



GOLD

## MyBlue Health Gold<sup>SM</sup> Standard - HMO



### Plan costs

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

Monthly premium	\$0.00 per month <small>was \$1,690.17</small>	▼
Deductible (Health + Rx)	\$1,500 per person	\$3,000 per family <b>\$3,000</b> per family
Out-of-pocket max	\$7,800 per person	\$15,600 per family <b>\$15,600</b> per family
Network type	HMO	▼
Metal tier	Gold	▼
Plan Type	EASY PRICING	▼
Overall rating	3	▼
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

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



## 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.

**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 \$1,510, 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 **22nd lowest** annual out-of-pocket estimate of all 134 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
6	Doctor visits	\$210
1	Labs or tests	\$1,120
11	Prescriptions	\$180
	<b>Annual estimate</b>	<b>\$1,510</b>
	Monthly estimate (on average)	\$126 per month