

Sentara Standard Silver 0 Ded (06) - 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 was \$270.61 | ▼ |
| Health Deductible | \$0 per person | ▼ |
| Rx deductible | \$0 per person | ▼ |
| Out-of-pocket max | \$2,000 per person | ▼ |
| Network type | HMO | ▼ |
| Metal tier | Silver | ▼ |
| Overall rating | 4 | ▼ |
| Official documents | Summary of benefits and coverages (PDF) | |



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. 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

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 | 25% | 25% |



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 |
| Psychiatric hospital stay | 25% | 25% |



Pregnancy & birth

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



Before deductible is met

After deductible is met

Well baby care

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





Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$280, 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 **9th lowest** annual out-of-pocket estimate of all 72 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 | <u>Doctor visits</u> | \$0 |
| 1 | <u>Labs or tests</u> | \$280 |
| 2 | Prescriptions | \$0 |
| Annual estimate | | \$280 |
| Monthly estimate (on average) | | \$23 per month |