASY PRICING		
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	\$20	\$20
Specialist visit	\$40	\$40
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	\$10	\$10
Brand	\$20	\$20
Non-preferred Brand	Full price	\$60
Specialty	Full price	\$250



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	Full price	30%
Imaging (CT/PET/MRI)	Full price	30%
Blood work	Full price	30%



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	\$30	\$30
Emergency room	Full price	30%
Ambulance	Full price	30%
Hospital stay (facility)	Full price	30%
Hospital stay (physician)	Full price	30%
Outpatient procedure (facility)	Full price	30%
Outpatient procedure (physician)	Full price	30%
Physical rehabilitation	\$20	\$20



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	\$20	\$20
Psychiatric hospital stay	Full price	30%



Pregnancy & birth

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



Before deductible is met

After deductible is met

Well baby care

No charge

No
charge

Labor, delivery, hospital stay

Full price

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.

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





Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$2,357, 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 42 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
7	Doctor visits	\$180
4	Labs or tests	\$1,777
33	Prescriptions	\$400
Annual estimate		\$2,357
Monthly estimate (on average)		\$196 per month