

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 was \$647.35	▼
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](#)



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

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.

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
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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 \$165, 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 **7th lowest** annual out-of-pocket estimate of all 66 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
2	Doctor visits	\$75
1	Labs or tests	\$20
7	Prescriptions	\$70
Annual estimate		\$165
Monthly estimate (on average)		\$14 per month