

## UHC Silver-C Value \$0 Indiv Ded (\$0 Virtual Urgent Care, \$2 Tier 2 Rx) - HMO

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**



### Plan costs

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

Monthly premium	\$0.00 per month <small>was \$824.68</small>	▼
Deductible (Health + Rx)	\$0 per person	▼
Out-of-pocket max	\$1,100 per person	▼
Network type	HMO	▼
Metal tier	Silver	▼
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



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.

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<b>Specialist visit</b>	25%	25%
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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).

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<b>Preventive care visit</b>	No charge	No charge
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There are dozens of preventive care services available for free with every plan, including check-ups, counseling, screenings, and immunizations

To learn more, scroll down to the Free Preventive Care section below.



## 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

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Generic	\$2	\$2
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Brand	\$45	\$45
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Non-preferred Brand	40%	40%
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Specialty	50%	50%
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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

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X-rays	25%	25%
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Imaging (CT/PET/MRI)	25%	25%
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Blood work	\$5	\$5
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## 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	\$50	\$50
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Emergency room	25%	25%
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Ambulance	25%	25%
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Hospital stay (facility)	25%	25%
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Hospital stay (physician)	25%	25%
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Outpatient procedure (facility)	25%	25%
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Outpatient procedure (physician)	25%	25%
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Physical rehabilitation	25%	25%
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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
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Outpatient services	25%	25%
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**Psychiatric hospital stay**

25%

25%



## 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**

25%

25%



## 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 \$316, 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 42 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
3	Doctor visits	\$51
2	Labs or tests	\$10
20	Prescriptions	\$255
Annual estimate		\$316
Monthly estimate (on average)		\$26 per month