

2025 FEHB & PSHB MEDICARE AT A GLANCE

Blue Cross and Blue Shield Federal Employee Program



**By your side at every
stage of life**

That's the Benefit of Blue.®






  **BlueCross.
BlueShield.**
Federal Employee Program.®

fepblue.org

FEP Medicare Prescription Drug Program (MPDP)

MPDP is a Medicare Part D prescription drug plan exclusively for FEP members.

MPDP offers:

-  The same FEP health plan benefits you're used to
-  Additional approved prescription drugs in specific drug tiers
-  Lower out-of-pocket costs for higher-cost drugs
-  A **\$2,000** cap on the amount you pay out-of-pocket on prescriptions annually
-  **No added FEP premium cost to members eligible for Medicare**
Depending on your income level, you may need to pay an Income-Related Monthly Adjustment Amount (IRMAA) to Social Security for this Part D coverage. Most FEP members will not reach the threshold to pay an IRMAA. To learn more, visit [medicare.gov](https://www.medicare.gov).

MPDP has four drug tiers:

Tier 1:
Generic
drugs

Tier 2:
Preferred
brand name

Tier 3:
Non-preferred
brand name

Tier 4:
Specialty
drugs

Learn more at fepblue.org/medicarerx or call **1-888-338-7737** (TTY: 711).

MPDP requirements for retired USPS employees

Starting January 1, 2025, the Postal Service Health Benefits (PSHB) Program is a health benefits program exclusively for USPS employees, retirees and their families. One of the PSHB requirements is that you must join your health plan's Medicare Part D prescription drug plan if you're eligible for it.



For federal retirees (non-USPS) enrolled under FEHB: While we recommend enrolling in MPDP, it is not a requirement. If you choose to opt out of MPDP, you will get the traditional FEP pharmacy benefits.

What you'll pay for medical benefits with FEP Blue Focus®		
Benefit	Without Medicare	With Medicare Part A & Part B Primary
Virtual doctor visits through Teladoc Health®	Nothing	Nothing
Primary care doctor	\$10 per visit for your first 10 primary and/or specialty care visits ¹	Nothing
Specialists		
Mental health visits		
Urgent care centers	\$25 copay	Nothing
Chiropractic care	\$25 for up to 10 visits per year ²	Nothing for up to 10 visits per year ²
Inpatient hospital	30% of our allowance*	Nothing ³
Outpatient hospital	30% of our allowance [†]	Nothing ³
Surgery	30% of our allowance [†]	Nothing ³
ER (accidental injury)	\$0 within 72 hours	Nothing ³
ER (medical emergency)	30% of our allowance*	Nothing ³
Lab work (such as blood tests)	\$0 for first 10 specific lab tests**	Nothing ³
Diagnostic services (such as sleep studies, X-rays, CT scans)	30% of our allowance*	Nothing ³

What you'll pay for pharmacy benefits with FEP Blue Focus		
Benefit	Without Medicare	With FEP Medicare Prescription Drug Program
In-network Retail Pharmacy (for a 30-day supply)	Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 max)	Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 max) Tier 3: 40% of our allowance (\$350 max) Tier 4: 40% of our allowance (\$350 max)
FEP Mail Service Pharmacy (for a 90-day supply)	Not a benefit	Not a benefit
FEP Specialty Pharmacy (for a 30-day supply)	Tier 2: 40% of our allowance (\$350 max)	Your specialty drug benefits are in Tier 4 (see above)
Annual pharmacy out-of-pocket maximum	Not a benefit	\$2,000 per member

¹You pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

²Up to 10 visits combined for chiropractic care and acupuncture.

*Deductible applies.

[†]Deductible applies. In addition, you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

**Please see brochure for covered lab services.

³Under FEP Blue Focus, your regular FEP benefits will apply until you meet your annual FEP deductible. The deductible only applies to specific services.

What you'll pay for medical benefits with FEP Blue Basic™		
Benefit	Without Medicare	With Medicare Part A & Part B Primary
Virtual doctor visits through Teladoc Health®	Nothing	Nothing
Primary care doctor	\$35 copay ¹	Nothing
Specialists	\$50 copay ¹	Nothing
Mental health visits	\$35 copay ¹	Nothing
Urgent care centers	\$50 copay	Nothing
Chiropractic care	\$35 for up to 20 visits per year	Nothing for up to 20 visits per year
Inpatient hospital	\$350 per day; up to \$1,750 per admission	Nothing
Outpatient hospital	\$250 per day per facility ¹	Nothing
Surgery	\$150 per surgeon in an office ¹ \$200 per surgeon in other settings ¹	Nothing
ER (<i>accidental injury</i>)	\$350 per day per facility	Nothing
ER (<i>medical emergency</i>)	\$350 per day per facility	Nothing
Lab work (<i>such as blood tests</i>)	15% of our allowance ¹	Nothing
Diagnostic services (<i>such as sleep studies, X-rays, CT scans</i>)	Up to \$100 in an office ¹ Up to \$250 in a hospital ¹	Nothing

