

# 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 <del>was \$1,008.00</del>	▼
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 <b>does not limit</b> 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

