

Silver Simple PCP Saver CSR 200 | MercyOne - EPO

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	\$11.58 per month <small>was \$339.58</small>	
Deductible (Health + Rx)	\$600 per person	
Out-of-pocket max	\$3,000 per person	
Network type	EPO	
Metal tier	Silver	
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 1



Before deductible is met

After deductible is met

Primary care visit

\$10

\$10



Specialist visit	\$35	\$35
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 1



	Before deductible is met	After deductible is met
Generic	\$3	\$3
Brand	\$40	\$40
Non-preferred Brand	Full price	40%
Specialty	Full price	40%



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%
Imaging (CT/PET/MRI)	Full price	40%
Blood work	Full price	40%

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
Urgent care	\$50	\$50
Emergency room	Full price	40%
Ambulance	Full price	40%
Hospital stay (facility)	Full price	40%
Hospital stay (physician)	Full price	40%
Outpatient procedure (facility)	Full price	40%
Outpatient procedure (physician)	Full price	40%
Physical rehabilitation	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
Outpatient services	\$10	\$10
Psychiatric hospital stay	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
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Labor, delivery, hospital stay	Full price	40%
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**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 \$974, 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 20 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	\$139
1	Doctor visits	\$10
1	Labs or tests	\$776
4	Prescriptions	\$49
	Annual estimate	\$974
	Monthly estimate (on average)	\$81 per month