

StraightTalk

A Newsletter For Federal Employees / Fall 2011



Out Of The Blue We're going green Who Knew?

*TO ACCESS ARTICLES
USE THE LINKS PROVIDED
BELOW OR SCROLL DOWN*

*We're Going Green
Affordable Coverage
Wellness Programs
Worldwide Coverage
Preventive Care
Online Tools
FSAFEDS
Benefits
Comparison*



DEAR SERVICE BENEFIT PLAN MEMBERS:

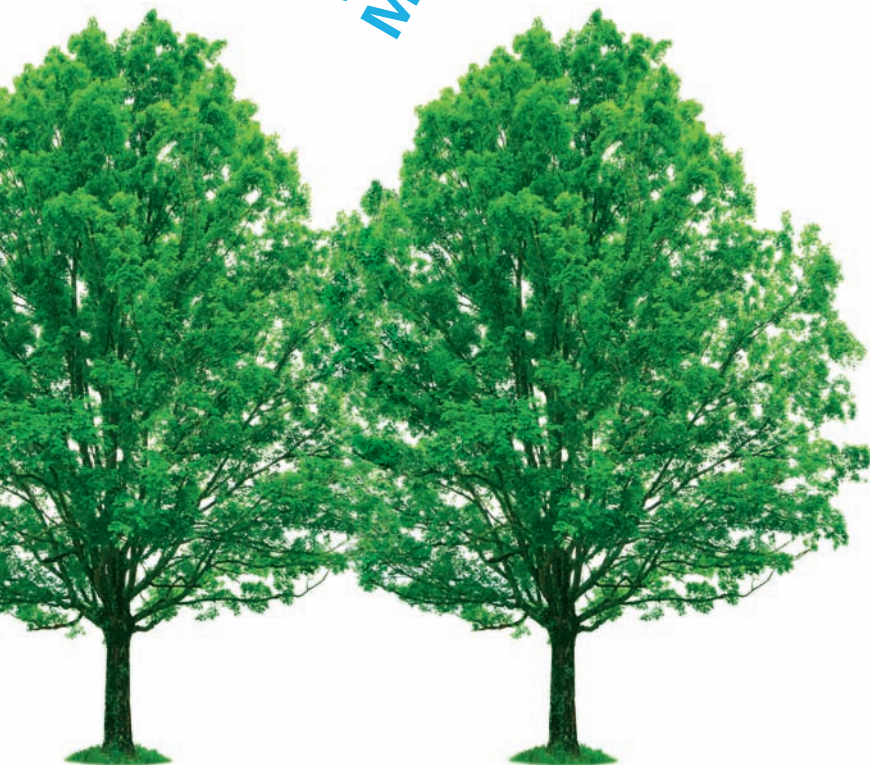
The Blue Cross and Blue Shield Service Benefit Plan has been providing health insurance coverage to federal employees, federal retirees and their families for more than 50 years.

We believe that the right health insurance for you and your family gives you peace of mind knowing you are covered should you need medical care. We try to keep a balance between affordable coverage and comprehensive coverage, and meeting the needs of our members. With the increasing cost of health care and changes in the expectations of what our members want in their health insurance coverage, this balance has become challenging.

We are proud to continue to offer a choice of coverage – Standard and Basic Option – that brings value to our members. We are also proud of our Preferred provider network of almost one million hospitals, physicians, pharmacies and other health care providers in the US, as well as our agreements with hospitals overseas. Knowing our members are covered and have access to providers worldwide is important to us.

During the last 50 years, we have all seen many changes in health care as well as in what is important as we go about our daily routines. Exercising, eating healthy and protecting our environment are not new, but they all seem more important to us today. The Blue Cross and Blue Shield Service Benefit Plan gives our members an exercise program with WalkingWorks®, nutritional information for healthy eating with Blue Health Connection and now, a way to help conserve our natural resources.

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WE'RE GOING GREEN *(continued)*

More than you expected!

