

UHC Gold Standard \$0 Indiv Ded (\$0 Virtual Urgent Care) - HMO



Plan costs

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

Monthly premium	\$0.00 per month <small>was \$1,037.00</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$9,100 per person	▼
Network type	HMO	▼
Metal tier	Gold	▼
Overall rating	2	▼

Official documents	Summary of benefits and coverages (PDF) Drug formulary Provider list Plan brochure
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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	\$15	\$15
Specialist visit	\$60	\$60
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	\$10	\$10
Brand	30%	30%
Non-preferred Brand	35%	35%
Specialty	40%	40%



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	50%	50%
Imaging (CT/PET/MRI)	50%	50%
Blood work	\$20	\$20



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	\$75	\$75

Emergency room

\$375

\$375

Ambulance

\$375

\$375

Hospital stay (facility)

50%

50%

Hospital stay (physician)

50%

50%

Outpatient procedure (facility)

50%

50%

Outpatient procedure (physician)

50%

50%

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**

\$15

\$15

Psychiatric hospital stay

50%

50%

**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**

50%

50%



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 \$570, 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 **2nd lowest** annual out-of-pocket estimate of all 60 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	\$0
4	Doctor visits	\$150
2	Labs or tests	\$40
24	Prescriptions	\$380
	Annual estimate	\$570
	Monthly estimate (on average)	\$48 per month