

## Standard Silver - 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 \$671.78</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
<b>Urgent care</b>	\$5	\$5
<b>Emergency room</b>	25%	25%
<b>Ambulance</b>	25%	25%
<b>Hospital stay (facility)</b>	25%	25%
<b>Hospital stay (physician)</b>	25%	25%
<b>Outpatient procedure (facility)</b>	25%	25%
<b>Outpatient procedure (physician)</b>	25%	25%
<b>Physical rehabilitation</b>	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
<b>Outpatient services</b>	No charge	No charge
<b>Psychiatric hospital stay</b>	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

#### 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 \$645, 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 **14th lowest** annual out-of-pocket estimate of all 134 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	\$10
2	Labs or tests	\$560
20	Prescriptions	\$75
<b>Annual estimate</b>		<b>\$645</b>
Monthly estimate (on average)		\$54 per month