

## 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 \$536.65</small>	▼
Deductible (Health + Rx)	\$150 per person	▼
Out-of-pocket max	\$3,050 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	2	▼

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>
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### 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



<b>Specialist visit</b>	\$4	\$4
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<b>Preventive care visit</b>	No charge	No charge
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## 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



	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>Generic</b>	\$2	\$2
<b>Brand</b>	\$20	\$20
<b>Non-preferred Brand</b>	Full price	10%
<b>Specialty</b>	Full price	10%



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network



	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>X-rays</b>	Full price	10%
<b>Imaging (CT/PET/MRI)</b>	Full price	10%
<b>Blood work</b>	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
<b>Urgent care</b>	\$3	\$3
<b>Emergency room</b>	Full price	10%
<b>Ambulance</b>	Full price	10%
<b>Hospital stay (facility)</b>	Full price	10%
<b>Hospital stay (physician)</b>	Full price	10%
<b>Outpatient procedure (facility)</b>	Full price	10%
<b>Outpatient procedure (physician)</b>	Full price	10%
<b>Physical rehabilitation</b>	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
<b>Outpatient services</b>	\$2	\$2
<b>Psychiatric hospital stay</b>	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 \$391, 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 **12th lowest** annual out-of-pocket estimate of all 140 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	\$321
13	Prescriptions	\$62
	<b>Annual estimate</b>	<b>\$391</b>
	Monthly estimate (on average)	\$33 per month