



SILVER + CSR

Anthem Silver Pathway Essentials X 0 S06 \$0 Select Drugs - 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 | \$1.00 per month <small>was \$331.59</small> |  |
|-----------------|--|---|

| | | |
|--------------------------|----------------|---|
| Deductible (Health + Rx) | \$0 per person |  |
|--------------------------|----------------|---|

Your deductible is the total amount you'll pay for healthcare services before your insurance starts to cover a portion of costs. (Scroll down to see the specific portion this plan covers for each service.)

However, many plans do cover basic services even before the deductible has been met, on day one.

This plan combines the prescription drug deductible and healthcare deductible.

Note: Monthly premiums don't count towards the deductible totals, and the deductible totals reset each year.

| | | |
|-------------------|--------------------|---|
| Out-of-pocket max | \$1,300 per person |  |
|-------------------|--------------------|---|

| | | |
|--------------|-----|---|
| Network type | HMO |  |
|--------------|-----|---|

| | | |
|------------|--------|---|
| Metal tier | Silver |  |
|------------|--------|---|

| | | |
|----------------|---|---|
| Overall rating | 3 |  |
|----------------|---|---|

| | |
|--------------------|--|
| Official documents | |
|--------------------|--|

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 | \$10 | \$10 |
|---------------------------|------|------|

Primary care visits are appointments with your primary care provider to look at symptoms, sickness, or injuries.

This is different from preventive care visits - regular checkups or screenings are always free.

| | | |
|-------------------------|-----|-----|
| Specialist visit | 25% | 25% |
|-------------------------|-----|-----|

A specialist is a medical professional who specializes in a condition or area of the body.

For example, a dermatologist (skin), cardiologist (heart), neurologist (brain), or oncologist (cancer).

| | | |
|------------------------------|-----------|-----------|
| Preventive care visit | No charge | No charge |
|------------------------------|-----------|-----------|

There are dozens of preventive care services available for free with every plan, including check-ups, counseling, screenings, and immunizations

To learn more, scroll down to the Free Preventive Care section below.



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 1



Before deductible is met

After deductible is met

| | | |
|----------------|-----|-----|
| Generic | \$3 | \$3 |
|----------------|-----|-----|

| | | |
|--------------|------|------|
| Brand | \$20 | \$20 |
|--------------|------|------|

| | | |
|----------------------------|-----|-----|
| Non-preferred Brand | 35% | 35% |
|----------------------------|-----|-----|

| | | |
|------------------|-----|-----|
| Specialty | 50% | 50% |
|------------------|-----|-----|



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 | 25% | 25% |
|---------------|-----|-----|

Imaging (CT/PET/MRI) 25% 25%

Blood work 25% 25%



Hospital & emergency

Tier Selector

In network 1



Before deductible is met

After deductible is met

Urgent care \$50 \$50

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 \$10 \$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 1



Before deductible is met

After deductible is met

Outpatient services 10% 10%

Psychiatric hospital stay

25%

25%



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

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 \$308, 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 **11th 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 | \$12 |
|-------------------------------|------------------|----------------|
| 1 | Doctor visits | \$10 |
| 1 | Labs or tests | \$280 |
| 2 | Prescriptions | \$6 |
| Annual estimate | | \$308 |
| Monthly estimate (on average) | | \$26 per month |