



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company

EXPANDED BRONZE

Blue Choice Preferred Bronze PPOSM 201 - PPO



Plan costs

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

Monthly premium	\$1.37 per month <small>was \$1,033.53</small>	▼
Deductible (Health + Rx)	\$7,000 per person	▼
Out-of-pocket max	\$9,200 per person	▼
Network type	PPO	▼
Metal tier	Expanded Bronze	▼
Overall rating	4	▼

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 1

	Before deductible is met	After deductible is met
Primary care visit	\$45	\$45
Specialist visit	Full price	50%
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 1

	Before deductible is met	After deductible is met
Generic	\$10	\$10
Brand	Full price	30%
Non-preferred Brand	Full price	35%
Specialty	Full price	45%



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	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 1

	Before deductible is met	After deductible is met
Urgent care	\$60	\$60

Emergency room	Full price	\$1000 with 50%
Ambulance	Full price	50%
Hospital stay (facility)	Full price	\$850 per stay with 50%
Hospital stay (physician)	Full price	50%
Outpatient procedure (facility)	Full price	\$600 with 40%
Outpatient procedure (physician)	Full price	\$200 with 50%
Physical rehabilitation	Full price	50%



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	Full price	50%
Psychiatric hospital stay	Full price	\$850 per stay with 50%



Pregnancy & birth

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

Tier Selector

In network 1

**Before deductible is met****After deductible is met****Well baby care**

No charge

No
charge**Labor, delivery, hospital stay**

Full price

\$850
with
50%**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****Statins 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 \$3,136, 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 **15th lowest** annual out-of-pocket estimate of all 34 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	\$16
3	Doctor visits	\$292
2	Labs or tests	\$2,240
20	Prescriptions	\$587
Annual estimate		\$3,136
Monthly estimate (on average)		\$261 per month