


my Blue Access WV PPO Standard Gold 1500 - PPO







Plan costs

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

Monthly premium	\$0.00 per month was \$3,953.07	▼
Deductible (Health + Rx)	\$1,500 per person	▼
Out-of-pocket max	\$7,800 per person	▼
Network type	PPO	▼
Metal tier	Gold	▼
Plan Type	 EASY PRICING	▼
Overall rating	Not Rated	▼

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	\$30	\$30
Specialist visit	\$60	\$60
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	\$15	\$15
Brand	\$30	\$30
Non-preferred Brand	\$60	\$60
Specialty	\$250	\$250



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	Full price	25%
Imaging (CT/PET/MRI)	Full price	25%
Blood work	Full price	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	\$45	\$45

Emergency room	Full price	25%
Ambulance	Full price	25%
Hospital stay (facility)	Full price	25%
Hospital stay (physician)	Full price	25%
Outpatient procedure (facility)	Full price	25%
Outpatient procedure (physician)	Full price	25%
Physical rehabilitation	\$30	\$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

	Before deductible is met	After deductible is met
Outpatient services	\$30	\$30
Psychiatric hospital stay	Full price	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	Full price	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 \$4,225, 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 **3rd lowest** annual out-of-pocket estimate of all 34 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	\$330
4	Labs or tests	\$2,800
2	Hospital visits	\$120
52	Prescriptions	\$975
Annual estimate		\$4,225
Monthly estimate (on average)		\$352 per month