

# 2026 Easy Compare Plan Costs

Coverage	Gold	Silver (CSR*)	Silver (Standard)	Bronze
<b>Average percent of costs the insurance company will cover annually</b>	78%	73%	71%	64%
<b>Covered services and the amount you pay at the time of service (<a href="#">co-payment</a>) from an in-network provider, even if you haven't met your deductible yet</b>				
<a href="#">Preventive care</a>	FREE	FREE	FREE	FREE
Primary care visit (Four primary care office visits per calendar year at an in-network provider are free, then co-pays apply.)	\$30	\$40	\$40	\$60
Urgent care visit	\$50	\$75	\$75	\$100
Specialist visit	\$70	\$100	\$100	\$140
Mental health and substance use disorder outpatient visits	\$30	\$40	\$40	\$60
Occupational and physical therapy	\$35	\$50	\$50	\$70
<b>Amount you must pay out-of-pocket for covered services before your health insurance plan begins to pay (individual/family <a href="#">deductible</a>)</b>	\$2,000 / \$4,000	\$2,500 / \$5,000	\$4,500 / \$9,000	\$7,500 / \$15,000
<b>Covered services and the percentage you pay for the service, after you've met your deductible (<a href="#">co-insurance</a>)</b>				
Emergency room services	20%	30%	30%	50%
Inpatient hospital services	20%	30%	30%	50%
Imaging (CT/PET scans, MRIs); X-rays and diagnostics	20%	30%	30%	50%
Laboratory services	20%	30%	30%	50%
Outpatient facility; Outpatient surgery physician & services	20%	30%	30%	50%
<b>The most you pay during a policy period before your health insurance plan begins to pay 100% of the allowed amount (individual/family <a href="#">out-of-pocket maximum</a>)</b>	\$8,200 / \$16,400	\$8,100 / \$16,200	\$9,200 / \$18,400	\$9,700 / \$19,400

\*[Cost-sharing reductions](#)

**Contact the insurance company or review the plan documents for:**

- Prescription drug coverage and costs
- A complete list of covered services and in-network providers
- Details about limitations and exceptions

MNsurance does not discriminate, including because of race, color, national origin, sex, age or disability.

Attention. For free help interpreting this document, call 855-366-7873.

Xasuusin. Caawimo lacag la'aan ah turjumaada dukumiintigan, soo wac 855-366-7873.

Atención: Si desea recibir asistencia gratuita para interpretar este documento, llame al 855-366-7873.