

Optional step: View health & dental plans [View steps](#)

View health & dental plans

Viewing plans for this group [Edit](#)

- You (age 49)
- Your spouse (age 40)

Your total estimated tax credit: \$733.80

[Estimate your total yearly costs](#)
[See if doctors, facilities, & drugs are covered](#)

21 plans available

Filter Plans

Plan type Sort by

Health Plans

Premium

Filters: Silver [Show all](#)

Estimated monthly premium

\$191.23

Including a \$733.80 tax credit
Was \$925.03

Extra Savings

Common Ground Healthcare Cooperative New plan - Not rated ¹

[Envision - Silver 400 CSR](#)

Silver | EPO | Plan ID: 87416W10030047

Deductible ¹

\$800

Family Total

Out-of-pocket maximum ¹

\$5,700

Family Total

Estimated total yearly costs ¹

[Add yearly cost](#)

Copayments / Coinsurance ¹

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
25% Coinsurance after deductible	\$10	\$20	\$40

Plan features

- ✗ Adult Dental
- ✗ Child Dental

[Add medical providers](#)

Add your medical providers and we'll show you which plans cover them

[Add prescription drugs](#)

Add your prescription drugs and we'll show you which plans cover them.

Plan Details

Like This Plan

Estimated monthly premium

\$267.94

Including a \$733.80 tax credit
Was \$1,001.74

Extra Savings

Together with CCHP ★★★★★ ¹

[Together Silver 150](#)

Silver | EPO | Plan ID: 14630W10010003

Deductible ¹

\$1,500

Family Total

Out-of-pocket maximum ¹

\$5,700

Family Total

Estimated total yearly costs ¹

[Add yearly cost](#)

Copayments / Coinsurance ¹

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
20% Coinsurance after deductible	\$5	\$20	\$40

Plan features

- ✗ Adult Dental
- ✗ Child Dental

[Add medical providers](#)

Add your medical providers and we'll show you which plans cover them

[Add prescription drugs](#)

Add your prescription drugs and we'll show you which plans cover them.

Plan Details

Like This Plan

Estimated monthly premium

\$296.01

Including a \$733.80 tax credit
Was \$1,029.81

Extra Savings

Molina Healthcare New plan - Not rated ¹

[Constant Care Silver 4 150](#)

Silver | HMO | Plan ID: 52697W10010004

Deductible ¹

\$4,300

Family Total

Out-of-pocket maximum ¹

\$4,300

Family Total

Estimated total yearly costs ¹

[Add yearly cost](#)

Copayments / Coinsurance ¹

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
No Charge After Deductible	\$6	\$7	\$30

Plan features

- ✗ Adult Dental
- ✗ Child Dental

[Add medical providers](#)

Add your medical providers and we'll show you which plans cover them

[Add prescription drugs](#)

Add your prescription drugs and we'll show you which plans cover them.

Plan Details

Like This Plan

Estimated monthly premium **\$305.89**

Including a \$733.80 tax credit Was \$1,039.69

Extra Savings

Molina Healthcare
[Constant Care Silver 2 150](#)
 Silver | HMO | Plan ID: 52697W10060001

New plan - Not rated ⓘ

Compare

Deductible ⓘ **Out-of-pocket maximum ⓘ**
 \$0 \$5,700
 Family Total Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care 40%	Generic drugs \$10	Primary doctor \$10	Specialist doctor \$30
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Plan features
 ✗ Adult Dental
 ✗ Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them.

Plan Details
 Like This Plan

Estimated monthly premium **\$307.01**

Including a \$733.80 tax credit Was \$1,040.81

Extra Savings

Molina Healthcare
[Constant Care Silver 1 150](#)
 Silver | HMO | Plan ID: 52697W10010002

New plan - Not rated ⓘ

Compare

Deductible ⓘ **Out-of-pocket maximum ⓘ**
 \$0 \$5,600
 Family Total Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care \$400	Generic drugs \$5	Primary doctor \$6	Specialist doctor \$30
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Plan features
 ✗ Adult Dental
 ✗ Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them.

