	Forever Blue PP	Forever Blue PPO 799 High Option	Forever Blue PPO 799 Low Option (Plan 34)	PPO 799 Low Option (Plan 34)	Forever Blue PPO 751	le PPO 751	Blue Cross Blue Shield Freedom Nation	eld Freedom Nation	Blue Cross Blue Shie	Blue Cross Blue Shield Blue Saver (HMO)
	in-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Ne t work	Out-of-Network	In-Network	Out-of-Network ER/Urgent Care Only
Supplies, Equipment, Devices and Education			A CONTRACTOR AND A CONT							
	\$0 compression		\$0 compression		\$0 compression		\$0 compression		\$0 compression	
Dalable Medical Edubilieri	20% all other items	30.76	20% all other items	30%	20% all other items	20%	stockings; 20% all other items	30%	20% all other items	N/A
	\$0 diabetic		\$0 diabetic		en dishatic chaocineade		en diskolio shace facade:		en diabatic chose/inearte:	
Prosthetics	shoes/inserts;	30%	shoes/inserts;	30%	20% all other items	50%	20% all other items	50%	20% all other items	NA
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										Marie Control of the Boundary of the Control of the
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	\$15 \$20	\$20 \$40	\$40	\$20	25%	\$20	50%	\$20	N/A
Acupuncture & Massage Therapy	\$500 combin	ned allowance	\$500 combin	ed allowance	500 comb	ined allowance	\$250 combined allowance	ed allowance	\$250 combin	\$250 combined allowance
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
Miculcai Cxaiii	6	920	930	\$40	\$25	25%	333	50%	\$30	NA
Allowance (local providers only)	50	\$300	\$300		Tes \$2	200 NA	res \$100	O N/A	res \$100	00 N/A
Hearing										
Hearing Aid - True Hearing providers	Yes - \$499/\$799	N/A	Yes - \$499/\$799	N/A	Yes - \$599/\$899	N/A	Yes - \$699/\$999	N/A	Yes - \$699/\$999	N/A
Dental										
Allowance	93	\$300	\$3	\$300	Preventative (cleaning	ng, x-ray, oral exam) \$10	Preventative (cleaning, x-ray, oral exam) \$10	x-ray, oral exam) \$10	Preventative (cleaning	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/\$	\$0/\$10/\$20/\$40/\$40	\$0/\$20/\$45/\$95/\$95	5/\$95/\$95	\$2/\$8/\$4/2/\$94/33% - Preferred Pharmacy \$7/\$13/\$47/\$99/33% - Standard Pharmacy	Preferred Pharmacy Standard Pharmacy	\$0/\$12/\$42*/\$94*/28%* - preferred pharmacy \$5/\$17/\$47*/\$100*/28%* - standard pharmacy *\$290 deductible on tiers 3-5 Both	 preferred pharmacy standard pharmacy on tiers 3-5 Both 	\$0\\$12\\$42*\\$94*\28%* - preferred pharmacy \$5\\$17\\$47*\\$100*\28%* - standard pharmacy *\$290 deductible on tiers 3-5	\$42*\\$94*128%* - preferred pharmacy 47*\\$100*\28%* - standard pharmacy *\$290 deductible on tiers 3-5
Mail Order 90 day supply	\$0/\$20/\$	\$0/\$20/\$40/\$80/\$80	\$0/\$40/\$90/\$190/\$190	/\$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.	r a 90 day supply; ys for a 90 day supply; he cost of the fill day supply.	Ther 1: \$0 copay for a 90 day supply, Ther 2 - Ther 4: 2.5 copays for a 90 day supply, Ther 5: 28% of the cost of the fill up to a 90 day supply.	ra 90 day supply, ys for a 90 day supply, e cost of the fill ay supply.	Ther 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.	or a 90 day supply, Tys for a 90 day supply, The cost of the fill Tay supply.
Donut Hole		No	No	О	Yes	S	Yes	S	Υ.	Yes
2022 Monthly Rates	(2021	\$453 (2021 - \$500)	\$369 (2021 - \$374)	69 - \$ 374)	\$205 (2021 - \$204)	95 \$204)	\$26 (2021 - \$25)	8 \$25)	\$0	ס
							The second secon			

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.

	Forever Blue PF (PI	Forever Blue PPO 799 High Option (Plan O)	Forever Blue PF (PI	Forever Blue PPO 799 Low Option (Plan 34)	Forever BI	Forever Blue PPO 751	Blue Cross Blue Sh	Blue Cross Blue Shield Freedom Nation	Blue Cross Blue Shi	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
General Product Information										
Deductible		N/A		N/A	7	N/A	7	N/A	7	N/A
Out-of-Pocket Maximum	\$	\$3,000	\$3,400	\$5,100	\$6,700	\$10,000	\$7,500	\$11,300	\$7	\$7,550
Physician and other Health Professional Services							A CONTRACTOR OF THE PROPERTY OF THE PARTY OF	Section of the second section is a second section of the second section is a second se	A CONTRACTOR OF THE PROPERTY O	A SECTION OF THE PROPERTY OF T
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%	\$36	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	\$75	\$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
Preventative Services							The same of the sa			
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								The second of the second secon		
Home Health Care	Covered in full	\$10	\$10	30%	Covered in full	25%	Covered in full	50%	Covered in full	N/A
Hospital Facility and Skilled Services										
Hospital (Inpatient)	\$0	20%	\$350/stay	30%	\$205/days 1-7 \$1,435 OOP max/cal vr	30%	\$370/days 1-5 \$1 850 OOP max/cal vr	50%	\$360/days 1-5 \$1 800 OOP max/cal vr	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 \$188/days 21-100	30%	\$0/days 1-20 \$188/days 21-100	50%	\$0/days 1-20 \$188/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	30%	\$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%	\$270/days 1-6	30%	\$370/days 1-4	50%	\$395/days 1-4	N/A
Alcohol Substance Abuse (Outpatient)	20%	30%	20%	30%	50%	50%	50%	50%	50%	N/A