



Medicare Sales: 1-855-215-9239 (TTY 711)

Monday-Friday: 8 a.m. - 5 p.m.

GROUP NAME: CASHIC - Mohonasen CSD Medicare

GROUP NUMBER: 10733375

PLAN NAME: Forever Blue 799 (PPO) Plan CF15 No Rx (2024)

Physician and other health professional services	In-Network	Out-of-Network
Primary doctor	\$10	\$10
Specialist	\$15	\$15
Radiation therapy	Covered in full	\$15
Emergency room (waived if admitted)	\$50	\$50
Urgent care (waived if admitted)	\$35	\$35
Ambulance	\$75	\$75
Telemedicine - Vendor	See Spec/MH Benefit	See Spec/MH Benefit
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	Covered in full
Hospital, home health care, and skilled services	In-Network	Out-of-Network
Hospital (inpatient)	Covered in full	\$125 per stay
Observation	\$125	\$125
Outpatient surgery – hospital	\$125	\$125
Outpatient surgery – ambulatory center	\$125	\$125
Home health care	Covered in full	Covered in full
Skilled nursing facility (100 days per benefit period)	Covered in full	\$125 per stay
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	\$125 per stay
Mental health (outpatient)	\$15	\$15
Mental health (with psychiatrist)	\$15	\$15
Alcohol substance abuse (inpatient)	Covered in full	\$125 per stay
Alcohol substance abuse (outpatient)	\$15	\$15

Laboratory and X-ray services	In-Network	Out-of-Network
Laboratory testing	Covered in full	\$15
X-rays	Covered in full	\$15
Advanced radiology – MRI, MRA, PET, and CT	Covered in full	\$15
Rehabilitation services	In-Network	Out-of-Network
Physical, occupational, and speech therapy	\$15	\$15
Chiropractor <small>includes 12 routine visits</small>	\$15	\$15
Acupuncture & Massage Therapy	\$500 combined annual allowance	
Cardiac rehab	\$15	\$15
Vision	In-Network	Out-of-Network
Routine vision exam	\$15	20%
Medical vision exam	\$15	\$15
Allowance (lenses and frames)	\$200 annual allowance	
Hearing	In-Network	Out-of-Network
Routine hearing exam – TruHearing™	\$45	\$45
Diagnostic hearing exam	\$15	\$15
Hearing aid benefit – TruHearing™	\$699/\$999	
Dental	In-Network	Out-of-Network
Dental	\$200 annual allowance	
Supplies, equipment, and devices	In-Network	Out-of-Network
Durable medical equipment	\$0 compression stockings; 20% all other items	20%
Prosthetics	\$0 diabetic shoes/inserts; 20% all other items	20%
Diabetic supplies – Part B	Covered in full	\$10
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	Covered in full
Nebulizer inhalation solution	Covered in full	Covered in full
Part B drugs (other)	Covered in full	Covered in full

Prescription drugs – Part D	In-Network	Out-of-Network
Prescription drug (Rx)	Not Covered	
Mail order	Not Covered	
Shingles vaccine	Not Covered	
Coverage gap/donut hole	N/A	

General product information	In-Network	Out-of-Network
In-network out-of-pocket maximum	N/A	N/A
Combined out-of-pocket maximum	\$3,350 Combined	
Prescription deductible	N/A	

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