

Low Premium Silver 500 \$0 Generic Drugs - HMO

CSR

Because you qualify for a Cost Sharing Reduction (CSR), Silver plans like this one are an *especially* good value.


✓ Cheaper doctor visits

✓ Lower deductibles

✓ Cheaper hospital visits

✓ Lower out-of-pocket max

✓ Cheaper prescriptions





Plan costs


Click the down arrow to learn more about each of these.


Monthly premium	\$83.54 per month was \$683.54	▼
Deductible (Health + Rx)	\$500 per person	▼
Out-of-pocket max	\$1,000 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	4	▼


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

	No charge	No charge	▼
Specialist visit	\$15	\$15	▼
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	\$25	\$25	▼
Non-preferred Brand	Full price	30%	▼
Specialty	Full price	45%	▼

Your added prescription drug costs and coverage under this plan.

Novolin N: 3 MI Insulin Isophane, Human 100 Unt/MI Pen Injector	✔ Covered – see formulary
Novolin R: 3 MI Insulin, Regular, Human 100 Unt/MI Pen Injector	✔ Covered – see formulary



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	\$50	▼
Imaging (CT/PET/MRI)	Full price	\$100	▼
Blood work	\$10	\$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	\$25	\$25	▼
Emergency room	Full price	\$300	▼
Ambulance	Full price	15%	▼
Hospital stay (facility)	Full price	\$300 per stay	▼
Hospital stay (physician)	Full price	No charge	▼
Outpatient procedure (facility)	Full price	15%	▼
Outpatient procedure (physician)	Full price	15%	▼
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

Full price

\$300 per stay



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

Full price

\$300



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 \$1,162, 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 **15th lowest** annual out-of-pocket estimate of all 36 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	\$1,002
3	<u>Doctor visits</u>	\$15
2	<u>Labs or tests</u>	\$20

Prescriptions (estimate)

Novolin N: 3 MI Insulin Isophane, Human 100 Unt/MI Pen Injector

Branded / Pen Injector

12 months for primary applicant

✔ Covered – [see formulary](#).

Novolin R: 3 MI Insulin, Regular, Human 100 Unt/MI Pen Injector

Branded / Pen Injector

12 months for primary applicant

✔ Covered – [see formulary](#).

Annual estimate

\$1,162

Monthly estimate (on average)

\$97 per month

