



## Blue Advantage Silver PPO<sup>SM</sup> Standard - PPO

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 <del>was \$2,531.20</del>		
Deductible (Health + Rx)	\$0 per person	\$0per family	\$0 per family
Out-of-pocket max	\$2,000 per person	\$4,000per family	\$4,000 per family
Network type	PPO		
Metal tier	Silver		
Plan Type	EASY PRICING		
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



	Before deductible is met	After deductible is met
Primary care visit	No charge	No charge
Specialist visit	\$10	\$10
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	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%
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Blood work	25%	25%
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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
Urgent care	\$5	\$5
Emergency room	25%	25%
Ambulance	25%	25%
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%
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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 \$1,620, 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 **lowest** annual out-of-pocket estimate of all 11 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
9	<a href="#">Doctor visits</a>	\$40
5	<a href="#">Labs or tests</a>	\$1,400
51	Prescriptions	\$180
Annual estimate		\$1,620
Monthly estimate (on average)		\$135 per month