

## Standard Silver (QualChoiceLife) - PPO

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	\$6.47 per month <small>was \$639.47</small>	
Deductible (Health + Rx)	\$500 per person	
Out-of-pocket max	\$3,000 per person	
Network type	PPO	
Metal tier	Silver	
Plan Type	 EASY PRICING	
Overall rating	3	

Official documents	 <a href="#">Summary of benefits and coverages (PDF)</a>  <a href="#">Drug formulary</a>  <a href="#">Provider list</a>  <a href="#">Plan brochure</a>
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### 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

<b>Primary care visit</b>	\$20	\$20
<b>Specialist visit</b>	\$40	\$40
<b>Preventive care visit</b>	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
<b>Generic</b>	\$10	\$10
<b>Brand</b>	\$20	\$20
<b>Non-preferred Brand</b>	Full price	\$60
<b>Specialty</b>	Full price	\$250



## 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
<b>X-rays</b>	Full price	30%
<b>Imaging (CT/PET/MRI)</b>	Full price	30%
<b>Blood work</b>	Full price	30%



## 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
<b>Urgent care</b>	\$30	\$30
<b>Emergency room</b>	Full price	30%
<b>Ambulance</b>	Full price	30%
<b>Hospital stay (facility)</b>	Full price	30%
<b>Hospital stay (physician)</b>	Full price	30%
<b>Outpatient procedure (facility)</b>	Full price	30%
<b>Outpatient procedure (physician)</b>	Full price	30%
<b>Physical rehabilitation</b>	\$20	\$20



## 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
<b>Outpatient services</b>	\$20	\$20
<b>Psychiatric hospital stay</b>	Full price	30%



## 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**

Full price

30%

**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 \$828, 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 **9th lowest** annual out-of-pocket estimate of all 64 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	\$78
2	Doctor visits	\$60
1	Labs or tests	\$560
11	Prescriptions	\$130
<b>Annual estimate</b>		<b>\$828</b>
Monthly estimate (on average)		\$69 per month