

## Silver Simple Diabetes 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          | \$8.14 per month <small>was \$483.14</small>  |    |
| Deductible (Health + Rx) | \$800 per person  |  |
| Out-of-pocket max        | \$2,800 per person  |  |
| Network type             | EPO   |  |
| Metal tier               | Silver  |  |
| Overall rating           | 3   |  |
| Official documents       | <a href="#">Summary of benefits and coverages (PDF)</a><br><a href="#">Drug formulary</a><br><a href="#">Provider list</a><br><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 1



Before deductible is met

After deductible is met

Primary care visit

No charge

No  
charge



|                              |           |           |
|------------------------------|-----------|-----------|
| <b>Specialist visit</b>      | \$25      | \$25      |
| <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 1



|                            | <b>Before deductible is met</b> | <b>After deductible is met</b> |
|----------------------------|---------------------------------|--------------------------------|
| <b>Generic</b>             | No charge                       | No charge                      |
| <b>Brand</b>               | \$60                            | \$60                           |
| <b>Non-preferred Brand</b> | Full price                      | 50%                            |
| <b>Specialty</b>           | Full price                      | 50%                            |



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network 1



|                             | <b>Before deductible is met</b> | <b>After deductible is met</b> |
|-----------------------------|---------------------------------|--------------------------------|
| <b>X-rays</b>               | Full price                      | 30%                            |
| <b>Imaging (CT/PET/MRI)</b> | Full price                      | 30%                            |
| <b>Blood work</b>           | \$35                            | \$35                           |



## 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 |
|---|--------------------------|-------------------------|
| <b>Urgent care</b>                      | \$45                     | \$45                    |
| <b>Emergency room</b>                   | Full price               | 30%                     |
| <b>Ambulance</b>                        | Full price               | 30%                     |
| <b>Hospital stay (facility)</b>         | Full price               | 30%                     |
| <b>Hospital stay (physician)</b>        | Full price               | 30%                     |
| <b>Outpatient procedure (facility)</b>  | Full price               | 30%                     |
| <b>Outpatient procedure (physician)</b> | Full price               | 30%                     |
| <b>Physical rehabilitation</b>          | Full price               | 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 1



|                                  | Before deductible is met | After deductible is met |
|----------------------------------|--------------------------|-------------------------|
| <b>Outpatient services</b>       | No charge                | No charge               |
| <b>Psychiatric hospital stay</b> | Full price               | 30%                     |



## 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**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**

## Tobacco Use counseling

## Tuberculosis screening



### Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$218, 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 25 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 | \$98           |
| 2                             | Doctor visits    | \$25           |
| 1                             | Labs or tests    | \$35           |
| 9                             | Prescriptions    | \$60           |
| Annual estimate               |                  | \$218          |
| Monthly estimate (on average) |                  | \$18 per month |