



Save your progress before you go!



Enter your email, and we'll send you a link so you can pick up where you left off next time.

SILVER + CSR

Email

UHC Silver-C Standard \$0 Indiv Ded (\$0 Tier 2 Rx, No Referrals) - EPO

Phone (Optional)

(XXX) XXX-XXXX

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**

By entering an email and phone number, you agree the information is yours. You also agree to receive recurring text messages regarding deadlines for enrollment as well as general enrollment information through an automatic text messaging system or email. Agreeing to these terms is not a condition of purchase. Msg & data rates may apply. You can opt-out at any time.

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Plan costs

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

Monthly premium	\$0.00 per month was \$485.85	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$2,000 per person	▼
Network type	EPO	▼
Metal tier	Silver	▼
Plan Type	EASY PRICING	▼
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

No charge

No
charge



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Specialist visit
Email

\$10

\$10

Preventive care visit
Phone (Optional)

No charge

No
charge



Prescription drugs

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Tier Selector

In network



Before deductible is met

After deductible is met

Generic

No charge

No
charge

Brand

\$15

\$15

Non-preferred Brand

\$50

\$50

Specialty

\$150

\$150



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

25%

25%

Imaging (CT/PET/MRI)

25%

25%

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](#).



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In network



Email

Before deductible is met

After deductible is met

Phone (Optional)

Urgent care

\$5

\$5

Emergency room

25%

25%

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Hospital stay (facility)

25%

25%

Hospital stay (physician)

25%

25%

Outpatient procedure (facility)

25%

25%

Outpatient procedure (physician)

25%

25%

Physical rehabilitation

No charge

No
charge



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

No charge

No
charge

Psychiatric hospital stay

25%

25%

Pregnancy & birth



Every plan covers services provided before and after your child is born.



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In network



Email

Before deductible is met

After deductible is met

Phone (Optional)

Well baby care

No charge

No
charge

Labor, delivery, hospital stay

25%

25%

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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 checkups, counseling, screenings, and immunizations.
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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

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Tobacco Use counseling

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Tuberculosis screening

Email

Phone (Optional)



Estimated all-in costs

We estimate that your total annual out-of-pocket costs will be \$280, 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.

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This plan has the **9th lowest** annual out-of-pocket estimate of all 92 plans available to you.

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Estimate breakdown

This **does not limit** what you can use — it's just an estimate of what you might use.

12	Monthly premiums	\$0
1	Doctor visits	\$0
1	Labs or tests	\$280
2	Prescriptions	\$0
Annual estimate		\$280
Monthly estimate (on average)		\$23 per month