

UHC Bronze Value - HMO



Plan costs

Click the down arrow to learn more about each of these.

| | | |
|--------------------------|--|---|
| Monthly premium | \$0.00 per month was \$859.38 | ▼ |
| Deductible (Health + Rx) | \$8,250 per person | ▼ |
| Out-of-pocket max | \$9,200 per person | ▼ |
| Network type | HMO | ▼ |
| Metal tier | Expanded Bronze | ▼ |
| Overall rating | Not Rated | ▼ |

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



| | Before deductible is met | After deductible is met |
|-----------------------|--------------------------|-------------------------|
| Primary care visit | \$30 | \$30 |
| Specialist visit | Full price | 40% |
| Preventive care visit | No charge | No charge |



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



| | Before deductible is met | After deductible is met |
|---------------------|--------------------------|-------------------------|
| Generic | \$3 | \$3 |
| Brand | Full price | 40% |
| Non-preferred Brand | Full price | 45% |
| Specialty | Full price | 50% |



Labs & imaging

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

Tier Selector

In network



| | Before deductible is met | After deductible is met |
|----------------------|--------------------------|-------------------------|
| X-rays | Full price | 40% |
| Imaging (CT/PET/MRI) | Full price | 40% |
| Blood work | \$20 | \$20 |



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



| | Before deductible is met | After deductible is met |
|-------------|--------------------------|-------------------------|
| Urgent care | \$75 | \$75 |

| | | |
|----------------------------------|------------|-----|
| Emergency room | Full price | 50% |
| Ambulance | Full price | 50% |
| Hospital stay (facility) | Full price | 40% |
| Hospital stay (physician) | Full price | 40% |
| Outpatient procedure (facility) | Full price | 40% |
| Outpatient procedure (physician) | Full price | 40% |
| Physical rehabilitation | Full price | 40% |



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



| | Before deductible is met | After deductible is met |
|---------------------------|--------------------------|-------------------------|
| Outpatient services | Full price | 40% |
| Psychiatric hospital stay | Full price | 40% |



Pregnancy & birth

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

Tier Selector

In network



| | Before deductible is met | After deductible is met |
|--------------------------------|--------------------------|-------------------------|
| Well baby care | No charge | No charge |
| Labor, delivery, hospital stay | Full price | 40% |



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 \$1,150, 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 **7th lowest** annual out-of-pocket estimate of all 67 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 | \$0 |
| 4 | Doctor visits | \$389 |
| 2 | Labs or tests | \$40 |
| 24 | Prescriptions | \$721 |
| Annual estimate | | \$1,150 |
| Monthly estimate (on average) | | \$96 per month |