

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 <small>was \$403.94</small> | ▼ |
| 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

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

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

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**

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.

Tier Selector

In network



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 | Doctor visits | \$10 |
| 2 | Labs or tests | \$40 |
| 8 | Prescriptions | \$0 |
| Annual estimate | | \$121 |
| Monthly estimate (on average) | | \$10 per month |