



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.



SILVER + CSR

Email

Constant Care Silver 7 150 - 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.

✓ **Cheaper doctor visits**

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 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	\$4.86 per month was \$569.86	▼
Health Deductible	\$0 per person	▼
Rx deductible	\$80 per person	▼
Out-of-pocket max	\$2,850 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

\$5

\$5



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Specialist visit

\$30

\$30

Email

Preventive care visit

No charge

No

charge

Phone (Optional)



Prescription drugs

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Tier Selector

In network



Before deductible is met

After deductible is met

Generic

\$8

\$8

Brand

\$35

\$35

Non-preferred Brand

Full price

10%

Specialty

Full price

10%



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

\$60

\$60

Imaging (CT/PET/MRI)

\$400

\$400

Blood work

\$30

\$30



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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In network



Email

Before deductible is met

After deductible is met

Phone (Optional)

Urgent care

\$5

\$5

Emergency room

\$600

\$600

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Hospital stay (facility)

\$375 per day

\$375
per
day

Hospital stay (physician)

\$30

\$30

Outpatient procedure (facility)

\$120

\$120

Outpatient procedure (physician)

\$90

\$90

Physical rehabilitation

\$40

\$40



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

\$5

\$5

Psychiatric hospital stay

\$375 per day

\$375
per
day

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.



Save your progress before you go!

Adults

Women

Children

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Email

Abdominal aortic aneurysm one-time screening



Alcohol misuse screening and counseling

Phone (Optional)



Aspirin use



Blood pressure screening



Cholesterol screening

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Colon and rectal cancer screening



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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 \$265, 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 **lowest** annual out-of-pocket estimate of all 72 plans available to you.



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Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

Phone (Optional)

12	Monthly premiums	\$58
2	Doctor visits	\$35
1	Labs or tests	\$30
11	Prescriptions	\$142

Annual estimate

\$265

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. Monthly payments may apply. You can opt-out at any time.

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