

2022 Forever Blue PPO Plan Options - Out of Area

	Forever Blue PPO 799 High Option		Forever Blue PPO 799 Low Option Plan 32	
	In-Network	Out-of-Network	In-Network	Out-of-Network
General Product Information				
Deductible	N/A		N/A	
Out-of-Pocket Maximum	\$3,000		\$3,400	
Physician and other Health Professional Services				
PCP Office Visit	\$5	\$5	\$15	\$15
Specialist Office Visit	\$15	\$15	\$35	\$35
Routine Physical (1 per year)	\$0	\$0	\$0	\$0
Immunizations	\$0	\$0	\$0	\$0
Radiation Therapy	\$15	\$15	\$35	\$35
Emergency Room (Waived if admitted to hospital)	\$50	\$50	\$75	\$75
Ambulance	\$25	\$25	\$75	\$75
Urgent Care	\$50	\$50	\$65	\$65
Preventative Services				
Bone Mass Measurement	\$0	\$0	\$0	\$0
Colorectal Screening Exam (50 yrs. and over)	\$0	\$0	\$0	\$0
Prostate Cancer Screening (50 yrs. and over)	\$0	\$0	\$0	\$0
Mammogram	\$0	\$0	\$0	\$0
Home Health and Hospice Care				
Home Health Care	\$0	\$0	\$0	\$0
Hospital Facility and Skilled Services				
Hospital (Inpatient)	\$0	\$0	\$0	\$0
Outpatient Surgery (Ambulatory Center)	\$35	\$35	\$175	\$175
Skilled Nursing Facility (100 days per benefit period)	\$0	\$0		
Laboratory and X-Ray Services				
Laboratory Testing	\$0	\$0	\$0	\$0
X-Rays	\$15	\$15	\$35	\$35
Mental Health /Chemical Dependency				
Mental Health (Inpatient)	\$0	\$0		

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Mental Health (Outpatient)	\$40	\$40	\$35	\$35
Mental Health (w/ Psychiatrist)	\$20	\$20	\$20	\$20
Alcohol Substance Abuse (Inpatient)	\$0	\$0		
Alcohol Substance Abuse (Outpatient)	20%	20%	20%	20%
Supplies, Equipment, Devices and Education				
	30% copayments \$0 deductibles, 20% at point of service		30% copayments \$0 deductibles, 20% at point of service	
Durable Medical Equipment	\$0 diabetic supplies/inserts 20% all other items	20%	\$0 diabetic supplies/inserts 20% all other items	20%
Prosthetics	Covered in full	20%	Covered in full	20%
Diabetic Supplies	Covered in full	Covered in full	Covered in full	Covered in full

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Rehabilitation Services				
Physical Therapy	\$15	\$15	\$35	\$35
Occupational Therapy	\$15	\$15	\$35	\$35
Speech Therapy	\$15	\$15	\$35	\$35
Chiropractic Care, Includes Acupuncture & Shiatsu	\$15	\$15	\$20	\$20
Acupuncture & Massage Therapy	\$500 combined annual allowance		\$500 combined annual allowance	
Cardiac Rehab	\$15	\$15	\$30	\$30
Vision				
Routine Exam	\$15	20%	\$25	20%
Medical Exam	\$15	\$15	\$35	\$35
Vision Frame Allowance		\$300		\$300
Hearing				
Hearing Aid \$499/\$799 - TruHearing	Yes	N/A	Yes	N/A
Dental				
Allowance		\$300		\$300
Fitness Program				
Silver Sneakers		Covered in full		Covered in full
Prescription Coverage				
Retail		\$0/\$10/\$20/\$40/\$40		\$0/\$20/\$45/\$95/\$95
Mail Order 90 day supply		\$0/\$20/\$40/\$80/\$80		\$0/\$40/\$90/\$190/\$190
Donut Hole		No		No
2022 Monthly Rates		\$506 (2021 - \$539)		\$454 (2021 - \$478)

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.