

## Gold Simple Guided Care - HMO



### Plan costs

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

Monthly premium	\$40.77 per month <small>was \$1,119.77</small>	▼
Deductible (Health + Rx)	\$3,000 per person	\$6,000 per family \$6,000 per family
Out-of-pocket max	\$7,580 per person	\$15,160 per family \$15,160 per family
Network type	HMO	▼
Metal tier	Gold	▼
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 1



Before deductible is met

After deductible is met

Primary care visit	\$10	\$10
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Specialist visit	\$20	\$20
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Preventive care visit	No charge	No charge
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## 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

\$3

\$3

Brand

Full price

\$50

Non-preferred Brand

Full price

50%

Specialty

Full price

50%



## 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

\$80

\$80

Imaging (CT/PET/MRI)

Full price

20%

Blood work

\$20

\$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

\$50

\$50

<b>Emergency room</b>	Full price	20%
<b>Ambulance</b>	Full price	20%
<b>Hospital stay (facility)</b>	Full price	20%
<b>Hospital stay (physician)</b>	Full price	20%
<b>Outpatient procedure (facility)</b>	Full price	20%
<b>Outpatient procedure (physician)</b>	Full price	20%
<b>Physical rehabilitation</b>	\$20	\$20



### 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
<b>Outpatient services</b>	\$10	\$10
<b>Psychiatric hospital stay</b>	Full price	20%



### 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
<b>Well baby care</b>	No charge	No charge
<b>Labor, delivery, hospital stay</b>	Full price	20%



## 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 \$940, 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 **7th lowest** annual out-of-pocket estimate of all 128 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	\$489
9	Doctor visits	\$110
4	Labs or tests	\$80
24	Prescriptions	\$261
<b>Annual estimate</b>		<b>\$940</b>
Monthly estimate (on average)		\$78 per month