

# Standard Silver - 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	\$0.00 per month <del>was \$1,116.32</del>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	EPO	▼
Metal tier	Silver	▼
Plan Type	 EASY PRICING	▼
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
Specialist visit	\$10	\$10
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	No charge	No charge
Brand	\$15	\$15
Non-preferred Brand	\$50	\$50
Specialty	\$150	\$150



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	25%	25%
Imaging (CT/PET/MRI)	25%	25%
Blood work	25%	25%



## 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	25%	25%
Ambulance	25%	25%
Hospital stay (facility)	25%	25%
Hospital stay (physician)	25%	25%
Outpatient procedure (facility)	25%	25%
Outpatient procedure (physician)	25%	25%
Physical rehabilitation	No charge	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	No charge	No charge
Psychiatric hospital stay	25%	25%

## 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	25%	25%



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 \$890, 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 **12th lowest** annual out-of-pocket estimate of all 72 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
5	Doctor visits	\$20
3	Labs or tests	\$840
20	Prescriptions	\$30
Annual estimate		\$890
Monthly estimate (on average)		\$74 per month