

## Connect Bronze 4500 Indiv Med Deductible Enhanced Diabetes Care - HMO



### Plan costs

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

Monthly premium	\$0.00 per month <del>was \$1,000.00</del>	▼
Deductible (Health + Rx)	\$4,500 per person	▼
Out-of-pocket max	\$9,200 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



	Before deductible is met	After deductible is met
Primary care visit	\$25	\$25
Specialist visit	\$95	\$95
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	\$2	\$2
Brand	Full price	40%
Non-preferred Brand	Full price	49%
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	Full price	40%



## 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	40%
Ambulance	Full price	40%
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	\$95	\$95
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 \$4,181, 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 **45th lowest** annual out-of-pocket estimate of all 146 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
5	<a href="#">Doctor visits</a>	\$335
2	<a href="#">Labs or tests</a>	\$2,240
2	<a href="#">Hospital visits</a>	\$120
34	Prescriptions	\$1,485
Annual estimate		<b>\$4,181</b>
Monthly estimate (on average)		\$348 per month