

Silver Classic Standard CSR 150 - 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 <del>was \$915.47</del> | ▼ |
| Deductible (Health + Rx) | \$0 per person                           | ▼ |
| Out-of-pocket max        | \$2,000 per person                       | ▼ |
| Network type             | HMO                                      | ▼ |
| Metal tier               | Silver                                   | ▼ |
| Overall rating           | 2  | ▼ |

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 metAfter deductible is met

|                    |           |           |
|--------------------|-----------|-----------|
| Primary care visit | No charge | No charge |
|--------------------|-----------|-----------|



|                       |           |           |
|-----------------------|-----------|-----------|
| Specialist visit      | \$10      | \$10      |
| 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             | No charge                | No charge               |
| Brand               | \$15                     | \$15                    |
| Non-preferred Brand | \$50                     | \$50                    |
| Specialty           | \$150                    | \$150                   |



### 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               | 25%                      | 25%                     |
| Imaging (CT/PET/MRI) | 25%                      | 25%                     |
| Blood work           | 25%                      | 25%                     |



### 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                      | \$5                      | \$5                     |
| Emergency room                   | 25%                      | 25%                     |
| 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          | No charge                | No charge               |



### 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 | 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

▼

Tobacco Use counseling

▼

Tuberculosis screening

▼



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$280, 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 **15th lowest** annual out-of-pocket estimate of all 69 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            |
| 1                             | Doctor visits    | \$0            |
| 1                             | Labs or tests    | \$280          |
| 3                             | Prescriptions    | \$0            |
| Annual estimate               |                  | \$280          |
| Monthly estimate (on average) |                  | \$23 per month |