

## Silver 1 100 - HMO

Because you qualify for a Cost Sharing Reduction (CSR), [Silver plans](#) like this one are an especially good value.

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- ✓ 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	\$0.26 per month <small>was \$468.26</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,700 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
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>	



### 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	\$30	\$30
Non-preferred Brand	15%	15%
Specialty	15%	15%



## 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	\$30	\$30
Imaging (CT/PET/MRI)	15%	15%
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
<b>Urgent care</b>	\$5	\$5
<b>Emergency room</b>	15%	15%
<b>Ambulance</b>	15%	15%
<b>Hospital stay (facility)</b>	15%	15%
<b>Hospital stay (physician)</b>	15%	15%
<b>Outpatient procedure (facility)</b>	15%	15%
<b>Outpatient procedure (physician)</b>	15%	15%
<b>Physical rehabilitation</b>	\$10	\$10



## 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>	No charge	No charge
<b>Psychiatric hospital stay</b>	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.

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**Abdominal aortic aneurysm one-time screening** 

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**Alcohol misuse screening and counseling** 

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**Aspirin use** 

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**Blood pressure screening** 

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**Cholesterol screening** 

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**Colorectal cancer screening** 

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**Depression screening** 

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**Diabetes screening** 

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**Diet counseling** 

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**Falls prevention** 

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**Hepatitis B screening** 

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**Hepatitis C screening** 

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**HIV screening** 

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**Immunization vaccines** 

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**Lung cancer screening** 

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**Obesity screening and counseling** 

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**Sexually transmitted infection (STI) prevention counseling** 

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**Statin preventive medication** 

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**Syphilis screening** 

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**Tobacco Use counseling** 

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**Tuberculosis screening** 

### Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$53, 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 **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	\$3
2	Doctor visits	\$10
1	Labs or tests	\$10
7	Prescriptions	\$30
	<b>Annual estimate</b>	<b>\$53</b>
	Monthly estimate (on average)	\$4 per month