

Silver S: Aetna network + \$0 MinuteClinic + \$0 CVS Health Virtual Primary Care - 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	\$1.00 per month <small>was \$1,526.95</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.

Mycophenolic Acid 360 Mg Delayed Release Oral Tablet

✓ No charge

Bx Rating Tacrolimus 0.5 Mg Oral Capsule

✓ No charge

Deltasone: Prednisone 20 Mg Oral Tablet

❗ Prescription not covered

Sulfamethoxazole 800 Mg / Trimethoprim 160 Mg Oral Tablet

✓ No charge

Losartan Potassium 25 Mg Oral Tablet

✓ No charge

Omeprazole 20 Mg Disintegrating 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.

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 \$1,383, 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 **4th lowest** annual out-of-pocket estimate of all 49 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	\$12
7	Doctor visits	\$50
4	Labs or tests	\$1,120
2	Hospital visits	\$16

Prescriptions (estimate)

Mycophenolic Acid 360 Mg Delayed Release Oral Tablet

Generic / Delayed Release Oral Tablet

12 months for primary applicant

No charge

Bx Rating Tacrolimus 0.5 Mg Oral Capsule

Generic / Oral Capsule

12 months for primary applicant

No charge

Deltasone: Prednisone 20 Mg Oral Tablet

Branded / Oral Tablet

12 months for primary applicant

72 Prescription not covered \$185

Sulfamethoxazole 800 Mg / Trimethoprim 160 Mg Oral Tablet

Generic / Oral Tablet

12 months for primary applicant

No charge

Losartan Potassium 25 Mg Oral Tablet

Generic / Oral Tablet

12 months for primary applicant

No charge

Omeprazole 20 Mg Disintegrating Oral Tablet

Generic / Disintegrating Oral Tablet

12 months for primary applicant

Prescription not covered

Annual estimate

\$1,383

Monthly estimate (on average)

\$115 per month