



GOLD

## my Blue Access WV PPO Standard Gold 1500 - PPO



### Plan costs

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

Monthly premium	\$93.39 per month <small>was \$2,014.39</small>	▼
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	<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

	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

Your added prescription drug costs and coverage under this plan.

Zepbound: 0.5 MI Tirzepatide 5 Mg/MI Auto Injector

❗ Prescription not covered

Mounjaro: 0.5 MI Tirzepatide 10 Mg/MI Auto Injector

✅ Covered – [see formulary](#)

Ozempic: 1 Mg Dose 1.5 MI Semaglutide 1.34 Mg/MI Pen Injector

❗ Prescription not covered



## 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**

<b>Urgent care</b>	\$45	\$45
--------------------	------	------

<b>Emergency room</b>	Full price	25%
-----------------------	------------	-----

<b>Ambulance</b>	Full price	25%
------------------	------------	-----

<b>Hospital stay (facility)</b>	Full price	25%
---------------------------------	------------	-----

<b>Hospital stay (physician)</b>	Full price	25%
----------------------------------	------------	-----

<b>Outpatient procedure (facility)</b>	Full price	25%
--	------------	-----

<b>Outpatient procedure (physician)</b>	Full price	25%
---	------------	-----

<b>Physical rehabilitation</b>	\$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**

<b>Outpatient services</b>	\$30	\$30
----------------------------	------	------

<b>Psychiatric hospital stay</b>	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 \$3,395, 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	<b>Monthly premiums</b>	\$1,121
5	Doctor visits	\$240
2	Labs or tests	\$1,359
2	Hospital visits	\$30
	<u>Prescriptions (estimate)</u>	
	<b>Zepbound: 0.5 MI Tirzepatide 5 Mg/Ml Auto Injector</b> Branded / Auto-Injector 12 months for primary applicant <span style="color: red;">● Prescription not covered</span>	
34	<b>Mounjaro: 0.5 MI Tirzepatide 10 Mg/Ml Auto Injector</b> Branded / Auto-Injector 12 months for primary applicant <span style="color: green;">✓ Covered – see formulary</span>	\$645
	<b>Ozempic: 1 Mg Dose 1.5 MI Semaglutide 1.34 Mg/Ml Pen Injector</b> Branded / Pen Injector 12 months for primary applicant <span style="color: red;">● Prescription not covered</span>	
	<b>Annual estimate</b>	\$3,395
	Monthly estimate (on average)	\$283 per month