

Silver Savings AV94 1824 (\$0 Medical Deductible, \$10 Primary Care Copay, \$30 Specialist Copay, Open Access) - 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 \$1,315.91</small>	▼
Health Deductible	\$0 per person	▼
Rx deductible	\$200 per person	▼
Out-of-pocket max	\$800 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	3	▼
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	\$10	\$10
Specialist visit	\$30	\$30
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	\$15	\$15
Preferred Generic	\$3	\$3
Brand	Full price	\$30
Non-preferred Brand	Full price	\$55
Specialty	Full price	25%



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	20%	20%
Imaging (CT/PET/MRI)	20%	20%



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
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Emergency room	20%	20%
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Ambulance	20%	20%
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Hospital stay (facility)	20%	20%
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Hospital stay (physician)	20%	20%
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Outpatient procedure (facility)	20%	20%
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Outpatient procedure (physician)	20%	20%
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Physical rehabilitation	20%	20%
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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
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Psychiatric hospital stay	20%	20%
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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

20%

20%



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 \$825, 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 **10th lowest** annual out-of-pocket estimate of all 156 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	\$40
2	Labs or tests	\$448
19	Prescriptions	\$337
Annual estimate		\$825
Monthly estimate (on average)		\$69 per month