

## Blue Advantage Plus Gold<sup>SM</sup> 203 - POS



### Plan costs

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

Monthly premium	\$0.00 per month	<small>was \$1,825.00</small>	▼
Deductible (Health + Rx)	\$850 per person	\$1,700 per family	\$1,700 per family
Out-of-pocket max	\$9,200 per person	\$18,400 per family	\$18,400 per family
Network type	POS		▼
Metal tier	Gold		▼
Overall rating	Not Rated		▼
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 1

	Before deductible is met	After deductible is met
Primary care visit	\$20	\$20
Specialist visit	\$45	\$45
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	No charge	No charge
Brand	\$50	\$50
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	\$45	\$45

<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	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>	\$20	\$20
<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



<b>Well baby care</b>	No charge	No charge
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<b>Labor, delivery, hospital stay</b>	Full price	\$850 with 30%
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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 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 \$1,789, 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 **21st 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	\$0
5	Doctor visits	\$125
2	Labs or tests	\$1,614
14	Prescriptions	\$50
Annual estimate		\$1,789
Monthly estimate (on average)		\$149 per month