

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: **\$647.78**

[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
\$277.25

Including a \$647.78 tax credit
Was \$925.03

Extra Savings

Common Ground Healthcare Cooperative
[Envision - Silver 3300 CSR](#) New plan - Not rated [Compare](#)

Silver | EPO | Plan ID: 87416W10030047

Deductible ⓘ	Out-of-pocket maximum ⓘ	Estimated total yearly costs ⓘ Add yearly cost
\$6,600 Family Total	\$13,600 Family Total	

Copayments / Coinsurance ⓘ

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
25% Coinsurance after deductible	\$10	\$40	\$80

Plan features

- ✗ Adult Dental
- ✗ Child Dental

[Add medical providers](#) [Add prescription drugs](#)

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
\$353.96

Including a \$647.78 tax credit
Was \$1,001.74

Extra Savings

Together with CCHP
[Together Silver 200](#) ★★★★★ ⓘ [Compare](#)

Silver | EPO | Plan ID: 14630W10010003

Deductible ⓘ	Out-of-pocket maximum ⓘ	Estimated total yearly costs ⓘ Add yearly cost
\$5,500 Family Total	\$13,600 Family Total	

Copayments / Coinsurance ⓘ

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
35% Coinsurance after deductible	\$10	\$40	\$80

Plan features

- ✗ Adult Dental
- ✗ Child Dental

[Add medical providers](#) [Add prescription drugs](#)

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
\$382.03

Including a \$647.78 tax credit
Was \$1,029.81

Extra Savings

Molina Healthcare
[Constant Care Silver 4 200](#) New plan - Not rated ⓘ [Compare](#)

Silver | HMO | Plan ID: 52697W10010004

Deductible ⓘ	Out-of-pocket maximum ⓘ	Estimated total yearly costs ⓘ Add yearly cost
\$11,950 Family Total	\$11,950 Family Total	

Copayments / Coinsurance ⓘ

Emergency room care	Generic drugs	Primary doctor	Specialist doctor
No Charge After Deductible	\$12	\$20	\$60

Plan features

- ✗ Adult Dental
- ✗ Child Dental

[Add medical providers](#) [Add prescription drugs](#)

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 **\$391.91**

Including a \$647.78 tax credit Was \$1,039.69

Extra Savings

Molina Healthcare
[Constant Care Silver 2 200](#)
 Silver | HMO | Plan ID: 52697W10060001

New plan - Not rated ¹

Compare

Deductible ¹ \$6,900 Family Total	Out-of-pocket maximum ¹ \$13,400 Family Total	Estimated total yearly costs ¹ Add yearly cost
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Copayments / Coinsurance ¹

Emergency room care 40% Coinsurance after deductible	Generic drugs \$20	Primary doctor \$20	Specialist doctor \$40
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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 **\$393.03**

Including a \$647.78 tax credit Was \$1,040.81

Extra Savings

Molina Healthcare
[Constant Care Silver 1 200](#)
 Silver | HMO | Plan ID: 52697W10010002

New plan - Not rated ¹

Compare

Deductible ¹ \$0 Family Total	Out-of-pocket maximum ¹ \$13,400 Family Total	Estimated total yearly costs ¹ Add yearly cost
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Copayments / Coinsurance ¹

Emergency room care \$750	Generic drugs \$20	Primary doctor \$30	Specialist doctor \$60
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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 **\$402.37**

Including a \$647.78 tax credit Was \$1,050.15

Extra Savings

Molina Healthcare
[Constant Care Silver 1 200 + Vision](#)
 Silver | HMO | Plan ID: 52697W10050002

New plan - Not rated ¹

Compare

Deductible ¹ \$0 Family Total	Out-of-pocket maximum ¹ \$13,400 Family Total	Estimated total yearly costs ¹ Add yearly cost
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Copayments / Coinsurance ¹

Emergency room care \$750	Generic drugs \$20	Primary doctor \$30	Specialist doctor \$60
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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 **\$406.17**

Including a \$647.78 tax credit Was \$1,053.95

Extra Savings

HealthPartners
[Robin Oak \\$2,600 Plus Cost Share Reduction Silver](#)
 Silver | PPO | Plan ID: 20173W10130007

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Compare

Deductible ¹ \$5,200 Family Total	Out-of-pocket maximum ¹ \$13,600 Family Total	Estimated total yearly costs ¹ Add yearly cost
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Copayments / Coinsurance ¹

Emergency room care 20% Coinsurance after deductible	Generic drugs \$25	Primary doctor \$30 Copayment with deductible/20% Coinsurance after deductible	Specialist doctor \$30 Copayment with deductible/20% Coinsurance after deductible
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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

Together with CCHP ★★★★☆ ⓘ

[Together Silver Select 200](#) Compare

Silver | EPO | Plan ID: 14630WI0010007

Deductible ⓘ \$6,000 Family Total	Out-of-pocket maximum ⓘ \$13,600 Family Total	Estimated total yearly costs ⓘ <input type="button" value="Add yearly cost"/>
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Copayments / Coinsurance ⓘ

Emergency room care 40% Coinsurance after deductible	Generic drugs \$15	Primary doctor \$35	Specialist doctor \$75
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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

HealthPartners ★★★★☆ ⓘ

[Robin Oak \\$2,600 Plus Cost Share Reduction Silver](#) Compare

Silver | PPO | Plan ID: 20173WI0130002

Deductible ⓘ \$5,200 Family Total	Out-of-pocket maximum ⓘ \$13,600 Family Total	Estimated total yearly costs ⓘ <input type="button" value="Add yearly cost"/>
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Copayments / Coinsurance ⓘ

Emergency room care 20% Coinsurance after deductible	Generic drugs \$25	Primary doctor \$30 Copayment with deductible/20% Coinsurance after deductible	Specialist doctor \$30 Copayment with deductible/20% 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

Common Ground Healthcare Cooperative New plan - Not rated ⓘ

[Envision - Silver 3400 CSR](#) Compare

Silver | EPO | Plan ID: 87416WI0030021

Deductible ⓘ \$6,800 Family Total	Out-of-pocket maximum ⓘ \$13,600 Family Total	Estimated total yearly costs ⓘ <input type="button" value="Add yearly cost"/>
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Copayments / Coinsurance ⓘ

Emergency room care 25% Coinsurance after deductible	Generic drugs \$10	Primary doctor \$40	Specialist doctor \$80
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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

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.