

## Standard Silver - 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 \$285.33</small>	▼
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Deductible (Health + Rx)	\$0 per person	▲
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Your deductible is the total amount you'll pay for healthcare services before your insurance starts to cover a portion of costs. (Scroll down to see the specific portion this plan covers for each service.)

However, many plans do cover basic services even before the deductible has been met, on day one.

This plan combines the prescription drug deductible and healthcare deductible.

**Note:** Monthly premiums don't count towards the deductible totals, and the deductible totals reset each year.

Out-of-pocket max	\$2,000 per person	▲
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This is the most you'll have to pay for healthcare services during your coverage period (typically 12 months) – think of it as your safety net in the event of a major health problem.

**Note:** monthly premiums don't count towards your out-of-pocket max.

Network type	HMO	▼
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Metal tier	Silver	▼
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Plan Type	EASY PRICING	▼
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Overall rating	3	▼
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### 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

A specialist is a medical professional who specializes in a condition or area of the body.

For example, a dermatologist (skin), cardiologist (heart), neurologist (brain), or oncologist (cancer).

#### 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

Cost sharing shown applies to Tier 1a-Preferred Generic Drugs only. See Summary of Benefits and the policy or service agreement for more information on an additional category, Tier 1b-Generic Drugs, which may apply a higher cost share. Up to a 30 day supply at any participating pharmacy or up to a 90 day supply at a 90 day retail pharmacy. Refer to the prescription drug list for more information.

A generic drug is identical to the brand name drug in form, safety, strength, quality and intended use. Although identical, generic drugs are substantially cheaper than their brand name counterparts.

#### 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%
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Imaging (CT/PET/MRI)	25%	25%
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Blood work	25%	25%
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Blood tests are often used to help diagnose a condition, or check levels such as cholesterol or blood sugar.



## 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
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Emergency room	25%	25%
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Ambulance	25%	25%
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Hospital stay (facility)	25%	25%
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Hospital stay (physician)	25%	25%
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Outpatient procedure (facility)	25%	25%
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Outpatient procedure (physician)	25%	25%
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**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

**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

Tuberculosis screening



### 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 **11th 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	Doctor visits	\$0
1	Labs or tests	\$280
4	Prescriptions	\$15

Annual estimate	\$295
Monthly estimate (on average)	\$25 per month