

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.

Monthly premium	\$1.00 per month <del>was \$446.78</del>	▼
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	<div><div> <a href="#">Summary of benefits and coverages (PDF)</a></div><div> <a href="#">Drug formulary</a></div><div> <a href="#">Provider list</a></div><div> <a href="#">Plan brochure</a></div></div>	



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

▼



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

▼

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

▼

	Before deductible is met	After deductible is met
Outpatient services	\$5	\$5
Psychiatric hospital stay	\$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 \$42, 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 9 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	\$12
2	Doctor visits	\$25
1	Labs or tests	\$5
7	Prescriptions	\$0
Annual estimate		\$42
Monthly estimate (on average)		\$4 per month