

## MyBlue Health Gold<sup>SM</sup> 403 - HMO



### Plan costs

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

Monthly premium	\$0.00 per month <small>was \$878.46</small>	▼
Deductible (Health + Rx)	\$500 per person	▼
Out-of-pocket max	\$8,500 per person	▼
Network type	HMO	▼
Metal tier	Gold	▼
Overall rating	3	▼

### 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 1

	Before deductible is met	After deductible is met
Primary care visit	No charge	No charge
Specialist visit	Full price	30%
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 1

	Before deductible is met	After deductible is met
Generic	\$5	\$5
Brand	Full price	30%
Non-preferred Brand	Full price	35%
Specialty	Full price	45%



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network 1

	Before deductible is met	After deductible is met
X-rays	Full price	20%
Imaging (CT/PET/MRI)	Full price	20%
Blood work	Full price	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 1

	Before deductible is met	After deductible is met
Urgent care	\$30	\$30

<b>Emergency room</b>	Full price	\$950 with 30%
<b>Ambulance</b>	Full price	30%
<b>Hospital stay (facility)</b>	Full price	\$850 per stay with 30%
<b>Hospital stay (physician)</b>	Full price	30%
<b>Outpatient procedure (facility)</b>	Full price	\$300 with 20%
<b>Outpatient procedure (physician)</b>	Full price	30%
<b>Physical rehabilitation</b>	Full price	30%



## 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 1



	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>Outpatient services</b>	Full price	30%
<b>Psychiatric hospital stay</b>	Full price	\$850 per stay with 30%



## Pregnancy & birth

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

**Tier Selector**

In network 1

**Before deductible is met****After deductible is met****Well baby care**

No charge

No  
charge**Labor, delivery, hospital stay**

Full price

\$850  
with  
30%**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****Statins 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 \$2,343, 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 **14th lowest** annual out-of-pocket estimate of all 128 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
7	Doctor visits	\$300
4	Labs or tests	\$1,296
2	Hospital visits	\$13
40	Prescriptions	\$734
<b>Annual estimate</b>		<b>\$2,343</b>
Monthly estimate (on average)		\$195 per month