

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.

EXPANDED BRONZE

Email

Connect Bronze 5500 Indiv Med Deductible - 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.

Monthly premium \$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
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Specialist visit	Full price	40%
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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

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Prescription coverage may be required for some prescriptions. Some plans may have a separate Rx deductible. Please confirm details in the

[Summary of Benefits and Coverages](#).

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Tier Selector

Email

In network



Phone (Optional)

Before deductible is met

After deductible is met

Generic

\$3

\$3

Brand

Full price

40%

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Non-preferred Brand

Full price

49%

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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

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%
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Ambulance	Full price	40%
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Email

Hospital stay (facility)	Full price	40%
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Phone (Optional)

Hospital stay (physician)	Full price	40%
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Outpatient procedure (facility)	Full price	40%
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Outpatient procedure (physician)	Full price	40%
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Physical rehabilitation	Full price	40%
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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

	Before deductible is met	After deductible is met
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Outpatient services	Full price	40%
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Psychiatric hospital stay	Full price	40%
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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
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Well baby care	No charge	No charge
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Labor, delivery, hospital stay	Full price	40%
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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.

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Email	Adults	Women	Children
Abdominal aortic aneurysm one-time screening 			
Phone (Optional)			
Alcohol misuse screening and counseling 			
Aspirin use 			
Blood pressure screening 			
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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 \$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.

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

Annual estimate

\$3,402

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. Monthly premium may apply. You can opt-out at any time.

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