

Silver 12 150 - 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 was \$630.29 | ▼ |
| Deductible (Health + Rx) | \$1,425 per person | ▼ |
| Out-of-pocket max | \$3,050 per person | ▼ |
| Network type | HMO | ▼ |
| Metal tier | Silver | ▼ |
| Overall rating | 2 | ▼ |

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

\$10

\$10



| | | |
|-----------------------|-----------|-----------|
| Specialist visit | \$15 | \$15 |
| 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 | \$5 | \$5 |
| Brand | \$50 | \$50 |
| Non-preferred Brand | Full price | 20% |
| Specialty | Full price | 20% |



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 | 20% |
| Imaging (CT/PET/MRI) | Full price | 20% |
| Blood work | Full price | 20% |



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 | \$13 | \$13 |
| Emergency room | Full price | 20% |
| Ambulance | Full price | 20% |
| Hospital stay (facility) | Full price | 20% |
| Hospital stay (physician) | Full price | 20% |
| Outpatient procedure (facility) | Full price | 20% |
| Outpatient procedure (physician) | Full price | 20% |
| Physical rehabilitation | Full price | 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 |
|---------------------------|--------------------------|-------------------------|
| Outpatient services | \$10 | \$10 |
| Psychiatric hospital stay | Full price | 20% |



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 \$1,740, 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 **15th lowest** annual out-of-pocket estimate of all 75 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 | \$35 |
| 2 | Labs or tests | \$1,380 |
| 20 | Prescriptions | \$325 |
| Annual estimate | | \$1,740 |
| Monthly estimate (on average) | | \$145 per month |