Bronze Plan Details

Available Plan Benefits in blue are subject to medical deductible.

Copays in Black are Not Subject to any Deductible and Count Toward the Annual Out-of-Pocket Maximum

Before selecting a plan to enroll in, always check the plan's Summary of Benefits and Coverage (SBC) and Evidence of Coverage (EOC) documents for specific costs. There may be variations between products that are not reflected here.

STANDARD BENEFITS FOR INDIVIDUALS

Key benefits	Bronze 60
Individual Deductible	$6,000 medical deductible $500 pharmacy deductible
Family Deductible	$12,000 medical deductible $1,000 pharmacy deductible
Preventative Care Copay[1]	no cost
Primary Care Visit Copay	$70 [2]
Specialty Care Visit Copay	$90 [2]
Urgent Care Visit Copay	$120 [2]
Tier 1 (most generics) Drug Copay	100% up to $500 per script after deductible
Lab Testing Copay	$40
X-Ray Copay	100% of your plan's negotiated rate
Emergency Room Facility Copay	100% of your plan's negotiated rate
High cost and infrequent services (e.g. Hospital Stay)	100% of your plan's negotiated rate
Hospital Stay Physician Fee	100%
Tier 2 (preferred brand) Drug Copay after Pharmacy Deductible (if any)	100% up to $500 per script after deductible
Tier 3 (non-preferred brand) Drug Copay after Pharmacy Deductible (if any)	100% up to $500 per script after deductible
Tier 4 (specialty drugs) cost-share after Pharmacy Deductible (if any)	100% up to $500 per script after deductible
Maximum Out-of-Pocket For One	$6,500
Maximum Out-of-Pocket For Family	$13,000

[1] in-network only

[2] First 3 visits each year are not subject to the deductible