

# Connect Silver-4A 0 Indiv Med Deductible - 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	\$42.17 per month <del>was \$470.17</del>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$1,725 per person	▼
Network type	EPO	▼
Metal tier	Silver	▼
Overall rating	4	▼

- 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	10%	10%	▼
Non-preferred Brand	49%	49%	▼
Specialty	50%	50%	▼



### 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	15%	15%	▼
Imaging (CT/PET/MRI)	15%	15%	▼

Blood work	15%	15%	▼
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## 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	\$20	\$20	▼
Emergency room	15%	15%	▼
Ambulance	15%	15%	▼
Hospital stay (facility)	15%	15%	▼
Hospital stay (physician)	15%	15%	▼
Outpatient procedure (facility)	15%	15%	▼
Outpatient procedure (physician)	15%	15%	▼
Physical rehabilitation	15%	15%	▼



## 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
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Outpatient services	\$10	\$10	▼
Psychiatric hospital stay	15%	15%	▼



## 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	15%	15%	▼



## 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 \$506, 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 **37th lowest** annual out-of-pocket estimate of all 54 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	\$506
1	Doctor visits	\$0
1	Prescriptions	\$0
Annual estimate		\$506
Monthly estimate (on average)		\$42 per month