The 2012 Service Benefit Plan Brochure Is Going Green

We believe that going green will help protect and save our environment and it is the right thing to do, both in our offices and in how we do business and connect with our members. We need your help to reduce our impact on paper usage for our Blue Cross and Blue Shield Service Benefit Plan brochure. With your help, we can reduce the amount of paper we need as well as reduce costs associated with automatically sending you, our members, the printed brochure each year.

This means that you are not receiving a printed copy of the 2012 Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005) in this mailing. You can download a copy of our brochure from our website, www.fepblue.org, or from the US Office of Personnel Management website, www.opm.gov/insure. You can save an electronic copy of the brochure in your personal computer files and if you like, just print the pages you need for you and your family. Our goal is not only to provide a more efficient way to get information to you, but to help you reduce the paper clutter at home and do our part to protect the environment.

This newsletter provides information about 2012 benefits, benefit changes and a Standard Option and Basic Option Benefit Comparison Chart. In addition, you can read more about the value of Blue coverage, including wellness programs and preventive care coverage, and information about our online consumer tools that help you take a more active role in your health care decisions and the well-being of your family.

If you still prefer to get a printed 2012 brochure, rest assured that you can by calling 1.800.411.BLUE or by requesting a printed brochure be sent to you on our website, www.fepblue.org. We will be happy to send you the printed brochure within 7-10 days of your request.

Go Green With Online Explanation Of Benefits

Everyone likes to look at Explanation of Benefits forms (EOBs) to see how we pay for medical care.

You can go green, reduce the amount of paper at home and still see how we pay claims by deciding to receive your Explanation of Benefits (EOBs) online through MyBlue Customer eService on our website, www.fepblue.org. The information is the same as on the printed EOB.

It is easy to opt-in to paperless EOBs. Once you select MyBlue Customer eService, click on the "EOB Mailing Preference" link under the Member Claims and Eligibility feature to choose to view your EOBs online.

Use Preferred Providers And Go Green

Most of you know that when you use Preferred providers, your out-of-pocket expenses are lower and that Preferred providers submit claims for you. Many of our Preferred providers no longer submit paper claims, but submit claims electronically to the local Blue Cross and Blue Shield Plan. When you use Preferred retail pharmacies, you are also going green. There's no paperwork or claims. You just present your Service Benefit Plan ID card to get your prescription filled or refilled. Basic Option benefits are not available for prescriptions purchased at Non-preferred retail pharmacies.

When you use Non-preferred providers and pharmacies, you pay more out-of-pocket and you submit a paper claim. By using Preferred providers, you can save money and also help to save the environment.

Change is sometimes difficult for all of us and going green is no different – but we think it is the right choice. Going green gives us all the opportunity to have a positive impact on our environment while still having access to the appropriate benefit resources necessary to make informed decisions about the right health insurance coverage to meet your family's needs and to keep track of your health care expenses.

**Wishing you good health,
The Blue Cross and Blue Shield Service Benefit Plan**



**AFFORDABLE
COVERAGE**

**Who Knew?
More than you expected!**

2012 BENEFITS AND RATES

It is important to us that we provide coverage that brings value to you and your family including:

- A Preferred provider network of almost one million hospitals, physicians, pharmacies and other health care providers.
- A free nurse advice line through Blue Health Connection.
- Free online tools for you to take charge of your health and health care decisions.
- Help when you need it under MyBlue Customer eService.

You Can Get More Information

The 2012 Blue Cross and Blue Shield Service Benefit Plan brochure (RI 71-005) provides the contractual description of your benefits. Although we discuss specific benefit changes in this newsletter, we urge you to also read the complete list of benefit changes and benefit clarifications in Section 2 of the 2012 Service Benefit Plan brochure. You can view and download a copy of the 2012 Service Benefit Plan brochure at www.fepblue.org or www.opm.gov/insure. Beginning October 17, you can call 1.800.411.BLUE or go online at www.fepblue.org to request a copy of the 2012 brochure be sent to you.

