

Silver Simple Diabetes CSR 200 - 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	\$13.63 per month <small>was \$937.63</small>	
Deductible (Health + Rx)	\$870 per person	
Out-of-pocket max	\$2,800 per person	
Network type	EPO	
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 1



Before deductible is met

After deductible is met

Primary care visit

No charge

No
charge



Specialist visit	\$25	\$25
Preventive care visit	No charge	No charge

There are dozens of preventive care services available for free with every plan, including check-ups, counseling, screenings, and immunizations.

To learn more, scroll down to the Free Preventive Care section below.



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 1



	Before deductible is met	After deductible is met
Generic	No charge	No charge
Brand	\$60	\$60
Non-preferred Brand	Full price	50%
Specialty	Full price	50%



Labs & imaging

These are tests your doctor may run when diagnosing a condition.

Tier Selector

In network 1



	Before deductible is met	After deductible is met
X-rays	Full price	30%
Imaging (CT/PET/MRI)	Full price	30%
Blood work	\$35	\$35



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 1



	Before deductible is met	After deductible is met
Urgent care	\$45	\$45
Emergency room	Full price	30%
Ambulance	Full price	30%
Hospital stay (facility)	Full price	30%
Hospital stay (physician)	Full price	30%
Outpatient procedure (facility)	Full price	30%
Outpatient procedure (physician)	Full price	30%
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 1



	Before deductible is met	After deductible is met
Outpatient services	No charge	No charge
Psychiatric hospital stay	Full price	30%

Pregnancy & birth



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

Tier Selector

In network 1



	Before deductible is met	After deductible is met
Well baby care	No charge	No charge
Labor, delivery, hospital stay	Full price	30%



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 \$559, 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 63 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	\$164
3	Doctor visits	\$25
2	Labs or tests	\$70
20	Prescriptions	\$300
Annual estimate		\$559
Monthly estimate (on average)		\$47 per month