



Blue Advantage Plus GoldSM 203 - POS



Plan costs

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

Monthly premium	\$0.00 per month was \$1,402.25		
Deductible (Health + Rx)	\$850 per person	\$1,700per family	\$1,700per family
Out-of-pocket max	\$9,200 per person	\$18,400per family	\$18,400per family
Network type	POS		
Metal tier	Gold		
Overall rating	Not Rated		
Official documents	<div><div></div> Summary of benefits and coverages (PDF)<div></div></div> <div><div></div> Drug formulary<div></div></div> <div><div></div> Provider list<div></div></div> <div><div></div> Plan brochure<div></div></div>		



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	\$20	\$20
Specialist visit	\$45	\$45
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 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 30%
Ambulance	Full price	30%
Hospital stay (facility)	Full price	\$850 per stay with 30%
Hospital stay (physician)	Full price	30%
Outpatient procedure (facility)	Full price	20%
Outpatient procedure (physician)	Full price	30%
Physical rehabilitation	Full price	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 1

	Before deductible is met	After deductible is met
Outpatient services	\$20	\$20
Psychiatric hospital stay	Full price	\$850 per stay with 30%



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
30%



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 \$1,201, 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 **10th lowest** annual out-of-pocket estimate of all 46 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
3	Doctor visits	\$85
2	Labs or tests	\$916
19	Prescriptions	\$200
Annual estimate		\$1,201
Monthly estimate (on average)		\$100 per month