

# Helping you stay healthy with rewards and savings

As your health insurer, our #1 goal is to support your health and wellness during all phases of your life. FEP offers a variety of wellness programs, incentives and discounts that support your overall health.

## Get up to \$800 back with the Medicare Reimbursement Account

When you combine Original Medicare coverage with **FEP Blue Basic**, we reimburse you up to \$800 per year for paying Medicare Part B premiums. If your spouse also has Medicare, you can receive up to \$1,600 together. **You can use this benefit even if Medicare isn't your primary coverage.**

## Get up to \$170 back annually for completing healthy activities

The **Blue Health Assessment** is a 10-12 minute quiz that gives you a snapshot of your health. Take it and earn \$50. Then, complete healthy activities that support your wellbeing with **Daily Habits**. You'll earn \$40 for each goal you complete up to three — or \$120 in total. It's designed to help you reach your health goals and get rewarded for it.

## 100+ exclusive discounts to help you thrive 365

FEP members enjoy access to **Blue365**,<sup>®</sup> an exclusive discount program that offers hundreds of ways to save on everything, from hearing aids and fresh meal kits to travel.



### How the pharmacy out-of-pocket maximum helps you

When you combine your FEP coverage with Medicare, typically your only out-of-pocket cost is for prescription drugs. With MPDP, we cap the amount you pay for prescriptions at **\$2,100** for all members. **This is the most you'll pay for your prescriptions annually.**

2026 FEHB Program monthly premiums

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
SELF ONLY	\$144.76	\$289.83	\$408.02
Enrollment Code	131	111	104
SELF + ONE	\$311.21	\$691.71	\$890.24
Enrollment Code	133	113	106
SELF & FAMILY	\$342.28	\$773.20	\$991.60
Enrollment Code	132	112	105



Explore the interactive version of this booklet and others online at [fepblue.org/flipbooks](https://fepblue.org/flipbooks).

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fepblue.org

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 brochures (FEP Blue Standard and FEP Blue Basic: RI 71-005; FEP Blue Focus: RI 71-017). All benefits are subject to the definitions, limitations, and exclusions set forth in the Federal brochures. The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies. The Blue Cross' and Blue Shield' words and symbols, Federal Employee Program' and FEP' are all trademarks owned by Blue Cross Blue Shield Association.

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# 2026 FEHB PROGRAM MEDICARE AT A GLANCE



Helping you get more out of Medicare. **HERE FOR YOU.**



# Choose the right FEP plan for you

Since all our plans provide excellent coverage, you may be wondering which is right for you now that you’re eligible for Medicare. We’ll break down the benefits of each:

## FEP Blue Standard®

This plan is best for people with Medicare Parts A and B who want high-value benefits.

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It offers the **largest approved drug list** (formulary), making it a great choice for members with complex prescription needs.
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When you combine it with Original Medicare, **we pay your deductible**, making it a deductible-free plan.

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You’ll get **extra coverage for services Medicare doesn’t cover**, like hearing aids and preventive dental care.


## FEP Blue Basic®

This plan is great for people with Medicare Parts A and B who want a flexible plan with broad coverage across many types of care.

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You’ll **get up to \$800 back for paying your Medicare Part B premiums** when you combine your coverage.
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You’ll get **extra coverage for services Medicare doesn’t cover**, like hearing aids and preventive dental care.

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Members with Medicare get **enhanced prescription drug coverage**, including access to Mail Service.

## FEP Blue Focus®

This plan has more limited benefits when paired with Medicare Parts A and B, and does not include the FEP Medicare Prescription Drug Program (MPDP). We don’t recommend this plan if you expect to need more care beyond preventive checkups and generic drugs.

Keep in mind that if your needs change, you’ll be able to switch plans annually during Open Season. **The 2025 Open Season begins November 10 and ends December 8, 2025.**

You’ll also have the opportunity to make changes if you have a qualifying life event (QLE), such as marriage or divorce.

## Get help finding the right plan

Use our interactive quiz online to receive a recommendation based on your needs. **Try it today at [askblue.fepblue.org](https://askblue.fepblue.org).**

FEP Blue Standard Medical Benefits		
Benefit	What you pay without Medicare	What you save with Original Medicare
Virtual doctor visits through Teladoc Health®	You pay <b>nothing</b>	You pay <b>nothing</b>
Primary care doctor	<b>\$30</b> copay	You pay <b>nothing</b>
Specialists	<b>\$40</b> copay	You pay <b>nothing</b>
Mental health visits	<b>\$30</b> copay	You pay <b>nothing</b>
Urgent care centers	<b>\$30</b> copay	You pay <b>nothing</b>
Chiropractic care	<b>\$30</b> for up to 12 visits per year	<b>Nothing</b> for up to 12 visits per year
Inpatient hospital	<b>\$350</b> copay	You pay <b>nothing</b>
Outpatient hospital	<b>15%</b> coinsurance*	You pay <b>nothing</b>
Surgery	<b>15%</b> coinsurance*	You pay <b>nothing</b>
ER <i>(Accidental injury)</i>	<b>\$0</b> within 72 hours	You pay <b>nothing</b>
ER <i>(Medical emergency)</i>	<b>15%</b> coinsurance*	You pay <b>nothing</b>
Lab work <i>(Such as blood tests)</i>	<b>15%</b> coinsurance*	You pay <b>nothing</b>
Diagnostic services <i>(Such as sleep studies, X-rays, CT scans)</i>	<b>15%</b> coinsurance*	You pay <b>nothing</b>

