



SILVER + CSR

SoloCare Standard Silver HMO 110025-06 - 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 \$418.73</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	3	▼
Official documents	<input checked="" type="checkbox"/> Summary of benefits and coverages (PDF) <input checked="" type="checkbox"/> Drug formulary <input checked="" type="checkbox"/> Provider list <input checked="" type="checkbox"/> 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

	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.

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 \$305, 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 **5th lowest** annual out-of-pocket estimate of all 42 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
2	Doctor visits	\$10
1	Labs or tests	\$280
5	Prescriptions	\$15
Annual estimate		\$305
Monthly estimate (on average)		\$25 per month