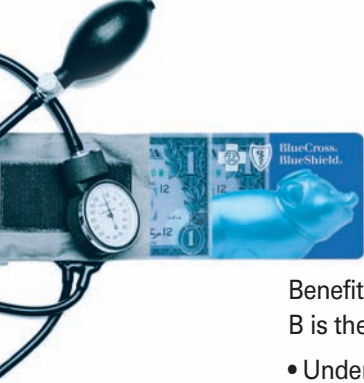
You can call our Open Season Information Center at 1.800.411.BLUE (1.800.411.2583) for information about 2012 benefits beginning October 17 through December 30, 2011. The Center is open between 7 am ET and 11 pm ET Monday through Friday, and from 9 am ET to 3 pm ET on Saturday and Sunday. It is closed Thanksgiving and Christmas.

Important Prescription Drug Changes For 2012

The benefit changes under Standard Option for 2012 are:

- Under Tier 1 (generic) drug benefits, the 20 percent coinsurance for prescription drugs purchased at a retail pharmacy does not change for 2012 if you do not have Medicare Part B. If you do have Medicare Part B as your primary payer, we have decreased your coinsurance amount to 15 percent for generic drugs in 2012. See Section 9 of the 2012 Service

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More than you expected!

AFFORDABLE COVERAGE *(continued)*

Benefit Plan brochure to determine if Medicare Part B is the primary payer for you.

- Under the mail service prescription drug program, your copayment for Tier 1 (generic) drugs increases from \$10 to \$15 if you do not have Medicare Part B. The copayment for generic drugs remains unchanged for 2012 if Medicare Part B is your primary payer.
- Currently you pay a 30 percent coinsurance for Tier 3 (Non-preferred brand-name) drugs when you purchase your prescription at a retail pharmacy. In 2012, you pay a 45 percent coinsurance amount for these drugs.
- Under the mail service prescription drug program, you now pay a \$70 copayment for Tier 3 (Non-preferred brand-name) drugs. In 2012, you pay a \$95 copayment for Tier 3 drugs.
- For Tier 4 (specialty) drugs purchased through the specialty prescription drug program, the copayment for 2012 is increased from \$70 to \$80 when you use a specialty pharmacy. There is no change to the benefits when you purchase Tier 4 drugs at a retail pharmacy. You will still pay a 30 percent coinsurance amount in 2012.

Under Basic Option, there is one prescription drug benefit change for 2012. Basic Option members will be able to use the specialty pharmacy drug program for Tier 4 (specialty) drugs. There is no change to your cost share amount of \$40 for a 34 day supply or \$120 for a 90 day supply when you use the specialty pharmacy drug program. For specialty drugs purchased at a retail pharmacy, you pay \$50 for a 34-day supply or \$150 for a 90-day supply.

Other Benefit Changes

- Currently you pay nothing under Basic Option for sleep study when these diagnostic tests are performed by a Preferred provider. In 2012, you will be responsible for a \$75 copayment.

- Under both options, we are increasing the benefit maximum for hearing aids and speech generating devices from \$1,000 to \$1,250. The \$1,250 for hearing aids includes the hearing aid, the dispensing fee, batteries and any necessary supplies.

2012 MyBlue Wellness Incentive

The MyBlue Wellness Incentive for Basic Option members does not change in 2012. Once you complete your 2012 Blue Health Assessment, you will receive a \$35 health debit card to be used for qualified medical expenses, up to two \$35 cards when two adult members complete the Blue Health Assessment under a family enrollment.

New for 2012, Standard Option members will also receive a \$35 health debit card when they complete the Blue Health Assessment. When two adult members under a family contract complete the Blue Health Assessment, you are eligible for two \$35 cards.

Also new for 2012, you will be able to add \$5 to your health debit card under both options when you complete one online coaching session. You are eligible for up to \$15 for completing three sessions. The smoking cessation module is not included in this part of the Wellness Incentive.

Pre-Existing Condition Insurance Program

The Blue Cross and Blue Shield Service Benefit Plan cares about all federal employees, retirees and their families and believes health insurance is important to your peace of mind. Although the Blue Cross and Blue Shield Service Benefit Plan and other FEHBP carriers cover those who have pre-existing conditions, there are insurance plans that exclude or limit coverage for pre-existing conditions.

