



Save your progress before you go!



Email

EXPANDED BRONZE

UHC Bronze Value+ (\$3 Rx + 6 Free Virtual Visits) - EPO

Phone (Optional)

(XXX) XXX-XXXX



Plan costs

[Cancel](#)

[Save Progress](#)

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

By entering an email and phone number, you agree the information is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text messaging system or email. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.

\$0.00 per month ~~was \$564.47~~

Disclaimer: By submitting your information you agree that we may contact you at the above-listed email or phone number. You understand that consent is not a condition of purchase.

\$7,900 per person

Out-of-pocket max

\$8,700 per person

Network type

EPO

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	\$25	\$25
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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 **Save your progress before you go!** Some plans require a deductible to be met for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the [Summary of Benefits and Coverages](#). Enter your email, and we'll send you a link so you can pick up where you left off next time.



Tier Selector

Email

In network



Phone (Optional)

Before deductible is met

After deductible is met

Generic

\$3

\$3

Brand

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Non-preferred Brand

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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

50%

Imaging (CT/PET/MRI)

Full price

50%

Blood work

Full price

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

\$75

\$75

Emergency room

Full price

50%



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Ambulance Full price

50%

Email

Hospital stay (facility)

Full price

50%

Phone (Optional)

Hospital stay (physician)

Full price

50%

Outpatient procedure (facility)

Full price

50%

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Outpatient procedure (physician)

Full price

50%

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Physical rehabilitation

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



Before deductible is met

After deductible is met

Outpatient services

Full price

50%

Psychiatric hospital stay

Full price

50%



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

50%



Free preventive care

Save your progress before you go! 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.

Enter your email, and we'll send you a link so you can pick up where you left off next time.

Adults

Women

Children

Email

Abdominal aortic aneurysm one-time screening



Phone (Optional)

Alcohol misuse screening and counseling



Aspirin use



Blood pressure screening



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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 \$1,154, 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 29 plans available to you.



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Email

Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

Phone (Optional)

12	Monthly premiums	\$0
1	Doctor visits	\$25
1	Labs or tests	\$1,120
3	Prescriptions	\$9

Annual estimate

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