

## Bronze Classic PCP Saver Plus - HMO



### Plan costs

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

Monthly premium	\$0.00 per month <small>was \$1,061.54</small>	▼
Deductible (Health + Rx)	\$8,000 per person	▼
Out-of-pocket max	\$9,100 per person	▼
Network type	HMO	▼
Metal tier	Expanded Bronze	▼
Overall rating	2	▼

### 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 1

Before deductible is met

After deductible is met

Primary care visit	No charge	No charge
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Specialist visit	Full price	50%
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Preventive care visit	No charge	No charge
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## 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 1

	Before deductible is met	After deductible is met
Generic	\$3	\$3
Brand	Full price	\$200
Non-preferred Brand	Full price	50%
Specialty	Full price	50%



## Labs & imaging

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

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
X-rays	Full price	50%
Imaging (CT/PET/MRI)	Full price	50%
Blood work	\$75	\$75



## 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 1

	Before deductible is met	After deductible is met
Urgent care	\$100	\$100

<b>Emergency room</b>	Full price	50%
<b>Ambulance</b>	Full price	50%
<b>Hospital stay (facility)</b>	Full price	50%
<b>Hospital stay (physician)</b>	Full price	50%
<b>Outpatient procedure (facility)</b>	Full price	50%
<b>Outpatient procedure (physician)</b>	Full price	50%
<b>Physical rehabilitation</b>	Full price	50%



## 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 1

	Before deductible is met	After deductible is met
<b>Outpatient services</b>	Full price	50%
<b>Psychiatric hospital stay</b>	Full price	50%



## Pregnancy & birth

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

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
<b>Well baby care</b>	No charge	No charge
<b>Labor, delivery, hospital stay</b>	Full price	50%



## 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 \$3,429, 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 **16th lowest** annual out-of-pocket estimate of all 137 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
7	Doctor visits	\$1,000
4	Labs or tests	\$300
2	Hospital visits	\$64
40	Prescriptions	\$2,065
	<b>Annual estimate</b>	<b>\$3,429</b>
	Monthly estimate (on average)	\$286 per month