If you know someone who has been denied coverage based on a pre-existing condition, then it is important to know about the Pre-existing Condition Insurance Program (PCIP) created by the Affordable

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AFFORDABLE COVERAGE *(continued)*

Care Act (ACA). The PCIP makes health insurance available to people who have a problem getting health insurance due to a pre-existing condition and have been without health insurance coverage for at least six months.

The PCIP website, www.pcip.gov, provides information on benefits and premiums for each state. If the PCIP sounds like it may be the health insurance solution for someone you know, go to the PCIP website for more information.

2012 PREMIUMS — YOUR SHARE

TYPE OF ENROLLMENT	NON-POSTAL PREMIUM		POSTAL PREMIUM
	BIWEEKLY	MONTHLY	BIWEEKLY
Standard Option Self Only (104)	\$85.58	\$185.42	\$64.95
Standard Option Family (105)	\$198.48	\$430.04	\$152.44
Basic Option Self Only (111)	\$56.25	\$121.88	\$37.13
Basic Option Family (112)	\$131.73	\$285.42	\$86.95

Non-Postal rates apply to most non-Postal employees. If you are in a special enrollment category, refer to the Guide to Federal Benefits for that category or contact the agency that maintains your health benefits enrollment. Career non-law enforcement employees may also refer to the Guide to Federal Benefits for United States Postal Service Employees, RI 70-2, to determine their rates.

Different rates apply and a special Guide is published for Postal Service Inspectors and Office of Inspector General (OIG) employees (see RI 70-21N). For additional assistance, Postal Service employees can call the Human Resources Shared Service Center at 1.877.477.3273 and select option 5. Postal rates do not apply to non-career postal employees, postal retirees, or associate members of any postal employee organization who are not career postal employees. Refer to the applicable Guide to Federal Benefits.

More than you expected!

WELLNESS PROGRAMS



Who Knew?
More than you expected!

PUT THE POWER OF BLUE TO WORK FOR YOU

Blue gives you the power to create or maintain a healthy lifestyle with resources at your fingertips to give you the health care related information you need to take charge of your health.

Talk To A Nurse

How does the Nurse Advice Line add value to your coverage? If you or a family member is ill or injured, or maybe you are not sure what to do when faced with a health concern, call Blue Health Connection at the number on the back of your ID card for immediate help. Our registered nurses provide personalized and reliable care advice 24 hours a day, seven days a week. They have an average of over 15 years experience in patient care so you can feel comfortable talking to them. The nurses are supported by doctors and advanced technology so that you can count on getting clinically safe information. If you are more of an online person, you can chat with a nurse online in real time on www.fepblue.org by accessing Blue Health Connection.

Diet And Nutrition

Eating a healthy diet is not always easy. It can be hard to find recipes or even find out what is considered a healthy diet for you and your family.

Blue Health Connection is there for you with resources to help you learn more about good nutrition. The Nutrition Wise feature offers weekly articles about diet and nutrition, and includes recipes and information about a healthy diet and food safety. In addition, the Relay Clinical Patient Education feature, formerly the Clinical Resource System, has great articles to help you eat right for specific medical conditions, such as diabetes, or manage your weight. Want to talk to someone about your diet concerns? Call Blue Health Connection at 1.888.258.3432 to talk to a registered nurse or go to Blue Health Connection on www.fepblue.org and chat online with a nurse.

WalkingWorks®

Want to add some exercise to your life to improve your health? Walking is an easy way to tone your body, lose some weight and just become more physically active. All you need is a pair of sneakers and a

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WELLNESS PROGRAMS *(continued)*

walking plan. Our WalkingWorks Program gives you the start you need with encouragement and plans to include walking as part of your daily routine and to set personal walking goals. It can be as easy as parking farther away from a store entrance to taking the stairs at work. You can even make it a family routine by having a walk around the block every evening.

WalkingWorks gives you a Participant Guide with walking tips and helps to establish your personal walking goal. You can also get a pedometer at no cost to you to help measure your steps as you walk. So go

online at www.fepblue.org and check out how WalkingWorks can help get you started.

