

BluePreferred PPO Value Gold \$1,000 - PPO



Plan costs

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

Monthly premium	\$861.52 per month <del>was \$1,290.52</del>	▼
Deductible (Health + Rx)	\$1,000 per person	▼
Out-of-pocket max	\$6,750 per person	▼
Network type	PPO	▼
Metal tier	Gold	▼
Overall rating	5	▼
Official documents		



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	\$10	\$10
Specialist visit	\$35	\$35
Preventive care visit	No charge	No charge



Prescription drugs

Prescription coverage is based on which category a drug falls into. 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

\$10 per script

\$10  
per  
script

Brand

\$30 per script

\$30  
per  
script

Non-preferred Brand

Full price

\$60  
per  
script

Specialty

Full price

\$75  
per  
script



## 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

\$50

\$50

Imaging (CT/PET/MRI)

Full price

\$400

Blood work

\$25

\$25



## Hospital & emergency

Tier Selector

In network 1



Before deductible is met

After deductible is met

Urgent care	\$40	\$40
Emergency room	Full price	\$350
Ambulance	\$300	\$300
Hospital stay (facility)	Full price	\$450
Hospital stay (physician)	\$30	\$30
Outpatient procedure (facility)	\$250	\$250
Outpatient procedure (physician)	\$125	\$125
Physical rehabilitation	\$10	\$10



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	\$10	\$10
Psychiatric hospital stay	Full price	\$450




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		



### 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 \$10,828, 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 **47th lowest** annual out-of-pocket estimate of all 49 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	\$10,338
3	<a href="#">Doctor visits</a>	\$80
2	<a href="#">Labs or tests</a>	\$50
24	Prescriptions	\$360
Annual estimate		\$10,828
Monthly estimate (on average)		\$902 per month