



GROUP NAME:

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PLAN NAME: Forever Blue 799 (PPO) Plan EF1 TRx (2020)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$35	\$35
Specialist	\$45	\$45
Radiation therapy	\$45	\$45
Emergency room (waived if admitted)	\$85	\$85
Urgent care (waived if admitted)	\$65	\$65
Ambulance	\$200	\$200
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
More than 20 preventive services	In-Network	Out-of-Network
Flu shots – Part B	Covered in full	Covered in full
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	\$45
All other preventive screenings and tests	Covered in full	\$45
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$500 per stay	20%
Observation Room	\$85	\$85
Outpatient surgery – hospital	\$200	\$250
Outpatient surgery – ambulatory center	\$175	\$225
Home health care	Covered in full	\$10
Skilled nursing facility (100 days per benefit period)	\$500 per stay	20%
Dialysis	Covered in full	Inside service area: 20% for non-participating providers. Outside service area: \$0 for non-participating providers.
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$500 per stay	20%
Mental health (outpatient)	\$40	30%
Mental health (with psychiatrist)	\$20	30%
Alcohol substance abuse (inpatient)	\$500 per stay	20%
Alcohol substance abuse (outpatient)	20%	30%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	\$10	\$45
X-rays	\$55	\$55
Advanced radiology – MRI, MRA, PET, and CT	\$150	\$150
Rehabilitation services	In-Network	Out-of-Network

Physical, occupational, and speech therapy	\$40	\$45
Chiropractor	\$20	\$45
Cardiac rehab	\$30	\$45
Vision	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$45	\$45
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$45	\$45
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental	\$200 annual allowance	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	30%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	30%
Diabetic supplies – Part B	Covered in full	30%
Fitness program	In-Network	Out-of-Network
SilverSneakers® (“Steps” program included)	Covered in full	
Prescription drugs – Part B	In-Network	Out-of-Network
Immunosuppressive drugs	Covered in full	Covered in full
Oral chemotherapy drugs	Covered in full	Covered in full
Physician administered injectables	Covered in full	20%
Nebulizer inhalation solution	20%	20%
Part B drugs (other)	20%	20%
Prescription drugs – Part D	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred pharmacies: \$5/\$15/\$30/\$50/\$50 Standard pharmacies: \$10/\$20/\$35/\$55/\$55	
Mail order	Tier 1 - Tier 5: 2 copays for a 90 day supply	
Shingles vaccine	Preferred pharmacies: \$5 Standard pharmacies: \$10	
Coverage gap/donut hole	No coverage gap	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$5,000	N/A
Combined out-of-pocket maximum	\$5,000	
Prescription deductible	N/A	

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