Health Club Memberships

New for 2012, you can get discounts on health club memberships. You pay a \$25 initiation fee and \$25 monthly for unlimited visits to any of our over 9,000 fitness facilities nationwide. You are not limited to a specific facility. You can pay via credit card, debit card or check, and the discounts are available if you prepay for three, six or 12 months.

More than you expected!

**WORLDWIDE
COVERAGE**



**Who Knew?
More than you expected!**

THE VALUE OF WORLDWIDE COVERAGE

Did you know that the Blue Cross and Blue Shield Service Benefit Plan ID card is recognized not only in the US, but worldwide? We even have an Overseas Assistance Center to help you locate providers outside the US and to help you when you need help traveling or living overseas.

Overseas Assistance Center

Our Overseas Assistance Center is there when you need it, 24 hours a day, seven days a week. Bilingual operators can help you by:

- Referring you to the nearest Blue Cross and Blue Shield participating hospital or facility.
- Talking to your provider to verify your enrollment and coverage.
- Making transportation arrangements to another health care setting if necessary.
- Helping you locate physicians near where you live or are staying.

You can call collect from overseas at 804.673.1678 using the appropriate AT&T calling code, call toll free at 1.800.699.4337 before you leave to travel or live overseas, or you can email the center at FEPOverseas@mondialusa.com for assistance.

How To Locate A Provider Overseas

When you know you will be traveling or moving overseas, contact the Overseas Assistance Center to help you locate a hospital in our network near where you will be staying. Although we don't have a network of physicians and other health care professionals overseas, the Center can also help you locate a physician if you need medical care.

We Have Got You Covered

Your Service Benefit Plan coverage works almost the same as when you receive care in the US.

Inpatient Hospital Care: Under both Standard and Basic Option, benefits are paid at the Preferred level. You pay the \$250 admission copayment under Standard Option and the \$150 per day copayment, up to \$750, under Basic Option. Precertification is not required for hospital admissions outside the US.

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More than you expected!



WORLDWIDE COVERAGE *(continued)*

Outpatient Hospital Care: Benefits under both options are paid at the Preferred level. You pay 15 percent coinsurance under Standard Option after the calendar year deductible is met and a \$75 copayment under Basic Option.

Physician Care: Under both Standard and Basic Option, benefits for physician care and care by other covered professional health care providers performed outside the US are paid at the Preferred level using a customary percent of the billed charge.

If you have questions about overseas benefits or claims, you can call us toll-free at 888.999.9862, using the appropriate AT&T calling code if you are calling from overseas.

We want to make sure your overseas experience is a good one. And if you should need medical care, remember that help is only a phone call or email away.

PREVENTIVE CARE



**Who Knew?
More than you expected!**

THE VALUE OF BLUE PREVENTIVE CARE

Preventive care is important at any age. It helps to identify any health concerns or conditions in the early stages of development, which means that it will be easier to control and any related complications will be easier to treat as well.

Preventive Care For Adults

Under both Standard and Basic Option, you pay nothing for an annual physical exam and the tests and services usually included as part of the annual physical exam when you use a Preferred provider.

You can also count on your Service Benefit Plan coverage to pay for cancer screenings when you use a Preferred provider, including colonoscopies to screen for colorectal cancer and mammograms to screen for breast cancer.

Immunizations are a large part of maintaining your good health at any age, although most of us think of immunizations for children. You pay nothing for shingles vaccines, HPV vaccines, seasonal flu shots, meningococcal vaccines and tetanus-diphtheria boosters, and the related office visit when you use a Preferred provider.

Certain immunizations are also free at Preferred pharmacies in our vaccine network. You can check with your local pharmacy about participating in this network or call our Retail Pharmacy Program at 1.800.624.5060 to see which local pharmacies provide immunizations.

