

Clear Silver - 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 \$804.65</small>	▼
Deductible (Health + Rx)	\$800 per person	▼
Out-of-pocket max	\$800 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

	\$5	\$5	▼
Specialist visit	\$25	\$25	▼
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	Full price	No charge	▼
Brand	Full price	No charge	▼
Non-preferred Brand	Full price	No charge	▼
Specialty	Full price	No charge	▼



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	Full price	No charge	▼
Imaging (CT/PET/MRI)	Full price	No charge	▼

Blood work

\$5

\$5



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**

Full price

No charge

**Ambulance**

Full price

No charge

**Hospital stay (facility)**

Full price

No charge

**Hospital stay (physician)**

Full price

No charge

**Outpatient procedure (facility)**

Full price

No charge

**Outpatient procedure (physician)**

Full price

No charge

**Physical rehabilitation**

Full price

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

\$5

\$5

▼

Psychiatric hospital stay

Full price

No charge

▼



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

No charge

▼



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 adults

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 \$800, 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 **6th lowest** annual out-of-pocket estimate of all 53 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
3	Doctor visits	\$55
2	Labs or tests	\$5
24	Prescriptions	\$740
Annual estimate		\$800
Monthly estimate (on average)		\$67 per month