FEP Blue Standard Pharmacy Benefits		
Benefit	What you pay without Medicare	What you save with FEP Medicare Prescription Drug Program
In-network Retail Pharmacy <i>(For a 30-day supply)</i>	Tier 1: <b>\$7.50</b> copay Tier 2: <b>30%</b> coinsurance Tier 3: <b>50%</b> coinsurance Tier 4: <b>30%</b> coinsurance Tier 5: <b>30%</b> coinsurance	Tier 1: <b>\$5</b> copay Tier 2: <b>\$35</b> copay Tier 3: <b>50%</b> coinsurance Tier 4: <b>\$60</b> copay
FEP Mail Service Pharmacy <i>(For a 90-day supply)</i>	Tier 1: <b>\$15</b> copay Tier 2: <b>15%</b> coinsurance (\$150 max) Tier 3: <b>20%</b> coinsurance (\$250 max)	Tier 1: <b>\$5</b> copay Tier 2: <b>\$85</b> copay Tier 3: <b>\$125</b> copay Tier 4: <b>\$150</b> copay
FEP Specialty Pharmacy <i>(For a 30-day supply)</i>	Tier 4: <b>\$100</b> copay Tier 5: <b>\$150</b> copay	Your specialty drug benefits are in <b>Tier 4</b> (see above)
Annual pharmacy out-of-pocket maximum	Not a benefit	<b>\$2,100</b> per member

\*Deductible applies.

FEP Blue Basic Medical Benefits		
Benefit	What you pay without Medicare	What you save with Original Medicare
Virtual doctor visits through Teladoc Health®	You pay <b>nothing</b>	You pay <b>nothing</b>
Primary care doctor	<b>\$35</b> copay <sup>1</sup>	You pay <b>nothing</b>
Specialists	<b>\$50</b> copay <sup>1</sup>	You pay <b>nothing</b>
Mental health visits	<b>\$35</b> copay	You pay <b>nothing</b>
Urgent care centers	<b>\$50</b> copay	You pay <b>nothing</b>
Chiropractic care	<b>\$35</b> for up to 20 visits per year	<b>Nothing</b> for up to 20 visits per year
Inpatient hospital	<b>\$425</b> per day; up to <b>\$2,975</b> per admission	You pay <b>nothing</b>
Outpatient hospital	<b>\$250</b> per day per facility <sup>1</sup>	You pay <b>nothing</b>
Surgery	<b>\$150</b> per surgeon in an office <sup>1</sup> <b>\$200</b> per surgeon in other settings <sup>1</sup>	You pay <b>nothing</b>
ER <i>(Accidental injury)</i>	<b>\$425</b> per day per facility	You pay <b>nothing</b>
ER <i>(Medical emergency)</i>	<b>\$425</b> per day per facility	You pay <b>nothing</b>
Lab work <i>(Such as blood tests)</i>	<b>20%</b> coinsurance <sup>1</sup>	You pay <b>nothing</b>
Diagnostic services <i>(Such as sleep studies, X-rays, CT scans)</i>	Up to <b>\$100</b> in an office <sup>1</sup> Up to <b>\$250</b> in a hospital <sup>1</sup>	You pay <b>nothing</b>
FEP Blue Basic Pharmacy Benefits		
Benefit	What you pay without Medicare	What you save with FEP Medicare Prescription Drug Program
In-network Retail Pharmacy <i>(For a 30-day supply)</i>	Tier 1: <b>\$15</b> copay Tier 2: <b>35%</b> coinsurance (\$150 max) Tier 3: <b>60%</b> coinsurance Tier 4: <b>35%</b> coinsurance (\$250 max) Tier 5: <b>35%</b> coinsurance (\$500 max)	Tier 1: <b>\$10</b> copay Tier 2: <b>\$45</b> copay Tier 3: <b>50%</b> coinsurance Tier 4: <b>\$75</b> copay
FEP Mail Service Pharmacy <i>(For a 90-day supply)</i>	<b>Not a benefit</b>	Tier 1: <b>\$15</b> copay Tier 2: <b>\$95</b> copay Tier 3: <b>\$125</b> copay Tier 4: <b>\$150</b> copay
FEP Specialty Pharmacy <i>(For a 30-day supply)</i>	Tier 4: <b>35%</b> coinsurance (\$250 max) Tier 5: <b>35%</b> coinsurance (\$500 max)	Your specialty drug benefits are in <b>Tier 4</b> (see above)
Annual pharmacy out-of-pocket maximum	Not a benefit	<b>\$2,100</b> per member

<sup>1</sup>You pay 35% coinsurance for agents, drugs and/or supplies you receive during your care.