

Bronze Classic PCP Saver Plus - HMO



Plan costs

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

Monthly premium	\$0.00 per month was \$1,061.54	▼
Deductible (Health + Rx)	\$8,000 per person	▼
Out-of-pocket max	\$9,100 per person	▼
Network type	HMO	▼
Metal tier	Expanded Bronze	▼
Overall rating	2	▼

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	No charge	No charge
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	\$3	\$3
Brand	Full price	\$200
Non-preferred Brand	Full price	50%
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	Full price	50%
Imaging (CT/PET/MRI)	Full price	50%
Blood work	\$75	\$75



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	\$100	\$100

Emergency room	Full price	50%
Ambulance	Full price	50%
Hospital stay (facility)	Full price	50%
Hospital stay (physician)	Full price	50%
Outpatient procedure (facility)	Full price	50%
Outpatient procedure (physician)	Full price	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	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	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		
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 \$3,429, 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 **16th lowest** annual out-of-pocket estimate of all 137 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
7	Doctor visits	\$1,000
4	Labs or tests	\$300
2	Hospital visits	\$64
40	Prescriptions	\$2,065
Annual estimate		\$3,429
Monthly estimate (on average)		\$286 per month