

Constant Care Silver 7 100 - 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	\$5.94 per month was \$403.94	▼
Health Deductible	\$0 per person	▼
Rx deductible	\$0 per person	▼
Out-of-pocket max	\$1,200 per person	▼
Network type	HMO	▼
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



Before deductible is met

After deductible is met



Primary care visit	No charge	No charge
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Primary care visits are appointments with your primary care provider to look at symptoms, sickness, or injuries.

This is different from preventive care visits - regular checkups or screenings are always free.

Specialist visit	\$10	\$10
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A specialist is a medical professional who specializes in a condition or area of the body.

For example, a dermatologist (skin), cardiologist (heart), neurologist (brain), or oncologist (cancer).

Preventive care visit	No charge	No charge
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There are dozens of preventive care services available for free with every plan, including check-ups, counseling, screenings, and immunizations

To learn more, scroll down to the Free Preventive Care section below.



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	\$10	\$10
Non-preferred Brand	10%	10%
Specialty	10%	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
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X-rays	\$30	\$30
Imaging (CT/PET/MRI)	\$100	\$100
Blood work	\$20	\$20



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	No charge	No charge
Emergency room	\$250	\$250
Ambulance	\$120	\$120
Hospital stay (facility)	\$200 per day	\$200 per day
Hospital stay (physician)	\$10	\$10
Outpatient procedure (facility)	\$120	\$120
Outpatient procedure (physician)	\$50	\$50
Physical rehabilitation	\$10	\$10



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.

Before deductible is met

After deductible is met

Outpatient services

No charge

No
charge

Psychiatric hospital stay

\$200 per day

\$200
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 \$121, 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 60 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	\$71
3	<u>Doctor visits</u>	\$10
2	<u>Labs or tests</u>	\$40
8	Prescriptions	\$0
Annual estimate		\$121
Monthly estimate (on average)		\$10 per month