

## 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.

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- 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	\$1.02 per month <small>was \$487.66</small>	
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Health Deductible	\$0 per person	
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Your deductible is the total amount you'll pay for healthcare services before your insurance starts to cover a portion of costs. (Scroll down to see the specific portion this plan covers for each service.)

However, many plans do cover basic services even before the deductible has been met, on day one.

**Note:** Monthly premiums don't count towards the deductible totals, and the deductible totals reset each year.

Rx deductible	\$0 per person	
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Out-of-pocket max	\$1,850 per person	
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Network type	HMO	
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Metal tier	Silver	
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Overall rating	4	
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Official documents	 <a href="#">Summary of benefits and coverages (PDF)</a>  <a href="#">Drug formulary</a>  <a href="#">Provider list</a>  <a href="#">Plan brochure</a>
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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**

<b>Primary care visit</b>	\$5	\$5
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Cost sharing for Virtual Primary Care matches in-person office visit.

Primary care visits are appointments with your primary care provider to look at symptoms, sickness, or injuries.

This is different from preventive care visits - regular checkups or screenings are always free.

<b>Specialist visit</b>	\$20	\$20
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A specialist is a medical professional who specializes in a condition or area of the body.

For example, a dermatologist (skin), cardiologist (heart), neurologist (brain), or oncologist (cancer).

<b>Preventive care visit</b>	No charge	No charge
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**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**

<b>Generic</b>	No charge	No charge
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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

A generic drug is identical to the brand name drug in form, safety, strength, quality and intended use. Although identical, generic drugs are substantially cheaper than their brand name counterparts.

<b>Brand</b>	\$5	\$5
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<b>Non-preferred Brand</b>	\$15	\$15
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<b>Specialty</b>	\$25	\$25
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## 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
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	\$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

This is the amount you're responsible for when receiving services provided by a physician, surgeon, or other specialist.

Specifically, during a procedure that does not require overnight hospitalization.

Physical rehabilitation	\$5	\$5
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## 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
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Psychiatric hospital stay	\$150 per stay	\$150 per stay
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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
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Labor, delivery, hospital stay	\$150	\$150
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## 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 23 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
	<b>Annual estimate</b>	<b>\$42</b>
	Monthly estimate (on average)	\$4 per month