



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	\$0.00 per month <small>was \$3,953.07</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

	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>Generic</b>	\$15	\$15
<b>Brand</b>	\$30	\$30
<b>Non-preferred Brand</b>	\$60	\$60
<b>Specialty</b>	\$250	\$250



## Labs & imaging

These are tests your doctor may run when diagnosing a condition.

### Tier Selector

In network

	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>X-rays</b>	Full price	25%
<b>Imaging (CT/PET/MRI)</b>	Full price	25%
<b>Blood work</b>	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

	<b>Before deductible is met</b>	<b>After deductible is met</b>
<b>Urgent care</b>	\$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
	<b>Annual estimate</b>	<b>\$4,225</b>
	Monthly estimate (on average)	\$352 per month