

## UHC Gold Value Plan - HMO

**Plan costs**

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

Monthly premium	\$5.05 per month <small>was \$732.05</small>	▼
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	<a href="#">Summary of benefits and coverages (PDF)</a> <a href="#">Drug formulary</a> <a href="#">Provider list</a> <a href="#">Plan brochure</a>	

**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
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<b>Emergency room</b>	Full price	\$350
<b>Ambulance</b>	\$300	\$300
<b>Hospital stay (facility)</b>	Full price	\$450 per stay
<b>Hospital stay (physician)</b>	\$30	\$30
<b>Outpatient procedure (facility)</b>	\$250	\$250
<b>Outpatient procedure (physician)</b>	\$125	\$125
<b>Physical rehabilitation</b>	\$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
<b>Outpatient services</b>	\$10	\$10
<b>Psychiatric hospital stay</b>	Full price	\$450 per 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
<b>Well baby care</b>	No charge	No 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	Doctor visits	\$90
2	Labs or tests	\$50
24	Prescriptions	\$360
<b>Annual estimate</b>		<b>\$561</b>
Monthly estimate (on average)		\$47 per month