

## Blue Standardized Silver EPO - EPO

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 \$431.52</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	EPO	▼
Metal tier	Silver	▼
Plan Type	<b>EASY PRICING</b>	▼
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**

No charge

No  
charge**Specialist visit**

\$10

\$10

**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**

\$15

\$15

**Non-preferred Brand**

\$50

\$50

**Specialty**

\$150

\$150



## 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**

25%

25%

**Imaging (CT/PET/MRI)**

25%

25%

**Blood work**

25%

25%



## 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

\$5

\$5

#### 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

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

25%

25%

## 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

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

#### Breast cancer chemoprevention counseling

#### Breast cancer genetic test counseling (BRCA)

#### Breast cancer mammography screenings

#### Breastfeeding comprehensive support and counseling

#### Contraception

#### Cervical cancer screening (HPV DNA test)

#### Cervical cancer screening (Pap smear)

#### Chlamydia infection screening

#### Diabetes screening

#### Domestic and interpersonal violence screening & counseling

#### Expanded tobacco intervention and counseling

#### Folic acid

#### Gestational diabetes screening

#### Gonorrhea screening

#### Hepatitis B screening

#### Maternal depression screening for mothers

#### Osteoporosis screening

#### Preeclampsia prevention and screening

## Rh incompatibility screening

## Urinary incontinence screening

## Syphilis screening

## Urinary tract or other infection screening

## Well-woman visits



### Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$295, 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 **9th lowest** annual out-of-pocket estimate of all 42 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
1	Doctor visits	\$0
1	Labs or tests	\$280
4	Prescriptions	\$15
<b>Annual estimate</b>		<b>\$295</b>
Monthly estimate (on average)		\$25 per month