



SILVER + CSR

AmeriHealth Caritas Next Silver Deluxe + No Referrals - 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 \$344.24</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$1,300 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	Not Rated	▼

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

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	\$15	\$15
Brand	\$100	\$100
Non-preferred Brand	40%	40%
Specialty	40%	40%



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	10%	10%
Imaging (CT/PET/MRI)	10%	10%
Blood work	10%	10%



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	\$15	\$15
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Emergency room	10%	10%
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Ambulance	10%	10%
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Hospital stay (facility)	10%	10%
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Hospital stay (physician)	10%	10%
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Outpatient procedure (facility)	10%	10%
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Outpatient procedure (physician)	10%	10%
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Physical rehabilitation	10%	10%
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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
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Psychiatric hospital stay	10%	10%
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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**

10%

10%

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**



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$142, 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 **3rd lowest** annual out-of-pocket estimate of all 61 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
1	Doctor visits	\$0
1	Labs or tests	\$112
2	Prescriptions	\$30
Annual estimate		\$142
Monthly estimate (on average)		\$12 per month