


Bronze 4 Advanced: HMO Aetna network - HMO



Plan costs

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

Monthly premium	\$0.00 per month <del>was \$348.04</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	<a href="#">  Summary of benefits and coverages (PDF)                 </a>	



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
Specialist visit	\$85	\$85
Preventive care visit	No charge	No charge



## Prescription drugs

Prescription coverage is based on which category a drug falls into. 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	\$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 1



	Before deductible is met	After deductible is met
X-rays	\$85	\$85
Imaging (CT/PET/MRI)	\$850	\$850
Blood work	\$50	\$50



## Hospital & emergency

### Tier Selector

In network 1



	Before deductible is met	After deductible is met
Urgent care	\$50	\$50
Emergency room	\$2500 copay	\$2500

copay

Ambulance	\$2500 copay	\$2500 copay
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Hospital stay (facility)	first 3 day(s) \$2,500 per day then \$0	first 3 day(s) \$2,500 per day then \$0
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Hospital stay (physician)	No charge	No charge
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Outpatient procedure (facility)	\$1000 copay	\$1000 copay
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Outpatient procedure (physician)	\$500	\$500
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Physical rehabilitation	\$80	\$80
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### 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
Outpatient services	No charge	No charge
Psychiatric hospital stay	first 3 day(s) \$2,500 per day then \$0	first 3 day(s) \$2,500 per day then \$0



### Pregnancy & birth

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

In network 1

▼

	Before deductible is met	After deductible is met
Well baby care		
Labor, delivery, hospital stay	first 3 day(s) \$2,500 per day then \$0	first 3 day(s) \$2,500 per day then \$0



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 \$348, 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 142 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
2	Doctor visits	\$85
1	Labs or tests	\$50
7	Prescriptions	\$213
Annual estimate		\$348
Monthly estimate (on average)		\$29 per month