

## Sentara Standard Silver 0 Ded (06) - 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 \$660.43</small>	
Health Deductible	\$0 per person	
Rx deductible	\$0 per person	
Out-of-pocket max	\$2,000 per person	
Network type	HMO	
Metal tier	Silver	
Overall rating	4	
Official documents	 <a href="#">Summary of benefits and coverages (PDF)</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. 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	\$15	\$15
Non-preferred Brand	\$50	\$50
Specialty	\$150	\$150



## 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	25%	25%
Imaging (CT/PET/MRI)	25%	25%
Blood work	25%	25%



## Hospital & emergency

### Tier Selector

In network



	Before deductible is met	After deductible is met
<b>Urgent care</b>	\$5	\$5
<b>Emergency room</b>	25%	25%
<b>Ambulance</b>	25%	25%
<b>Hospital stay (facility)</b>	25%	25%
<b>Hospital stay (physician)</b>	25%	25%
<b>Outpatient procedure (facility)</b>	25%	25%
<b>Outpatient procedure (physician)</b>	25%	25%
<b>Physical rehabilitation</b>	25%	25%



## 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>	25%	25%



## 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****Labor, delivery, hospital stay**

25%

25%

**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 \$585, 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 **5th 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	\$0
3	Doctor visits	\$10
2	Labs or tests	\$560
10	Prescriptions	\$15
	<b>Annual estimate</b>	<b>\$585</b>
	Monthly estimate (on average)	\$49 per month