

## Silver Classic Standard CSR 200 (Select) - 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	\$46.86 per month <small>was \$781.86</small>	▼
Deductible (Health + Rx)	\$500 per person	▼
Out-of-pocket max	\$3,000 per person	▼
Network type	HMO	▼
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



Primary care visit

\$20

\$20

Specialist visit

\$40

\$40

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

\$10

\$10

Brand

\$20

\$20

Non-preferred Brand

Full price

\$60

Specialty

Full price

\$250

Your added prescription drug costs and coverage under this plan.

Drizalma: Sprinkle Duloxetine 20 Mg Delayed Release Oral Capsule

Prescription not covered



## 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

30%

Imaging (CT/PET/MRI)

Full price

30%

Blood work

Full price

30%



## 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**

\$30

\$30

**Emergency room**

Full price

30%

**Ambulance**

Full price

30%

**Hospital stay (facility)**

Full price

30%

**Hospital stay (physician)**

Full price

30%

**Outpatient procedure (facility)**

Full price

30%

**Outpatient procedure (physician)**

Full price

30%

**Physical rehabilitation**

\$20

\$20



## 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**

\$20

\$20

**Psychiatric hospital stay**

Full price

30%



## 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	30%



### 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



Statins 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 \$1,340, 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 **8th lowest** annual out-of-pocket estimate of all 119 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	\$562
3	Doctor visits	\$80
1	Labs or tests	\$588
Prescriptions (estimate)		
10	Drizalma: Sprinkle Duloxetine 20 Mg Delayed Release Oral Capsule Branded / Delayed Release Oral Capsule 12 months for primary applicant <small>● Prescription not covered</small>	\$110
<b>Annual estimate</b>		<b>\$1,340</b>
Monthly estimate (on average)		\$112 per month