

## Silver 12 100 with First 4 Primary Care Visits Free - 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 \$414.60</small> | ▼ |
| Deductible (Health + Rx) | \$150 per person                             | ▼ |
| Out-of-pocket max        | \$3,050 per person                           | ▼ |
| Network type             | HMO  | ▼ |
| Metal tier               | Silver                                       | ▼ |
| Overall rating           | 2  | ▼ |

|                    |   |
|--------------------|---|
| Official documents | <a href="#">Summary of benefits and coverages (PDF)</a><br><a href="#">Drug formulary</a><br><a href="#">Provider list</a><br><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

|                              |           |           |   |
|------------------------------|-----------|-----------|---|
|                              | \$2       | \$2       | ▼ |
| <b>Specialist visit</b>      | \$4       | \$4       | ▼ |
| <b>Preventive care visit</b> | 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 |   |
|----------------------------|--------------------------|-------------------------|---|
| <b>Generic</b>             | \$2                      | \$2                     | ▼ |
| <b>Brand</b>               | \$20                     | \$20                    | ▼ |
| <b>Non-preferred Brand</b> | Full price               | 10%                     | ▼ |
| <b>Specialty</b>           | 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 |   |
|-----------------------------|--------------------------|-------------------------|---|
| <b>X-rays</b>               | Full price               | 10%                     | ▼ |
| <b>Imaging (CT/PET/MRI)</b> | Full price               | 10%                     | ▼ |

**Blood work**

Full price

10%



## 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**

\$3

\$3

**Emergency room**

Full price

10%

**Ambulance**

Full price

10%

**Hospital stay (facility)**

Full price

10%

**Hospital stay (physician)**

Full price

10%

**Outpatient procedure (facility)**

Full price

10%

**Outpatient procedure (physician)**

Full price

10%

**Physical rehabilitation**

Full price

10%



## 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       | \$2        | \$2 | ▼ |
| Psychiatric hospital stay | Full price | 10% | ▼ |



## 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.

For women

For 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



## Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$249, 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 **24th lowest** annual out-of-pocket estimate of all 167 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            |
| 1                             | Doctor visits    | \$2            |
| 1                             | Labs or tests    | \$243          |
| 2                             | Prescriptions    | \$4            |
| <b>Annual estimate</b>        |                  | <b>\$249</b>   |
| Monthly estimate (on average) |                  | \$21 per month |