

Bronze 4 Advanced: \$0 PCP + Aetna network + \$0 MinuteClinic + \$0 CVS Health Virtual Primary Care - HMO



Plan costs

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

Monthly premium	\$7.35 per month <del>was \$1,171.35</del>	▼
Health Deductible	\$0 per person	▼
Rx deductible	\$4,995 per person	▼
Out-of-pocket max	\$9,195 per person	▼
Network type	HMO	▼
Metal tier	Expanded Bronze	▼
Overall rating	Not Rated	▼
Official documents	<div> <a href="#">Summary of benefits and coverages (PDF)</a> <a href="#">Drug formulary</a> <a href="#">Provider list</a> <a href="#">Plan brochure</a> </div>	



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	No charge	No charge	▼
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Specialist visit

	\$80	\$80	▼
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	\$25	\$25	▼
Brand	\$195	\$195	▼
Non-preferred Brand	Full price	\$275	▼
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	\$85	\$85	▼
Imaging (CT/PET/MRI)	\$850	\$850	▼
Blood work	\$50	\$50	▼



## 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	\$50	\$50	▼
Emergency room	\$2500 copay	\$2500 copay	▼
Ambulance	\$2500 copay	\$2500 copay	▼
Hospital stay (facility)	\$2500 per day	\$2500 per day	▼
Hospital stay (physician)	No charge	No charge	▼
Outpatient procedure (facility)	\$1000 copay	\$1000 copay	▼
Outpatient procedure (physician)	\$500	\$500	▼
Physical rehabilitation	\$80	\$80	▼



## 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	No charge	No charge	▼
Psychiatric hospital stay	\$2500 per day	\$2500 per day	▼



## 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	\$2500 copay	\$2500 copay	▼



## 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.

For women

For 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 \$4,308, 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 **3rd lowest** annual out-of-pocket estimate of all 34 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	\$88
5	<a href="#">Doctor visits</a>	\$240
2	<a href="#">Labs or tests</a>	\$100
2	<a href="#">Hospital visits</a>	\$1,500
34	Prescriptions	\$2,380
Annual estimate		\$4,308
Monthly estimate (on average)		\$359 per month

