

## Constant Care Silver 7 150 - 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 <small>was \$707.82</small>	▼
Health Deductible	\$0 per person	▼
Rx deductible	\$80 per person	▼
Out-of-pocket max	\$2,850 per person	▼
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



<b>Primary care visit</b>	\$5	\$5
<b>Specialist visit</b>	\$30	\$30
<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



	Before deductible is met	After deductible is met
<b>Generic</b>	\$8	\$8
<b>Brand</b>	\$35	\$35
<b>Non-preferred Brand</b>	Full price	10%
<b>Specialty</b>	Full price	10%



## 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
<b>X-rays</b>	\$60	\$60
<b>Imaging (CT/PET/MRI)</b>	\$400	\$400
<b>Blood work</b>	\$30	\$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
<b>Urgent care</b>	\$5	\$5
<b>Emergency room</b>	\$600	\$600
<b>Ambulance</b>	\$120	\$120
<b>Hospital stay (facility)</b>	\$375 per day	\$375 per day
<b>Hospital stay (physician)</b>	\$30	\$30
<b>Outpatient procedure (facility)</b>	\$120	\$120
<b>Outpatient procedure (physician)</b>	\$90	\$90
<b>Physical rehabilitation</b>	\$40	\$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



	Before deductible is met	After deductible is met
<b>Outpatient services</b>	\$5	\$5
<b>Psychiatric hospital stay</b>	\$375 per day	\$375 per day

## 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 \$347, 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 51 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
2	Doctor visits	\$35
2	Labs or tests	\$60
18	Prescriptions	\$252
	<b>Annual estimate</b>	<b>\$347</b>
	Monthly estimate (on average)	\$29 per month