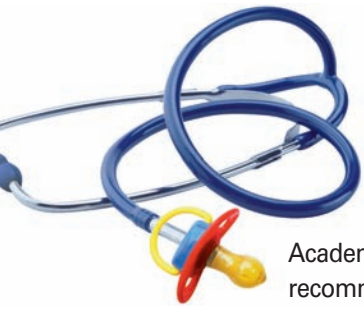
When you think of how much a physical exam costs, along with all the individual tests, or how much a mammogram costs, you are saving a lot of money. That's the value of Blue – great preventive care with no out-of-pocket costs for you when you use a Preferred provider.

Preventive Care For Children

Your Service Benefit Plan coverage is great for keeping your children healthy from the day they are born. We pay for newborn visits and any routine newborn screening procedures that may be necessary. As they grow, we continue to pay for routine exams, immunizations, laboratory tests and other services essential to your children's health, following the American

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More than you expected!



PREVENTIVE CARE *(continued)*

Academy of Pediatrics and the Affordable Care Act recommendations and guidelines for children up to the age of 22. You pay nothing under both options for preventive child care when you use a Preferred provider. This means you can keep your children healthy and happy while we pay all the costs.

Preventive care for everyone in your family costs you nothing out-of-pocket when you use Preferred providers and it's part of the value Blue brings to your health and well-being.

Want To Keep More Money In Your Pocket?

Your budget and pocketbook can take a hit when you need prescription drugs to manage a chronic condition or for a one-time illness. Using generic drugs offers some savings. Under both Standard and Basic Option, your coinsurance and/or copay-

ment amounts for generic drugs is less than that for brand-name drugs.

If you have Standard Option, you use a Preferred retail or the mail service pharmacy and your physician agrees to switch your brand-name drugs to generic drugs, you may be able to save even more with the Standard Option Generic Incentive Program. Under this program, we will waive the coinsurance or copayment amount for the first four prescription fills or refills when you switch from certain brand-name drugs to specific generic drugs. Your savings can add up when you use this Program - the average savings under the Generic Incentive Program is \$30 to \$60 per prescription fill or refill. For more about the Generic Incentive Program, see section 5(f) in the 2012 Service Benefit Plan brochure.

ONLINE TOOLS



Who Knew?
More than you expected!

MANAGE YOUR HEALTH CARE ONLINE

Manage your enrollment, get help to stop smoking, and take charge of your health and wellness by using our online tools, designed specifically for our members to help you understand and manage your health care benefits. And you can find them all in one location – www.fepblue.org.

Blue Health Assessment

Start your way to better health by taking our Blue Health Assessment. Completing the Blue Health Assessment (BHA) every year is a good idea to measure the impact on your health due to changes or improvements to your lifestyle. If you did take the BHA in 2011, all you have to do is to make any changes to your previous answers and resubmit the BHA. Once completed, you will get personalized feedback that identifies potential health risks along with suggestions for actions and talking points to share with your physician.

By completing your BHA in 2012, you also earn the 2012 MyBlue Wellness Incentive. For Standard and Basic Option, you will receive a \$35 health debit card to be used for qualified medical expenses. Family contracts are eligible to receive two \$35 cards when two adult members complete the Blue Health Assessment in 2012.

Online Coaching Sessions

Need help reaching your health and wellness goals? Our 12 online coaching sessions can help by giving you feedback, advice, encouragement and the support you need to help you make positive lifestyle changes. In addition, under both options, you will be able to add \$5 to your health debit card when you complete online coaching sessions, available on Blue Health Connection, excluding the smoking cessation module. You earn up to \$15 for completing three sessions.

If you are ready to stop smoking, the Breathe™ online coaching session helps you set goals, track results and ultimately improve your health by not smoking. You also get personalized emails for updates, support and encouragement. After completing Breathe, you may qualify for an additional benefit that waives your individual cost

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More than you expected!



ONLINE TOOLS *(continued)*

share for certain prescription and over-the-counter smoking cessation medications when you use a Preferred pharmacy.

MyBlue Benefit Statements

Keeping track of your benefits and out-of-pocket expenses during the year can be time consuming. MyBlue Benefit Statements turn a confusing and complicated chore into an easy-to-understand summary of your benefits. MyBlue *Quarterly* Benefit Statement summarizes your benefits, claims information and out-of-pocket costs for each quarter of the calendar year. MyBlue *Annual* Benefit Statement provides a summary of the benefits paid for the previous year.

