

UHC Bronze Copay Focus \$0 Indiv Med Ded (\$0 Virtual Urgent Care, No Referrals) - EPO



Plan costs

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

Monthly premium	\$0.00 per month <small>was \$1,098.09</small>	▼
Health Deductible	\$0 per person	▼
Rx deductible	\$4,500 per person	▼
Out-of-pocket max	\$9,200 per person	▼
Network type	EPO	▼
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	\$50	\$50	▼
Specialist visit	\$150	\$150	▼

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**

\$20

\$20

**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**

\$120

\$120

**Imaging (CT/PET/MRI)**

\$400

\$400

**Blood work**

\$30

\$30





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	\$100	\$100	▼
Emergency room	\$2000 copay	\$2000 copay	▼
Ambulance	\$2000 copay	\$2000 copay	▼
Hospital stay (facility)	\$3000 per day	\$3000 per day	▼
Hospital stay (physician)	No charge	No charge	▼
Outpatient procedure (facility)	\$375	\$375	▼
Outpatient procedure (physician)	\$375	\$375	▼
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	\$3000 per day	\$3000 per day	▼



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

\$3000 copay

\$3000 copay



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.

For women

For 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 \$1,447, 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 46 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
3	Doctor visits	\$350
2	Labs or tests	\$60
24	Prescriptions	\$1,037
Annual estimate		\$1,447
Monthly estimate (on average)		\$121 per month