

PLAN NAME: BlueCross BlueShield Forever Blue Value (PPO) (2020)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$15	35%
Specialist	\$35	35%
Radiation therapy	20%	35%
Emergency room (waived if admitted)	\$90	\$90
Urgent care (waived if admitted)	\$65	\$65
Ambulance	\$275	\$275
Telemedicine – Doctor on Demand®	Covered in full	Covered in full
More than 20 preventive services	In-Network	Out-of-Network
Flu shots – Part B	Covered in full	35%
Immunizations – Part B (hepatitis/pneumonia)	Covered in full	35%
All other preventive screenings and tests	Covered in full	35%
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	\$250 per day for days 1-7, \$1,750 OOP Max per year	35%
Observation	\$200	35%
Outpatient surgery – hospital	\$350	35%
Outpatient surgery – ambulatory center	\$250	35%
Home health care	Covered in full	35%
Dialysis	20%	Inside service area: 35% for non-participating providers. Outside service area: 20% for non-participating providers.
Skilled nursing facility (100 days per benefit period)	\$0 per day for days 1-20; \$178.00 per day for days 21-100. No yearly benefit period maximum.	35%
Mental health / chemical dependence services	In-Network	Out-of-Network
Mental health (inpatient, 190-day lifetime limit)	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%
Mental health (outpatient)	\$40	50%
Mental health (with psychiatrist)	\$40	50%

Alcohol substance abuse (inpatient)	\$270 per day for days 1-6, \$1,620 OOP Max per year	35%
Alcohol substance abuse (outpatient)	50%	50%
Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	\$5	35%
X-rays	\$50	35%
Advanced radiology – MRI, MRA, PET, and CT	\$150	35%
Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$25	35%
Chiropractor	\$20	35%
Cardiac rehab	\$5	35%
Vision	In-Network	Out-of-Network
Routine vision exam	\$25	20%
Medical vision exam	\$35	35%
Allowance (lenses and frames)	\$100 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$35	35%
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental	Preventive dental (routine cleanings, oral exams & x-rays) \$10 per service	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	50%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	50%
Diabetic supplies – Part B	Covered in full	50%
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	20%	35%
Oral chemotherapy drugs	20%	35%
Physician administered injectables	20%	35%
Nebulizer inhalation solution	\$25	35%
Part B drugs (other)	20%	35%
Prescription drugs – Part D	In-Network	Out-of-Network
Prescription drug (Rx)	Preferred pharmacies: \$4/\$10/\$42/\$94/33% Standard pharmacies: \$9/\$15/\$47/\$100/33%	

Mail order	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. There is only one participating pharmacy for mail order (ESI) so there is no network.	
Shingles vaccine	Preferred pharmacies: \$4 Standard pharmacies: \$9	
Coverage gap/donut hole	Discounts only	
General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	\$6,700	N/A
Combined out-of-pocket maximum	\$10,000 Combined	
Prescription deductible	N/A	

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