



SILVER + CSR

Value Benchmark Silver 0 Medical Deductible - 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 | \$50.64 per month <small>was \$742.64</small> | |
| Health Deductible | \$0 per person | |
| Rx deductible | \$200 per person | |
| Out-of-pocket max | \$3,000 per person | |
| Network type | HMO | |
| Metal tier | Silver | |
| Overall rating | 4 | |
| 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 | No charge | No charge |
| Specialist visit | \$30 | \$30 |
| 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 | \$25 | \$25 |
| Brand | Full price | 15% |
| Non-preferred Brand | Full price | 25% |
| Specialty | Full price | 50% |



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 | \$10 | \$10 |
| Imaging (CT/PET/MRI) | \$125 | \$125 |
| Blood work | \$10 | \$10 |



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 | \$350 | \$350 |
| 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 | \$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 | 25% | 25% |
| 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.

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 \$757, 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 **5th lowest** annual out-of-pocket estimate of all 64 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 | \$608 |
| 2 | Doctor visits | \$0 |
| 1 | Labs or tests | \$10 |
| 5 | Prescriptions | \$140 |
| Annual estimate | | \$757 |
| Monthly estimate (on average) | | \$63 per month |