MyBlue Customer eService

MyBlue Customer eService is like having your own personal customer service representative when you

need help managing your enrollment. You can view your Explanation of Benefits online, request duplicate ID cards, change your address, add children after a birth or adoption, and let us know about a marriage or divorce.

Keep In Touch With The Value Of Blue

Get our monthly e-newsletter with articles about health issues, benefits and value-added programs by signing up on our homepage, fepblue.org, under the Stay Healthy with BlueNews feature. Enter your email address and click on "Sign Up Now" to start getting our monthly e-newsletter automatically delivered directly to your inbox.

FLEXIBLE SPENDING ACCOUNT PROGRAM



**Who Knew?
More than you expected!**

**FSAFEDS IS FOR ANYONE WHO
LIKES TO SAVE MONEY**



FSAFEDS is the flexible spending account (FSA) program for Federal employees. It allows you to save money for health care and dependent care expenses. Think of it as a savings account that helps you pay for items that typically aren't covered by your BCBS Service Benefit Plan, the Federal Employees Dental and Vision Insurance Program, or other health insurance coverage. Copayments, prescriptions, and dental and vision expenses are items you likely have to pay for "out-of-pocket" and FSAFEDS helps you pay for those expenses.

FSAFEDS gives you a tax advantage on the funds you contribute to your account. You make contributions to your FSAFEDS account via payroll deductions, and that money is **NEVER** taxed, so you pay less in taxes – which means more money in your pocket!

How Do I Save Money?

The money you contribute to your FSAFEDS account is set aside before taxes are deducted, so in most cases you save about 30% on your Federal taxes. The average tax savings for a person earning \$50,000 who contributes \$2,000 into an FSA account is approximately \$600. That means you get \$2,000 worth of health care purchasing power PLUS pay about \$600 LESS in Federal taxes.

How Easy Is FSAFEDS?

It's very easy, anyone can do it! Enrolling, submitting claims, and getting reimbursed are simple and straightforward, and you can keep track of your account online 24/7 – whenever it's convenient for you. In addition, BCBS and FSAFEDS have partnered to offer a paperless, or "automatic," claim option called Paperless Reimbursement. In most cases, you will have no paperwork to fill out. BCBS and FSAFEDS take care of it all! You pay the copayment for a prescription, and BCBS sends FSAFEDS a claim for your "out-of-pocket" cost electronically. FSAFEDS processes the claim and sends your reimbursement directly to your bank account! You can't get much easier than that!

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FLEXIBLE SPENDING ACCOUNT PROGRAM *(continued)*

How Do I Get Started?

First, you estimate what your medical expenses will be in 2012. Think of all the doctor, dentist, and eye care provider office visits you and your family have throughout the year. A comprehensive list of eligible expenses is available at www.FSAFEDS.com. Check out the list today – you will be surprised at what items are included! You can choose as little as \$250 or as much as \$5,000.

Once you've determined the amount, you can enroll online during Open Season at www.FSAFEDS.com. The online enrollment takes about 5 minutes to complete. If you prefer, you can call FSAFEDS toll-free at 1-877-FSAFEDS (372-3337). Don't forget to sign up for Paperless Reimbursement with BCBS!

FSAFEDS also offers another exciting feature for families with young children – the Dependent Care FSA. This account allows you to set aside money to pay for your day care expenses.

Important note: If you are a current FSAFEDS participant, you MUST re-enroll to participate in 2012. FSAFEDS enrollment does not carry over year-to-year.

This article is provided by FSAFEDS and is for informational purposes only. It is not a benefit under the BCBS Service Benefit Plan nor is it an endorsement of FSAFEDS and the services it offers.

More than you expected!



**BLUE IS MORE
THAN APPLES
TO ORANGES**

**Who Knew?
More than you expected!**

2012 STANDARD AND BASIC OPTION BENEFIT COMPARISON

Remember to always present your Service Benefit Plan ID card when you are receiving any type of medical or dental care to make sure your ID number is included in the provider's records.

