

# UHC Gold Value Plan - HMO



## Plan costs

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

|                   |  |   |
|-------------------|--|---|
| Monthly premium   | \$5.05 per month <del>was \$732.05</del> | ▼ |
| Health Deductible | \$1,000 per person                       | ▼ |
| Rx deductible     | \$150 per person                         | ▼ |
| Out-of-pocket max | \$6,750 per person                       | ▼ |
| Network type      | HMO                                      | ▼ |
| Metal tier        | Gold                                     | ▼ |
| 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    | \$10                     | \$10                    |
| Specialist visit      | \$35                     | \$35                    |
| 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 | Full price               | \$60                    |
| Specialty           | Full price               | \$75                    |



## 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) | Full price               | \$400                   |
| Blood work           | \$25                     | \$25                    |



## 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 | \$40                     | \$40                    |

|                                  |            |                      |
|----------------------------------|------------|----------------------|
| Emergency room                   | Full price | \$350                |
| Ambulance                        | \$300      | \$300                |
| Hospital stay (facility)         | Full price | \$450<br>per<br>stay |
| Hospital stay (physician)        | \$30       | \$30                 |
| Outpatient procedure (facility)  | \$250      | \$250                |
| Outpatient procedure (physician) | \$125      | \$125                |
| Physical rehabilitation          | \$10       | \$10                 |



### 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       | \$10                     | \$10                    |
| Psychiatric hospital stay | Full price               | \$450<br>per<br>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<br>charge            |

Labor, delivery, hospital stay

Full price

\$450



## 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 \$561, 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 **5th 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     | \$61           |
| 4                             | <u>Doctor visits</u> | \$90           |
| 2                             | <u>Labs or tests</u> | \$50           |
| 24                            | Prescriptions        | \$360          |
| Annual estimate               |                      | \$561          |
| Monthly estimate (on average) |                      | \$47 per month |