

## UHC Silver-C Value Plan \$0 Indiv Med Ded (\$0 Tier 2 Rx) - 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.

Health Deductible	\$0 per person	▼
Rx deductible	\$0 per person	▼
Out-of-pocket max	\$1,850 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
Overall rating	4	▼

### 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

\$5

\$5

Specialist visit

\$20

\$20

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

No charge

No  
charge

Brand

\$5

\$5

Non-preferred Brand

\$15

\$15

Specialty

\$25

\$25



## 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

\$20

\$20

Imaging (CT/PET/MRI)

\$125

\$125

Blood work

\$5

\$5



## 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



	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>Urgent care</b>	\$15	\$15
<b>Emergency room</b>	\$75	\$75
<b>Ambulance</b>	\$50	\$50
<b>Hospital stay (facility)</b>	\$150 per stay	\$150 per stay
<b>Hospital stay (physician)</b>	\$10	\$10
<b>Outpatient procedure (facility)</b>	\$50	\$50
<b>Outpatient procedure (physician)</b>	\$60	\$60
<b>Physical rehabilitation</b>	\$5	\$5

## 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



	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>Outpatient services</b>	\$5	\$5
<b>Psychiatric hospital stay</b>	\$150 per stay	\$150 per stay



## 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	\$150	\$150



### 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 \$255, 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 **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	\$20
5	Doctor visits	\$70
2	Labs or tests	\$10
2	Hospital visits	\$110
34	Prescriptions	\$45
Annual estimate		\$255
Monthly estimate (on average)		\$21 per month