Certain deductibles, copayments and coinsurance amounts do not apply if Medicare is your primary coverage for medical services (it pays first).

PPA = Preferred Provider Allowance MAC = Maximum Allowable Charge

WHAT YOU PAY WHEN YOU USE PREFERRED PROVIDERS		
BENEFIT	2012 STANDARD OPTION COVERAGE*	2012 BASIC OPTION COVERAGE**
PRESCRIPTION DRUGS		
Mail Service Pharmacy (For information about Tier 4 specialty drug benefits, see Section 5(f) in the 2012 Service Benefit Plan brochure.)	Up to a 90-day supply. Nothing for the first four prescription fills or refills when you switch from certain brand-name drugs to specific generic drugs. Tier 1: \$15 copayment for generic drugs if Medicare Part B is not primary, \$10 copayment if Medicare Part B is primary. Tier 2: \$70 each for the first 30 Preferred brand-name drug prescription fills or refills, \$50 copayment thereafter. Tier 3: \$95 each for the first 30 Non-preferred brand-name drug prescription fills or refills, \$50 copayment thereafter.	Not a benefit.

**When you use Non-preferred facilities and professionals, your out-of-pocket expenses are greater.*

***Basic Option does not generally provide benefits for services rendered by Non-preferred providers.*

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BLUE IS MORE THAN APPLES TO ORANGES (continued)

2012 STANDARD AND BASIC OPTION BENEFIT COMPARISON CONTINUED

*Certain deductibles, copayments and coinsurance amounts do not apply if Medicare is your primary coverage for medical services (it pays first).
PPA = Preferred Provider Allowance MAC = Maximum Allowable Charge*

WHAT YOU PAY WHEN YOU USE PREFERRED PROVIDERS

BENEFIT	2012 STANDARD OPTION COVERAGE*	2012 BASIC OPTION COVERAGE**
PRESCRIPTION DRUGS (continued)		
Retail Pharmacy Program (For information about Tier 4 specialty drug benefits, see Section 5(f) in the 2012 Service Benefit Plan brochure.)	Up to a 90-day supply. Nothing for the first four prescription fills or refills when you switch from certain brand-name drugs to specific generic drugs when you use a Preferred Pharmacy. Tier 1: 20% PPA for generic drugs if Medicare Part B is not primary, 15% PPA if Medicare Part B is primary. Tier 2: 30% PPA for Preferred brand-name drugs. Tier 3: 45% PPA for Non-preferred brand-name drugs.	Up to a 34-day supply. 90-day supply for 3 copayments. Tier 1: \$10 copayment for generic drugs. Tier 2: \$40 copayment for Preferred brand-name drugs. Tier 3: 50% coinsurance or \$50 minimum for Non-preferred brand-name drugs.
PREVENTIVE CARE		
Routine Physical Examination: Adults 22 years of age and older	Nothing	Nothing
Routine Physical Examination: Children up to age 22	Nothing	Nothing
Preventive Cancer Screenings	Nothing	Nothing
Immunizations	Nothing	Nothing
ACCIDENTAL INJURY CARE WITHIN 72 HOURS OF THE ACCIDENT		
Emergency Room	Nothing	\$125 copayment.
Physician's Office	Nothing	\$25 copayment primary care. \$35 copayment specialist.
Urgent Care Center	Nothing	\$50 copayment.

**When you use Non-preferred facilities and professionals, your out-of-pocket expenses are greater.*

***Basic Option does not generally provide benefits for services rendered by Non-preferred providers.*

Straight Talk is a publication covering issues and concerns important to Blue Cross and Blue Shield Service Benefit Plan members. It is written by Paula Spurway, Blue Cross and Blue Shield Association and published by the BCBS Association unless otherwise noted.

This is a summary of the Blue Cross and Blue Shield Service Benefit Plan. For a complete description, see the Service Benefit Plan brochure (RI 71-005).

Please visit our website for information about your Service Benefit Plan coverage.

More than you expected!