

Silver 12 100 with First 4 Primary Care Visits Free - 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 \$772.73</small> | ▼ |
| Deductible (Health + Rx) | \$150 per person | ▼ |
| Out-of-pocket max | \$3,050 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



Before deductible is met

After deductible is met

| | | |
|--------------------|-----|-----|
| Primary care visit | \$2 | \$2 |
|--------------------|-----|-----|

| | | |
|-----------------------|-----------|-----------|
| Specialist visit | \$4 | \$4 |
| 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 | \$2 | \$2 |
| Brand | \$20 | \$20 |
| Non-preferred Brand | Full price | 10% |
| Specialty | Full price | 10% |



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 | Full price | 10% |
| Imaging (CT/PET/MRI) | Full price | 10% |
| Blood work | Full price | 10% |

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 | \$3 | \$3 |
| Emergency room | Full price | 10% |
| Ambulance | Full price | 10% |
| Hospital stay (facility) | Full price | 10% |
| Hospital stay (physician) | Full price | 10% |
| Outpatient procedure (facility) | Full price | 10% |
| Outpatient procedure (physician) | Full price | 10% |
| Physical rehabilitation | Full price | 10% |



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 | \$2 | \$2 |
| Psychiatric hospital stay | Full price | 10% |



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 \$495, 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 **3rd 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 | \$8 |
| 2 | Labs or tests | \$357 |
| 20 | Prescriptions | \$130 |
| | Annual estimate | \$495 |
| | Monthly estimate (on average) | \$41 per month |