

Standard Silver - EPO

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 \$1,099.33</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	EPO	▼
Metal tier	Silver	▼
Plan Type	EASY PRICING	▼
Overall rating	3	▼
Official documents	<ul style="list-style-type: none"> 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	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	\$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

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**

\$5

\$5

**Emergency room**

25%

25%

**Ambulance**

25%

25%

**Hospital stay (facility)**

25%

25%

**Hospital stay (physician)**

25%

25%

**Outpatient procedure (facility)**

25%

25%

**Outpatient procedure (physician)**

25%

25%

**Physical rehabilitation**

No charge

No charge



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

No charge

No charge

**Psychiatric hospital stay**

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**

No charge

No charge

**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.

For women**For 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 \$670, 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 **2nd lowest** annual out-of-pocket estimate of all 55 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
4	Doctor visits	\$20
2	Labs or tests	\$560
24	Prescriptions	\$90
Annual estimate		\$670
Monthly estimate (on average)		\$56 per month

