



SILVER + CSR

Blue Value Silver L \$0 Deductible-3 - POS

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 \$1,265.91</small>	▼
Health Deductible	\$0 per person	\$0 per family \$0
		per family
Rx deductible	\$0 per person	N/A per family N/A
		per family
Out-of-pocket max	\$700 per person	\$1,400 per family \$1,400
		per family
Network type	POS	▼
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	\$5	\$5
---------------------------	-----	-----

Specialist visit	\$20	\$20
-------------------------	------	------

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	\$4	\$4
----------------	-----	-----

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

Non-preferred Brand	\$80	\$80
----------------------------	------	------

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

**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	40%
---------------	------------	-----

Imaging (CT/PET/MRI)	Full price	40%
-----------------------------	------------	-----

Blood work	Full price	40%
------------	------------	-----



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	\$20	\$20
-------------	------	------

Emergency room	Full price	40%
----------------	------------	-----

Ambulance	Full price	40%
-----------	------------	-----

Hospital stay (facility)	Full price	40%
--------------------------	------------	-----

Hospital stay (physician)	Full price	40%
---------------------------	------------	-----

Outpatient procedure (facility)	Full price	40%
---------------------------------	------------	-----

Outpatient procedure (physician)	Full price	40%
----------------------------------	------------	-----

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	\$5	\$5
---------------------	-----	-----

Psychiatric hospital stay	Full price	40%
---------------------------	------------	-----



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

40%



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 \$503, 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 **lowest** annual out-of-pocket estimate of all 34 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	\$15
1	Labs or tests	\$448
6	Prescriptions	\$40
Annual estimate		\$503
Monthly estimate (on average)		\$42 per month