



EXPANDED BRONZE

SoloCare Standard Exp Bronze PPO Chiro 40393-01 - PPO



Plan costs

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

Monthly premium	\$5.89 per month <small>was \$594.15</small>	▼
Deductible (Health + Rx)	\$7,500 per person	▼
Out-of-pocket max	\$9,200 per person	▼
Network type	PPO	▼
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	\$50	\$50
Specialist visit	\$100	\$100
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	\$25	\$25
Brand	Full price	\$50
Non-preferred Brand	Full price	\$100
Specialty	Full price	\$500



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	50%
Imaging (CT/PET/MRI)	Full price	50%
Blood work	Full price	50%



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	\$75	\$75
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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	\$50	\$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

	Before deductible is met	After deductible is met
Outpatient services	\$50	\$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

	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 \$3,323, 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 **34th lowest** annual out-of-pocket estimate of all 64 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	\$71
3	Doctor visits	\$200
2	Labs or tests	\$2,240
20	Prescriptions	\$812
	Annual estimate	\$3,323
	Monthly estimate (on average)	\$277 per month