


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 was \$2,014.39	▼
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

-  [Summary of benefits and coverages \(PDF\)](#)
-  [Drug formulary](#)
-  [Provider list](#)
-  [Plan brochure](#)



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
Urgent care	\$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.



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





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	Monthly premiums	\$1,121
5	Doctor visits	\$240
2	Labs or tests	\$1,359
2	Hospital visits	\$30
Prescriptions (estimate)		
Zepbound: 0.5 MI Tirzepatide 5 Mg/MI Auto Injector		
Branded / Auto-Injector		
12 months for primary applicant		
❗Prescription not covered		
34	Mounjaro: 0.5 MI Tirzepatide 10 Mg/MI Auto Injector	\$645
Branded / Auto-Injector		
12 months for primary applicant		
✅Covered – see formulary		
Ozempic: 1 Mg Dose 1.5 MI Semaglutide 1.34 Mg/MI Pen Injector		
Branded / Pen Injector		
12 months for primary applicant		
❗Prescription not covered		
Annual estimate		\$3,395
Monthly estimate (on average)		\$283 per month