

2022 Forever Blue PPO Plan Options - In Area

Supplies, Equipment, Devices and Education	Forever Blue PPO 799 High Option (Plan O)		Forever Blue PPO 799 Low Option (Plan 34)		Forever Blue PPO 751		Blue Cross Blue Shield Freedom Nation		Blue Cross Blue Shield Blue Saver (HMO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network ER/urgent Care Only
Durable Medical Equipment	\$0 compression stockings; 20% all other items	30%	\$0 compression stockings; 20% all other items	30%	\$0 compression stockings; 20% all other items	50%	\$0 compression stockings; 20% all other items	50%	\$0 compression stockings; 20% all other items	N/A
Prosthetics	\$0 diabetic shoes/insets; 20% all other items	30%	\$0 diabetic shoes/insets; 20% all other items	30%	\$0 diabetic shoes/insets; 20% all other items	50%	\$0 diabetic shoes/insets; 20% all other items	50%	\$0 diabetic shoes/insets; 20% all other items	N/A
Diabetic Supplies - Part B	Covered in full	30%	Covered in full	30%	Covered in full	50%	Covered in full	50%	Covered in full	N/A
Rehabilitation Services										
Physical Therapy	\$15	\$20	\$35	\$40	\$20	25%	\$30	50%	\$30	N/A
Occupational Therapy	\$15	\$20	\$35	\$40	\$20	25%	\$30	50%	\$30	N/A
Speech Therapy	\$15	\$20	\$35	\$40	\$20	25%	\$30	50%	\$30	N/A
Chiropractic Care (some routine included)	\$15	\$20	\$20	\$40	\$20	25%	\$20	50%	\$20	N/A
Acupuncture & Massage Therapy	\$500 combined allowance		\$500 combined allowance		\$500 combined allowance	25%	\$250 combined allowance	50%	\$250 combined allowance	N/A
Cardiac Rehab	\$15	\$20	\$30	\$40	\$15	25%	\$10	50%	\$10	N/A
Vision										
Routine Exam - Routine	\$15	20%	\$25	20%	\$25	20%	\$25	20%	\$25	N/A
Medical Exam	\$15	\$20	\$35	\$40	\$25	25%	\$35	50%	\$36	N/A
Discount/Frames (local providers only)	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A	Yes	N/A
Allowance	\$300		\$300		\$200		\$100		\$100	
Hearing Aid - True Hearing providers	Yes - \$499/\$799	N/A	Yes - \$499/\$799	N/A	Yes - \$699/\$999	N/A	Yes - \$699/\$999	N/A	Yes - \$699/\$999	N/A
Dental										
Allowance	\$300		\$300		Preventative (cleaning, X-ray, oral exam) \$10		Preventative (cleaning, X-ray, oral exam) \$10		Preventative (cleaning, X-ray, oral exam) \$10	
Fitness Program										
Silver Sneakers - must use participating facility	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A	\$0	N/A
Prescription Coverage										
Retail	\$0/\$10/\$20/\$40/\$40		\$0/\$20/\$45/\$95/\$95		\$2/\$6/\$9/\$42/\$394/53% - Preferred Pharmacy \$7/\$13/\$47/\$99/33% - Standard Pharmacy		\$0/\$12/\$42/\$94/28%* - Preferred Pharmacy \$6/\$17/\$47/\$100/28%* - standard pharmacy *\$290 deductible on tiers 3-5 Both		\$0/\$12/\$42/\$94/28%* - preferred pharmacy \$6/\$17/\$47/\$100/28%* - standard pharmacy *\$290 deductible on tiers 3-5	
Mail Order 90 day supply	\$0/\$20/\$40/\$80/\$80		\$0/\$40/\$80/\$190/\$190		Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 33% of the cost of the fill up to a 90 day supply.	Yes	Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 28% of the cost of the fill up to a 90 day supply.	Yes	Tier 1: \$0 copay for a 90 day supply; Tier 2 - Tier 4: 2.5 copays for a 90 day supply; Tier 5: 28% of the cost of the fill up to a 90 day supply.	Yes
Donut Hole	No		No		Yes		Yes		Yes	
2022 Monthly Rates	\$453 (2021 - \$500)		\$369 (2021 - \$374)		\$205 (2021 - \$204)		\$26 (2021 - \$25)		\$0	

Retiree must be enrolled in Medicare Parts A & B for all plans
 *Please note that this is a summary of covered benefits and exclusions, and is not intended as an actual contract or group plan. It does not detail all benefits, limitations and exclusions that may apply.
 Please check your contract or group plan for final information on your benefits and exclusions.