Plan Details
 Like This Plan

Estimated monthly premium **\$316.35**

Including a \$733.80 tax credit Was \$1,050.15

Extra Savings

Molina Healthcare
[Constant Care Silver 1 150 + Vision](#)
 Silver | HMO | Plan ID: 52697W10050002

New plan - Not rated ⓘ

Compare

Deductible ⓘ **Out-of-pocket maximum ⓘ**
 \$0 \$5,600
 Family Total Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care \$400	Generic drugs \$5	Primary doctor \$6	Specialist doctor \$30
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Plan features
 ✗ Adult Dental
 ✗ Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them.

Plan Details
 Like This Plan

Estimated monthly premium **\$320.15**

Including a \$733.80 tax credit Was \$1,053.95

Extra Savings

HealthPartners
[Robin Oak \\$1,050 Plus Cost Share Reduction Silver](#)
 Silver | PPO | Plan ID: 20173W10130007

★★★★☆ ⓘ

Compare

Deductible ⓘ **Out-of-pocket maximum ⓘ**
 \$2,100 \$5,700
 Family Total Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care 5% Coinsurance after deductible	Generic drugs \$25	Primary doctor \$30 Copayment with deductible/5% Coinsurance after deductible	Specialist doctor \$30 Copayment with deductible/5% Coinsurance after deductible
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Plan features
 ✗ Adult Dental
 ✗ Child Dental

Add your medical providers and we'll show you which plans cover them

Add your prescription drugs and we'll show you which plans cover them.

Plan Details
 Like This Plan

Estimated monthly premium
\$356.22

Including a \$733.80 tax credit
Was \$1,090.02

Extra Savings

Together with CCHP
[Together Silver Select 150](#)
Silver | EPO | Plan ID: 14630WI0010007

★★★★★ ⓘ

Compare

Deductible ⓘ
\$1,500
Family Total

Out-of-pocket maximum ⓘ
\$5,700
Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
20% Coinsurance after deductible	\$10	\$30	\$70

Plan features

- ✗ Adult Dental
- ✗ Child Dental

Add your medical providers and we'll show you which plans cover them.

Add your prescription drugs and we'll show you which plans cover them.

Plan Details
Like This Plan

Estimated monthly premium
\$358.61

Including a \$733.80 tax credit
Was \$1,092.41

Extra Savings

HealthPartners
[Robin Oak \\$1,050 Plus Cost Share Reduction Silver](#)
Silver | PPO | Plan ID: 20173WI0130002

★★★★★ ⓘ

Compare

Deductible ⓘ
\$2,100
Family Total

Out-of-pocket maximum ⓘ
\$5,700
Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
5% Coinsurance after deductible	\$25	\$30 Copayment with deductible/5% Coinsurance after deductible	\$30 Copayment with deductible/5% Coinsurance after deductible

Plan features

- ✗ Adult Dental
- ✗ Child Dental

Add your medical providers and we'll show you which plans cover them.

Add your prescription drugs and we'll show you which plans cover them.

Plan Details
Like This Plan

Estimated monthly premium
\$378.78

Including a \$733.80 tax credit
Was \$1,112.58

Extra Savings

Common Ground Healthcare Cooperative
[Envision - Silver 700 CSR](#)
Silver | EPO | Plan ID: 87416WI0030021

New plan - Not rated ⓘ

Compare

Deductible ⓘ
\$1,400
Family Total

Out-of-pocket maximum ⓘ
\$5,700
Family Total

Estimated total yearly costs ⓘ

Copayments / Coinsurance ⓘ

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
20% Coinsurance after deductible	\$10	\$15	\$30

Plan features

- ✗ Adult Dental
- ✗ Child Dental

Add your medical providers and we'll show you which plans cover them.

Add your prescription drugs and we'll show you which plans cover them.

Plan Details
Like This Plan

Important: Prices here are estimates – fill out an application to see exact prices

When you fill out an application, you'll provide more detailed income and household information. You'll know exactly what you'll pay when you select a plan and enroll.