

Silver 10 Advanced: \$0 PCP + 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	\$30.09 per month <small>was \$1,479.09</small>	
Health Deductible	\$0 per person	
Rx deductible	\$400 per person	
Out-of-pocket max	\$3,025 per person	
Network type	HMO	
Metal tier	Silver	
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	\$35	\$35
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	\$10	\$10
Brand	\$35	\$35
Non-preferred Brand	Full price	40%
Specialty	Full price	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	\$55	\$55
Imaging (CT/PET/MRI)	\$250	\$250
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	\$20	\$20
Emergency room	\$500	\$500
Ambulance	\$500	\$500
Hospital stay (facility)	\$1000 per day	\$1000 per day
Hospital stay (physician)	No charge	No charge
Outpatient procedure (facility)	\$300	\$300
Outpatient procedure (physician)	\$100	\$100
Physical rehabilitation	\$35	\$35

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	\$1000 per day	\$1000 per day



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

\$1000 copay

\$1000
copay

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 \$871, 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 **2nd lowest** annual out-of-pocket estimate of all 10 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	\$361
3	Doctor visits	\$70
2	Labs or tests	\$50
24	Prescriptions	\$390
Annual estimate		\$871
Monthly estimate (on average)		\$73 per month