

## UHC Bronze Value (No Referrals) - EPO

**Plan costs**

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

Monthly premium	\$0.00 per month <small>was \$787.00</small>	▼
Deductible (Health + Rx)	\$7,900 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	\$15	\$15
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 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	\$5	\$5
Brand	Full price	\$50
Non-preferred Brand	Full price	40%
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	\$20	\$20



## 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	\$50	\$50
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<b>Emergency room</b>	Full price	40%
<b>Ambulance</b>	Full price	40%
<b>Hospital stay (facility)</b>	Full price	40%
<b>Hospital stay (physician)</b>	Full price	40%
<b>Outpatient procedure (facility)</b>	Full price	40%
<b>Outpatient procedure (physician)</b>	Full price	40%
<b>Physical rehabilitation</b>	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
<b>Outpatient services</b>	Full price	40%
<b>Psychiatric hospital stay</b>	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
<b>Well baby care</b>	No charge	No charge
<b>Labor, delivery, hospital stay</b>	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 \$1,456, 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 **8th lowest** annual out-of-pocket estimate of all 60 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
4	Doctor visits	\$359
2	Labs or tests	\$40
24	Prescriptions	\$1,057
	<b>Annual estimate</b>	<b>\$1,456</b>
	Monthly estimate (on average)	\$121 per month