



Save your progress before you go!

Enter your email, and we'll send you a link so you can pick up where you left off next time.

AmeriHealth Caritas

SILVER + CSR

Florida

Email

AmeriHealth Caritas Next Silver Signature + No Referrals - HMO

Phone (Optional)

(XXX) XXX-XXXX

Because you qualify for a Cost Sharing Reduction (CSR), Silver plans like this one are an especially good value.

By entering an email and phone number, you agree the information is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text messaging system or email. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.

Cheaper doctor visits

Cheaper hospital visits

Cheaper prescriptions

Disclaimer: By submitting your information you agree that we may contact you at the above-listed email or phone number. You understand that consent is not a condition of purchase.

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 \$488.00</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Plan Type	EASY PRICING	▼
Overall rating	Not Rated	▼
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

No charge

No
charge

X

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Specialist visit

\$10

\$10

Email

Preventive care visit

No charge

No
charge

Phone (Optional)



Prescription drugs

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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.

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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

Your added prescription drug costs and coverage under this plan.

Acyclovir 40 Mg/Ml Oral Suspension

✓ No charge

Invega: 1.75 Ml Paliperidone Palmitate 312 Mg/Ml Prefilled Syringe

✓ Covered – [see formulary](#)

Plaquenil: Hydroxychloroquine Sulfate 200 Mg Oral Tablet

❗ Prescription not covered



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%

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Imaging (CT/PET/MRI) 25%

25%

Email

Blood work

25%

25%

Phone (Optional)



Hospital & emergency

To see which hospitals, ERs, and Urgent Care centers are part of this plan's network, browse the [provider list](#).

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Tier Selector



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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

Save your progress before you go!

No charge

No
charge

Enter your email, and we'll send you a link so you can pick up where you left off next time.

Email
Psychiatric hospital stay

25%

25%

Phone (Optional)



Pregnancy & birth

Every plan covers services provided before and after your child is born.

Tier Selector

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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

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Immunization vaccines

Enter your email, and we'll send you a link so you can pick up where you left off next time.

Lung cancer screening

Email

Obesity screening and counseling

Phone (Optional)

Sexually transmitted infection (STI) prevention counseling

Statin preventive medication

Syphilis screening

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Tuberculosis screening

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Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$0, based on:

- This plan's monthly premium costs x 12 months
- Your healthcare usage estimate of **High** applied to this plan's deductible and copayments.



This plan has the **177th lowest** annual out-of-pocket estimate of all 177 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
0	Minimal healthcare usage	\$0
	Annual estimate	\$0
	Monthly estimate (on average)	\$NaN per month