



Save your progress before you go!



Email

Connect Bronze 5500 Indiv Med Deductible - EPO

Phone (Optional)

(XXX) XXX-XXXX

EXPANDED BRONZE



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 \$1,167.38~~

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.

Deductible (Health + Rx) \$5,500 per person

Out-of-pocket max

\$9,200 per person

Network type

EPO

Metal tier

Expanded Bronze

Overall rating

3

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

\$30

\$30

Specialist visit

Full price

40%

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

Save your progress before you go! You may be required to pay a deductible 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

Full price

40%

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.

Non-preferred Brand

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.

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

\$60

\$60

Emergency room

Full price

40%

X

Save your progress before you go!

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

40%

Email

Hospital stay (facility)

Full price

40%

Phone (Optional)

Hospital stay (physician)

Full price

40%

Outpatient procedure (facility)

Full price

40%

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.

Outpatient procedure (physician)

Full price

40%

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.

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

Full price

40%

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.

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		
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.		
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.		
Cholesterol screening		
Colon 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 \$3,402, 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 **68th lowest** annual out-of-pocket estimate of all 176 plans available to you.

X

Save your progress before you go!

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

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
3	Doctor visits	\$432
2	Labs or tests	\$2,240
24	Prescriptions	\$731

Annual estimate

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 \$24 per text may apply. You can opt-out at any time.

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.