



SILVER + CSR

Anthem Silver Essential 50 (\$0 Virtual PCP + \$0 Select Drugs + Incentives) 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 <small>was \$315.33</small>	▼
Deductible (Health + Rx)	\$50 per person	▼
Out-of-pocket max	\$750 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	3	▼

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	\$50	\$50
------------------	------	------

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	\$5	\$5
---------	-----	-----

Brand	\$35	\$35
-------	------	------

Non-preferred Brand	Full price	35%
---------------------	------------	-----

Specialty	Full price	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	Full price	40%
--------	------------	-----

Imaging (CT/PET/MRI)	Full price	40%
----------------------	------------	-----

Blood work	Full price	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	Full price	\$250 with 40%
Ambulance	Full price	40%
Hospital stay (facility)	Full price	40%
Hospital stay (physician)	Full price	40%
Outpatient procedure (facility)	Full price	40%
Outpatient procedure (physician)	Full price	40%
Physical rehabilitation	Full price	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	Full price	40%
Psychiatric hospital stay	Full price	40%

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	Full price	40%



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 \$533, 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 **13th lowest** annual out-of-pocket estimate of all 91 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	Doctor visits	\$5
1	Labs or tests	\$478
4	Prescriptions	\$50
Annual estimate		\$533
Monthly estimate (on average)		\$44 per month