What you'll pay for pharmacy benefits with FEP Blue Basic		
Benefit	Without Medicare	With FEP Medicare Prescription Drug Program
In-network Retail Pharmacy (<i>for a 30-day supply</i>)	Tier 1: \$15 copay Tier 2: \$75 copay Tier 3: 60% of our allowance (\$90 min) Tier 4: \$120 copay Tier 5: \$200 copay	Tier 1: \$10 copay Tier 2: \$45 copay Tier 3: 50% of our allowance (\$60 min) Tier 4: \$75 copay
FEP Mail Service Pharmacy (<i>for a 90-day supply</i>)	Not a benefit	Tier 1: \$15 copay Tier 2: \$95 copay Tier 3: \$125 copay Tier 4: \$150 copay
FEP Specialty Pharmacy (<i>for a 30-day supply</i>)	Tier 4: \$120 copay Tier 5: \$200 copay	Your specialty drug benefits are in Tier 4 (see above)
Annual pharmacy out-of-pocket maximum	Not a benefit	\$2,000 per member

¹You pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

What you'll pay for medical benefits with FEP Blue Standard™

Benefit	Without Medicare	With Medicare Part A & Part B Primary
Virtual doctor visits through Teladoc Health®	Nothing	Nothing
Primary care doctor	\$30 copay	Nothing
Specialists	\$40 copay	Nothing
Mental health visits	\$30 copay	Nothing
Urgent care centers	\$30 copay	Nothing
Chiropractic care	\$30 for up to 12 visits per year	Nothing for up to 12 visits per year
Inpatient hospital	\$350 copay	Nothing
Outpatient hospital	15% of our allowance*	Nothing
Surgery	15% of our allowance*	Nothing
ER <i>(accidental injury)</i>	\$0 within 72 hours	Nothing
ER <i>(medical emergency)</i>	15% of our allowance*	Nothing
Lab work <i>(such as blood tests)</i>	15% of our allowance*	Nothing
Diagnostic services <i>(such as sleep studies, X-rays, CT scans)</i>	15% of our allowance*	Nothing

What you'll pay for pharmacy benefits with FEP Blue Standard

Benefit	Without Medicare	With FEP Medicare Prescription Drug Program
In-network Retail Pharmacy <i>(for a 30-day supply)</i>	Tier 1: \$7.50 copay Tier 2: 30% of our allowance Tier 3: 50% of our allowance Tier 4: 30% of our allowance Tier 5: 30% of our allowance	Tier 1: \$5 copay Tier 2: \$35 copay Tier 3: 50% of our allowance Tier 4: \$60 copay
FEP Mail Service Pharmacy <i>(for a 90-day supply)</i>	Tier 1: \$15 copay Tier 2: \$90 copay Tier 3: \$125 copay	Tier 1: \$5 copay Tier 2: \$85 copay Tier 3: \$125 copay Tier 4: \$150 copay
FEP Specialty Pharmacy <i>(for a 30-day supply)</i>	Tier 4: \$65 copay Tier 5: \$85 copay	Your specialty drug benefits are in Tier 4 (see above)
Annual pharmacy out-of-pocket maximum	Not a benefit	\$2,000 per member

*Deductible applies.

Medical deductible with Medicare Part A and B primary

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Annual deductible	Self Only: \$500 Self + One and Self & Family: \$1,000	No deductible	We waive your deductible when you have Medicare as your primary coverage

Under FEP Blue Focus, your regular FEP benefits will apply until you meet your annual FEP deductible. The deductible only applies to specific services.

2025 Federal Employees Health Benefits (FEHB) Program Monthly Premiums

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Self Only	\$128.21	\$245.18	\$378.76
Enrollment Code	131	111	104

Self + One	\$275.63	\$593.97	\$832.31
Enrollment Code	133	113	106

Self & Family	\$303.17	\$657.82	\$920.07
Enrollment Code	132	112	105

2025 Postal Service Health Benefits (PSHB) Program Monthly Premiums

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Self Only	\$128.21	\$247.26	\$377.28
Enrollment Code	35A	33A	33D

Self + One	\$275.63	\$608.81	\$840.75
Enrollment Code	35C	33C	33F

Self & Family	\$303.17	\$688.18	\$943.43
Enrollment Code	35B	33B	33E



If you have **FEP Blue Basic and Medicare**, you can get up to **\$800** back annually for your Medicare Part B premiums. Learn more at fepblue.org/mra.

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Different cost shares may apply to FEHB members with Medicare Part B primary enrolled in the traditional FEP pharmacy benefit.

This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal Employees Health Benefits Program brochures (FEP Blue Standard and FEP Blue Basic: RI 71-005; FEP Blue Focus: RI 71-017) and the Postal Service Health Benefits Program brochures (FEP Blue Standard and FEP Blue Basic: RI 71-020; FEP Blue Focus: RI 71-025). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

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