



PLAN NAME: Forever Blue 799 (PPO) Plan CF25 No Rx (2019)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$20	20%
Specialist	\$20	20%
Radiation therapy	Covered in full	20%
Emergency room (waived if admitted)	\$35	\$35
Urgent care (waived if admitted)	\$20	\$20
Ambulance	Covered in full	Covered in full
Telemedicine – Doctor on Demand	\$25	\$25
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	Covered in full
All other preventive screenings and tests	Covered in full	20%
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	Covered in full per stay	20%
Outpatient surgery – hospital	\$25	20%
Outpatient surgery – ambulatory center	\$25	20%
Home health care	Covered in full	Covered in full
Skilled nursing facility (100 days per benefit period)	Covered in full 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)	Covered in full per stay	20%
Mental health (outpatient)	Covered in full	20%
Mental health (with psychiatrist)	Covered in full	20%
Alcohol substance abuse (inpatient)	Covered in full per stay	20%
Alcohol substance abuse (outpatient)	Covered in full	20%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	Covered in full	20%
X-rays	Covered in full	20%
Advanced radiology – MRI, MRA, PET, and CT	Covered in full	20%
Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$20	20%

Chiropractor	\$20	20%
Cardiac rehab	\$20	20%
Vision	In-Network	Out-of-Network
Routine vision exam	\$15	20%
Medical vision exam	\$20	20%
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$20	15%
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental allowance	\$75 annual allowance	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; \$0 all other items	20%
Prosthetics	\$0 diabetic shoes/inserts; \$0 all other items	20%
Diabetic supplies – Part B	Covered in full	20%
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)	Not Covered	
Mail order	Not Covered	
Coverage gap/donut hole	N/A	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$2,500	N/A
Combined out-of-pocket maximum	\$2,500	
Prescription deductible	N/A	