

## Standard Silver - 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 \$921.14</small>	
Deductible (Health + Rx)	\$0 per person	\$0 per family <b>\$0</b>
		<small>per family</small>
Out-of-pocket max	\$2,000 per person	\$4,000 per family <b>\$4,000</b>
		<small>per family</small>
Network type	HMO	
Metal tier	Silver	
Plan Type	 EASY PRICING	
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>	



### 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

Psychiatric hospital stay	25%	25%
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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

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 \$305, 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 75 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
4	Doctor visits	\$10
1	Labs or tests	\$280
9	Prescriptions	\$15
<b>Annual estimate</b>		<b>\$305</b>
Monthly estimate (on average)		\$25 per month