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General Product Information	Forever Blue PPO 799 High Option (Plan O)		Forever Blue PPO 799 Low Option (Plan 34)		Forever Blue PPO 751		Blue Cross Blue Shield Freedom Nation		Blue Cross Blue Shield Blue Saver (HMO)	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network ER/Urgent Care Only
Deductible										
Out-of-Pocket Maximum										
Physician and other Health Professional Services										
PCP Office Visit	\$5	\$20	\$15	\$20	\$5	25%	\$5	50%	\$5	N/A
Specialist Office Visit	\$15	\$20	\$35	\$40	\$25	25%	\$35	50%	\$35	N/A
Routine Physical (1 per year)	\$0	\$20	\$0	\$40	\$0	25%	\$0	50%	\$0	N/A
Immunizations	\$0	\$20	\$0	\$40	\$0	25%	\$0	50%	\$0	N/A
Radiation Therapy	\$15	\$20	\$35	\$40	20%	25%	\$0	50%	\$0	N/A
Emergency Room (Waived if admitted to hospital)	\$50	\$50	\$75	\$40	\$90	\$90	\$90	\$90	\$90	N/A
Ambulance	\$25	\$25	\$125	\$125	\$225	\$225	\$300	\$300	\$295	N/A
Urgent Care	\$50	\$50	\$65	\$65	\$65	\$65	\$65	\$65	\$65	N/A
Preventive Services										
Bone Mass Measurement	\$0	\$20	\$0	\$40	\$0	25%	\$0	50%	\$0	N/A
Colorectal Screening Exam (50 yrs. and over)	\$0	\$20	\$0	\$40	\$0	25%	\$0	50%	\$0	N/A
Prostate Cancer Screening (50 yrs. and over)	\$0	\$20	\$0	\$40	\$0	25%	\$0	50%	\$0	N/A
Mammogram	\$0	\$20	\$0	\$40	\$0	25%	\$0	50%	\$0	N/A
Home Health and Hospice Care										
Home Health Care										
Hospital Facility and Skilled Services										
Hospital (Inpatient)										
Outpatient (Ambulatory Center)	\$0	20%	\$350/stay	30%	\$205/days 1-7 \$1,435 OOP max/cal yr	30%	\$370/days 1-5 \$1,890 OOP max/cal yr	50%	\$360/days 1-5 \$1,800 OOP max/cal yr	N/A
Outpatient (Ambulatory Center)	\$35	\$50	\$75	\$175	\$200	25%	\$300	50%	\$325	N/A
Skilled Nursing Facility (100 days per benefit period)	\$0	20%	\$350/stay	30%	\$0/days 1-20 \$189/days 21-100	30%	\$0/days 1-20 \$189/days 21-100	50%	\$0/days 1-20 \$189/days 21-100	N/A
Laboratory and X-Ray Services										
Laboratory Testing	\$0	\$20	\$5	\$40	\$5	25%	\$5	50%	\$5	N/A
X-Rays	\$15	\$20	\$35	\$40	\$40	25%	\$50	50%	\$45	N/A
Mental Health/Chemical Dependency										
Mental Health (Inpatient)	\$0	20%	\$350/stay	30%	\$270/days 1-6 \$1,620 OOP max	30%	\$370/days 1-4 \$1,850 OOP max	50%	\$395/days 1-4 \$1,580 OOP max	N/A
Mental Health (Outpatient)	\$40	30%	\$35	30%	\$40	50%	\$40	50%	\$40	N/A
Mental Health (w/ Psychiatrist)	\$20	30%	\$20	30%	\$40	50%	\$40	50%	\$40	N/A
Alcohol Substance Abuse (Inpatient)	\$0	20%	\$350/stay	30%	\$370/days 1-4 \$1,850 OOP max	30%	\$370/days 1-4 \$1,850 OOP max	50%	\$395/days 1-4 \$1,580 OOP max	N/A
Alcohol Substance Abuse (Outpatient)	20%	30%	20%	30%	50%	50%	50%	50%	N/A	