



GOLD

Blue Advantage Gold HMOSM 206 - HMO



Plan costs

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

Monthly premium	\$192.24 per month <small>was \$1,308.24</small>	▼
Deductible (Health + Rx)	\$450 per person	\$900 per family \$900 per family
Out-of-pocket max	\$9,200 per person	\$18,400 per family \$18,400 per family
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	\$30	\$30
<p>Primary care visits are appointments with your primary care provider to look at symptoms, sickness, or injuries.</p> <p>This is different from preventive care visits - regular checkups or screenings are always free.</p>		
Specialist visit	Full price	35%

Preventive care visit

No charge

No
charge

There are dozens of preventive care services available for free with every plan, including check-ups, counseling, screenings, and immunizations.

To learn more, scroll down to the Free Preventive Care section below.



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
Emergency room	Full price	\$950 with 40%
Ambulance	Full price	40%
Hospital stay (facility)	Full price	\$850 per stay with 35%
Hospital stay (physician)	Full price	35%
Outpatient procedure (facility)	Full price	\$600 with 20%
Outpatient procedure (physician)	Full price	35%
Physical rehabilitation	Full price	35%



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



	Before deductible is met	After deductible is met
Outpatient services	Full price	35%
Psychiatric hospital stay	Full price	\$850 per stay

with
35%



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
35%



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 \$3,486, 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 **19th lowest** annual out-of-pocket estimate of all 64 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	\$2,307
4	Doctor visits	\$155
2	Labs or tests	\$975
9	Prescriptions	\$50
Annual estimate		\$3,486
Monthly estimate (on average)		\$291 per month