

## 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 \$1,304.04</small>	
Deductible (Health + Rx)	\$0 per person	\$0 per family <b>\$0</b> <small>per family</small>
Out-of-pocket max	\$2,000 per person	\$4,000 per family <b>\$4,000</b> <small>per family</small>
Network type	EPO	
Metal tier	Silver	
Plan Type	 EASY PRICING	
Overall rating	3	
Official documents	<a href="#"> Summary of benefits and coverages (PDF)</a> <a href="#"> Drug formulary</a> <a href="#"> Provider list</a> <a href="#"> Plan brochure</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
<b>Primary care visit</b>	No charge	No charge
<b>Specialist visit</b>	\$10	\$10
<b>Preventive care visit</b>	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
<b>Generic</b>	No charge	No charge
<b>Brand</b>	\$15	\$15
<b>Non-preferred Brand</b>	\$50	\$50
<b>Specialty</b>	\$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
<b>X-rays</b>	25%	25%
<b>Imaging (CT/PET/MRI)</b>	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.

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 \$920, 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 **6th lowest** annual out-of-pocket estimate of all 134 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
6	Doctor visits	\$20
3	Labs or tests	\$840
25	Prescriptions	\$60
<b>Annual estimate</b>		<b>\$920</b>
Monthly estimate (on average)		\$77 per month