

Anthem Silver Blue Value X 0 Ded (\$0 Virtual Visits + \$0 Select Drugs) S06 - 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 <del>was \$401.89</del>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$850 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 1



Before deductible is met

After deductible is met

Primary care visit

\$5

\$5



Specialist visit	\$55	\$55
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 1

	Before deductible is met	After deductible is met
Generic	\$3	\$3
Brand	\$10	\$10
Non-preferred Brand	35%	35%
Specialty	40%	40%



Labs & imaging

These are tests your doctor may run when diagnosing a condition.

Tier Selector

In network 1

	Before deductible is met	After deductible is met
X-rays	40%	40%
Imaging (CT/PET/MRI)	\$300 with 50%	\$300 with 50%
Blood work	40%	40%



### 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 1

▼

	Before deductible is met	After deductible is met
Urgent care	\$50	\$50
Emergency room	\$300 with 50%	\$300 with 50%
Ambulance	40%	40%
Hospital stay (facility)	\$400 per stay with 50%	\$400 per stay with 50%
Hospital stay (physician)	40%	40%
Outpatient procedure (facility)	40%	40%
Outpatient procedure (physician)	40%	40%
Physical rehabilitation	40%	40%



### 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 1

▼

	Before deductible is met	After deductible is met
Outpatient services	40%	40%
Psychiatric hospital stay	\$400 per stay with 50%	\$400 per stay

with  
50%



### Pregnancy & birth

Every plan covers services provided before and after your child is born.

Tier Selector

In network 1



Before deductible is met

After deductible is met

Well baby care

No charge

No  
charge

Labor, delivery, hospital stay

\$400 with 50%

\$400  
with  
50%



### 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 \$459, 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 **19th lowest** annual out-of-pocket estimate of all 124 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
1	<a href="#">Doctor visits</a>	\$5
1	<a href="#">Labs or tests</a>	\$448
2	Prescriptions	\$6
Annual estimate		\$459
Monthly estimate (on average)		\$38 per month