Silver Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

Before selecting a plan to enroll in, always check the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) documents for specific costs. There may be variations between products that are not reflected here.

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Silver 70
Individual Deductible	$2,250 medical deductible $250 pharmacy deductible
Family Deductible	$4,500 medical deductible $500 pharmacy deductible
Preventative Care Copay[1]	no cost
Primary Care Visit Copay	$45
Specialty Care Visit Copay	$70
Urgent Care Visit Copay	$90
Tier 1 (most generics) Drug Copay	$15
Lab Testing Copay	$35
X-Ray Copay	$65
Emergency Room Facility Copay	$250
High cost and infrequent services (e.g. Hospital Stay)	20% of your plan's negotiated rate
Hospital Stay Physician Fee	20% of your plan's negotiated rate
Tier 2 (preferred brand) Drug Copay after Pharmacy Deductible (if any)	$50
Tier 3 (non-preferred brand) Drug Copay after Pharmacy Deductible (if any)	$70
Tier 4 (specialty drugs) cost-share after Pharmacy Deductible (if any)	20% up to $250 per script after deductible
Maximum Out-of-Pocket For One	$6,250
Maximum Out-of-Pocket For Family	$12,500

[1] in-network only