

## 2018 Forever Blue PPO Plan Options - In Area

	Forever Blue PPO 799 High Option		Forever Blue PPO 799 Low Option		Forever Blue PPO 751	
	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>General Product Information</b>						
Deductible	N/A		N/A		N/A	
OON Out-of-Pocket Maximum	\$3,000		\$3,400	\$5,100	\$6,700	\$10,000
<b>Physician and other Health Professional Services</b>						
PCP Office Visit	\$5	\$20	\$25	\$30	\$5	25%
Specialist Office Visit	\$15	\$20	\$40	\$45	\$27	25%
Routine Physical (1 per year)	\$0	\$20	\$0	\$45	\$0	25%
Immunizations	\$0	\$20	\$0	\$45	\$0	25%
Radiation Therapy	\$15	\$20	\$40	\$45	\$50	25%
Diagnostic Hearing Exam	\$15	\$20	\$40	\$45	\$27	25%
Podiatry	\$15	\$20	\$40	\$45	\$27	25%
Emergency Room (Waived if admitted to hospital)	\$50	\$50	\$75	\$75	\$80	\$80
Ambulance	\$25	\$25	\$125	\$125	\$200/one way trip	\$200/one way trip
Urgent Care	\$50	\$50	\$65	\$65	\$65	\$65
<b>Preventative Services</b>						
Bone Mass Measurement	\$0	\$20	\$0	\$45	\$0	25%
Colorectal Screening Exam (50 yrs. and over)	\$0	\$20	\$0	\$45	\$0	25%
Prostate Cancer Screening (50 yrs. and over)	\$0	\$20	\$0	\$45	\$0	25%
Mammogram	\$0	\$20	\$0	\$45	\$0	25%
Pap Smear	\$0	\$20	\$0	\$45	\$0	25%
Pelvic Exam: additional pelvic exam	\$0	\$20	\$0	\$45	\$0	25%
<b>Home Health and Hospice Care</b>						
Home Health Care	\$0	\$10	\$10	30%	\$0	25%
<b>Hospital Facility and Skilled Services</b>						
Hospital (Inpatient)	\$0	20%	\$350 per stay	30%	\$205/days 1-7 \$1435 OOP max/cal yr	30%
Outpatient Surgery Facility	\$35	\$50	\$100	\$175	\$275	25%
Skilled Nursing Facility	\$0	20%	\$350 per stay	30%	\$0/days 1-20 \$167.50/days 21-100	30%
<b>Laboratory and X-Ray Services</b>						
Laboratory Testing	\$0	\$20	\$5	\$45	\$5	25%
X-Rays	\$15	\$20	\$40	30%	\$40	25%
<b>Mental Health /Chemical Dependency</b>						
Mental Health (Inpatient)	\$0	20%	\$350 per stay	30%	\$270/days 1-6	30%
Mental Health (Outpatient)	\$40	30%	\$40	30%	\$1620 OOP max/cal yr	50%
Mental Health (w /Psychiatrist)	\$20	30%	\$20	30%	\$40	50%
Alcohol Substance Abuse (Inpatient)	\$0	20%	\$350 per stay	30%	\$270/days 1-6	30%
Alcohol Substance Abuse (Outpatient)	20%	30%	20%	30%	\$1620 OOP max/cal yr	50%
<b>Supplies, Equipment, Devices and Education</b>						
Durable Medical Equipment	20%	30%	20%	30%	20%	50%
Prosthetics	20%	30%	20%	30%	20%	50%
Diabetic Supplies	0/20%	30%	0/20%	30%	0/20%	50%
Diabetic Education & Training	\$15	\$20	\$40	\$45	0%	25%

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<b>Supplies, Equipment, Devices and Education</b>						
Physical Therapy	\$15	\$20	\$40	\$45	\$25	25%
Occupational Therapy	\$15	\$20	\$40	\$45	\$25	25%
Speech Therapy	\$15	\$20	\$40	\$45	\$25	25%
Chiropractic Care	\$15	\$20	\$20	\$45	\$20	25%
Cariac Rehab	\$15	\$20	\$40	\$45	\$15	25%
<b>Vision</b>						
Routine Exam	\$15	\$20	\$40	20%	\$27	25%
Medical Exam	\$15	\$20	\$40	\$45	\$27	25%
Discount Frames (local providers only)	Yes	N/A	Yes	N/A	Yes	N/A
Allowance	\$75		\$75		\$100	
<b>Hearing</b>						
Hearing Aid \$300 allowance (local providers only)	Yes	N/A	Yes \$699/\$999	N/A	Yes \$699/\$999	N/A
<b>Dental</b>						
Discount (Cleanings)	\$100		\$100		N/A	
<b>Fitness Program</b>						
Silver Sneakers - must use participating facility	\$0	N/A	\$0	N/A	\$0	N/A
<b>Prescription Coverage</b>						
Retail	\$0/10/20/40/40	\$0/10/20/40/40	\$0/20/40/95/95	\$0/20/40/95/95	\$2/8/42/94/33%	\$7/13/47/99/33%
Mail Order 90 day supply	\$0/20/40/80/80	\$0/20/40/80/80	\$0/40/80/190/190	\$0/40/80/190/190	Tier 1-4 2.5 copays for 90 days	
<i>Donut Hole</i>	no	no	no	no	yes	yes

### 2018 Monthly Rates

\$462.00 (2017 - \$420.00)

\$315.00 (2017 - \$287.00)

\$198.00 (2017 - \$198.00)

**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.