

Blue Standardized Silver EPO - EPO

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 \$431.52	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	EPO	▼
Metal tier	Silver	▼
Plan Type	 EASY PRICING	▼
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	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 charge
Psychiatric hospital stay	25%	25%

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
Breast cancer chemoprevention counseling		
Breast cancer genetic test counseling (BRCA)		
Breast cancer mammography screenings		
Breastfeeding comprehensive support and counseling		
Contraception		
Cervical cancer screening (HPV DNA test)		
Cervical cancer screening (Pap smear)		
Chlamydia infection screening		
Diabetes screening		
Domestic and interpersonal violence screening & counseling		
Expanded tobacco intervention and counseling		
Folic acid		
Gestational diabetes screening		
Gonorrhea screening		
Hepatitis B screening		
Maternal depression screening for mothers		
Osteoporosis screening		
Preeclampsia prevention and screening		

Rh incompatibility screening	▼
Urinary incontinence screening	▼
Syphilis screening	▼
Urinary tract or other infection screening	▼
Well-woman visits	▼



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$295, 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 42 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	\$0
1	Labs or tests	\$280
4	Prescriptions	\$15
Annual estimate		\$295
Monthly estimate (on average)		\$25 per month