

# Clear Silver - 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 \$804.65</del> | ▼ |
| Deductible (Health + Rx) | \$800 per person                         | ▼ |
| Out-of-pocket max        | \$800 per person                         | ▼ |
| Network type             | HMO                                      | ▼ |
| Metal tier               | Silver                                   | ▼ |
| Overall rating           | Not Rated                                | ▼ |

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

|                       |           |           |   |
|-----------------------|-----------|-----------|---|
|                       | \$5       | \$5       | ▼ |
| Specialist visit      | \$25      | \$25      | ▼ |
| 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             | Full price               | No charge               | ▼ |
| Brand               | Full price               | No charge               | ▼ |
| Non-preferred Brand | Full price               | No charge               | ▼ |
| Specialty           | Full price               | No charge               | ▼ |



## 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               | Full price               | No charge               | ▼ |
| Imaging (CT/PET/MRI) | Full price               | No charge               | ▼ |

|            |     |     |   |
|------------|-----|-----|---|
| Blood work | \$5 | \$5 | ▼ |
|------------|-----|-----|---|



## 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                   | Full price               | No charge | ▼                       |
| Ambulance                        | Full price               | No charge | ▼                       |
| Hospital stay (facility)         | Full price               | No charge | ▼                       |
| Hospital stay (physician)        | Full price               | No charge | ▼                       |
| Outpatient procedure (facility)  | Full price               | No charge | ▼                       |
| Outpatient procedure (physician) | Full price               | No charge | ▼                       |
| Physical rehabilitation          | Full price               | 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       | \$5        | \$5       | ▼ |
|                           |            |           |   |
| Psychiatric hospital stay | Full price | No charge | ▼ |
|                           |            |           |   |



## 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 | Full price               | No charge | ▼                       |
|                                |                          |           |                         |



## 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.

For adults

For women

For 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 \$800, 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 **6th lowest** annual out-of-pocket estimate of all 53 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            |
| 3                             | Doctor visits    | \$55           |
| 2                             | Labs or tests    | \$5            |
| 24                            | Prescriptions    | \$740          |
| Annual estimate               |                  | \$800          |
| Monthly estimate (on average) |                  | \$67 per month |

