



SILVER + CSR

Standard 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 <small>was \$674.24</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Plan Type	EASY PRICING	▼
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

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	▼

Your added prescription drug costs and coverage under this plan.

24 Hr Metformin Hydrochloride 1000 Mg / Saxagliptin 2.5 Mg Extended Release Oral Tablet ✓ Covered – [see formulary](#)

Modified 24 Hr Metformin Hydrochloride 500 Mg Extended Release Oral Tablet ❗ Prescription not covered



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.

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 \$645, 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 **9th lowest** annual out-of-pocket estimate of all 45 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	\$10
2	Labs or tests	\$560

Prescriptions (estimate)

24 Hr Metformin Hydrochloride 1000 Mg / Saxagliptin 2.5 Mg Extended Release Oral Tablet	
Generic / Extended Release Oral Tablet	
12 months for primary applicant	
20 Covered – see formulary	\$75
Modified 24 Hr Metformin Hydrochloride 500 Mg Extended Release Oral Tablet	
Generic / Extended Release Oral Tablet	
12 months for primary applicant	
1 Prescription not covered	
Annual estimate	\$645
Monthly estimate (on average)	\$54 per month