

UHC Bronze Value - HMO

**Plan costs**

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

| | | |
|--------------------------|---|---|
| Monthly premium | \$0.00 per month <small>was \$859.38</small> | ▼ |
| Deductible (Health + Rx) | \$8,250 per person | ▼ |
| Out-of-pocket max | \$9,200 per person | ▼ |
| Network type | HMO | ▼ |
| Metal tier | Expanded Bronze | ▼ |
| Overall rating | Not Rated | ▼ |
| 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 |
| 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 | \$3 | \$3 |
| Brand | Full price | 40% |
| Non-preferred Brand | Full price | 45% |
| 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 | \$75 | \$75 |
|-------------|------|------|

| | | |
|---|------------|-----|
| Emergency room | Full price | 50% |
| Ambulance | Full price | 50% |
| Hospital stay (facility) | Full price | 40% |
| Hospital stay (physician) | Full price | 40% |
| Outpatient procedure (facility) | Full price | 40% |
| Outpatient procedure (physician) | Full price | 40% |
| Physical rehabilitation | 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 |
|----------------------------------|--------------------------|-------------------------|
| Outpatient services | Full price | 40% |
| Psychiatric hospital stay | 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 |
|---------------------------------------|--------------------------|-------------------------|
| Well baby care | No charge | No charge |
| Labor, delivery, hospital stay | 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 \$1,150, 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 **7th lowest** annual out-of-pocket estimate of all 67 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 | \$389 |
| 2 | Labs or tests | \$40 |
| 24 | Prescriptions | \$721 |
| | Annual estimate | \$1,150 |
| | Monthly estimate (on average) | \$96 per month |