

UHC Silver-C Value (No Referrals) - HMO

Because you qualify for a Cost Sharing Reduction (CSR), Silver plans like this one are an *especially* good value.



- ✓ Cheaper doctor visits
- ✓ Cheaper hospital visits
- ✓ Cheaper prescriptions
- ✓ Lower deductibles
- ✓ Lower out-of-pocket max



Plan costs

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

Monthly premium	\$52.01 per month <del>was \$917.01</del>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$1,600 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
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

No charge

No  
charge



Specialist visit	\$15	\$15
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	\$40	\$40

Members can obtain a 1 month supply through network pharmacies or home delivery. Members also have the option to receive a 3 month supply through network pharmacy or home delivery. Other quantity limits may apply. Check the plan's Summary of Benefits or Prescription Drug List for more information. 30 Days per Month

Brand drugs are more expensive than generic drugs. Not every brand drug has a generic equivalent.

Non-preferred Brand	40%	40%
Specialty	50%	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	15%	15%
Imaging (CT/PET/MRI)	15%	15%
Blood work	\$3	\$3

Blood tests are often used to help diagnose a condition, or check levels such as cholesterol or blood sugar.



### 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	\$50	\$50
\$0 Virtual Urgent Care visits are available through vendor. See SBC for additional cost share details for in-person urgent care visits.		
An urgent care center can be a convenient option if you have a non-life-threatening injury and your doctor is not available.		
Urgent care is usually less expensive than going to the Emergency Room, and will usually have shorter wait times for non-life-threatening injuries.		
Emergency room	40%	40%
Ambulance	40%	40%
Hospital stay (facility)	15%	15%
Hospital stay (physician)	15%	15%
Outpatient procedure (facility)	15%	15%
Outpatient procedure (physician)	15%	15%
Physical rehabilitation	15%	15%



### 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	No charge	No

charge

Psychiatric hospital stay	15%	15%
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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	15%	15%



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 \$1,128, 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 39 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	\$624
5	<a href="#">Doctor visits</a>	\$45
2	<a href="#">Labs or tests</a>	\$6
2	<a href="#">Hospital visits</a>	\$18
34	Prescriptions	\$435
Annual estimate		\$1,128
Monthly estimate (on average)		\$94 per month