


## Let's compare plans:

	<b>F</b> FEP Blue Focus <sup>®</sup>	<b>B</b> FEP Blue Basic <sup>™</sup>	<b>S</b> FEP Blue Standard <sup>™</sup>
	<b>F</b>	<b>B</b>	<b>S</b>
<b>No Deductible</b>	X	✓	X
<b>Pay Mostly Copays</b>	X	✓	X
<b>In-Network Care</b>	✓	✓	✓
<b>Out-of-Network Care</b>	X	X	✓
<b>Preferred Drug Coverage</b>	✓	✓	✓
<b>Non-preferred Drug Coverage</b>	X	✓	✓
<b>Medicare Part B Reimbursement — \$800</b>	X	✓	X


 For more detailed benefit and cost information, visit [fepblue.org](https://fepblue.org).

*If you have Medicare primary or receive care overseas, different cost share amounts may apply.*

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

<sup>2</sup>Up to 10 visits combined for chiropractic care and acupuncture.

<sup>\*</sup>Deductible applies.

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

<sup>\*\*</sup>Please see brochure for covered lab services.

## What you'll pay for common services at in-network providers

Benefit	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
<b>Virtual doctor visits through Teladoc Health<sup>®</sup></b>	Nothing	Nothing	Nothing
<b>Primary care doctor</b>	<b>\$10</b> per visit for your first 10 primary and/or specialty care visits <sup>1</sup>	<b>\$35</b> copay <sup>1</sup>	<b>\$30</b> copay
<b>Specialists</b>		<b>\$50</b> copay <sup>1</sup>	<b>\$40</b> copay
<b>Mental health visits</b>		<b>\$35</b> copay <sup>1</sup>	<b>\$30</b> copay
<b>Urgent care centers</b>	<b>\$25</b> copay	<b>\$50</b> copay	<b>\$30</b> copay
<b>Chiropractic care</b>	<b>\$25</b> for up to 10 visits a year <sup>2</sup>	<b>\$35</b> for up to 20 visits a year	<b>\$30</b> for up to 12 visits a year
<b>Maternity</b>	<b>\$0</b> for doctor's visits <b>\$1,500</b> for facility care	<b>\$350</b> inpatient <b>\$0</b> outpatient	<b>\$0</b> copay
<b>Inpatient hospital</b>	<b>30%</b> of our allowance <sup>*</sup>	<b>\$350</b> per day; up to <b>\$1,750</b> per admission	<b>\$350</b> copay
<b>Outpatient hospital</b>	<b>30%</b> of our allowance <sup>†</sup>	<b>\$250</b> per day per facility <sup>1</sup>	<b>15%</b> of our allowance <sup>*</sup>
<b>Surgery</b>	<b>30%</b> of our allowance <sup>†</sup>	<b>\$150</b> per surgeon in an office <sup>1</sup> <b>\$200</b> per surgeon in other settings <sup>1</sup>	<b>15%</b> of our allowance <sup>*</sup>
<b>ER (accidental injury)</b>	<b>\$0</b> within 72 hours	<b>\$350</b> per day per facility	<b>\$0</b> within 72 hours
<b>ER (medical emergency)</b>	<b>30%</b> of our allowance <sup>*</sup>	<b>\$350</b> per day per facility	<b>15%</b> of our allowance <sup>*</sup>
<b>Lab work (such as blood tests)</b>	<b>\$0</b> for first 10 specific lab tests <sup>**</sup>	<b>15%</b> of our allowance <sup>1</sup>	<b>15%</b> of our allowance <sup>*</sup>
<b>Diagnostic services (such as sleep studies, X-rays, CT scans)</b>	<b>30%</b> of our allowance <sup>*</sup>	Up to <b>\$100</b> in an office <sup>1</sup> Up to <b>\$250</b> in a hospital <sup>1</sup>	<b>15%</b> of our allowance <sup>*</sup>

# Pharmacy benefits

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
<b>Preferred Retail Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 1:</b> \$5 copay <b>Tier 2:</b> 40% of our allowance (\$350 maximum)	<b>Tier 1:</b> \$15 copay <b>Tier 2:</b> \$75 copay <b>Tier 3:</b> 60% of our allowance (\$90 minimum) <b>Tier 4:</b> \$120 copay <b>Tier 5:</b> \$200 copay	<b>Tier 1:</b> \$7.50 copay <b>Tier 2:</b> 30% of our allowance <b>Tier 3:</b> 50% of our allowance <b>Tier 4:</b> 30% of our allowance <b>Tier 5:</b> 30% of our allowance
<b>FEP Mail Service Pharmacy</b> <i>(for a 90-day supply)</i>	Not a benefit	Available to members with Medicare Part B primary only. Visit <a href="http://fepblue.org">fepblue.org</a> for more information.	<b>Tier 1:</b> \$15 copay <b>Tier 2:</b> \$90 copay <b>Tier 3:</b> \$125 copay
<b>FEP Specialty Pharmacy</b> <i>(for a 30-day supply)</i>	<b>Tier 2:</b> 40% of our allowance (\$350 maximum)	<b>Tier 4:</b> \$120 copay <b>Tier 5:</b> \$200 copay	<b>Tier 4:</b> \$65 copay <b>Tier 5:</b> \$85 copay

Note: The tier your drug falls in can vary between FEP Blue Focus, FEP Blue Basic and FEP Blue Standard. Please look at our approved drug lists (formularies) prior to selecting a plan to make sure we cover your drug in that plan. You can view the drug lists at [fepblue.org/formulary](http://fepblue.org/formulary).

Different cost share amounts may apply if you have Medicare primary coverage. For more information on the FEP Medicare Prescription Drug Program, visit [fepblue.org/medicarerx](http://fepblue.org/medicarerx).

# Deductibles and out-of-pocket maximums

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
<b>Deductible</b>	\$500 for Self Only \$1,000 for Self + One and Self & Family	No deductible	\$350 for Self Only \$700 for Self + One and Self & Family
<b>Out-of-Pocket Maximum</b> <i>(Preferred providers)</i>	\$9,000 for Self Only \$18,000 for Self + One and Self & Family	\$7,500 for Self Only \$15,000 for Self + One and Self & Family	\$6,000 for Self Only \$12,000 for Self + One and Self & Family

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 brochures.

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# Bi-weekly premiums

## Federal Employees Health Benefits (FEHB) Program

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
<b>Self Only</b>	\$59.17	\$113.16	\$174.81
<b>Enrollment Code</b>	<b>131</b>	<b>111</b>	<b>104</b>
<b>Self + One</b>	\$127.21	\$274.14	\$384.14
<b>Enrollment Code</b>	<b>133</b>	<b>113</b>	<b>106</b>
<b>Self &amp; Family</b>	\$139.92	\$303.61	\$424.65
<b>Enrollment Code</b>	<b>132</b>	<b>112</b>	<b>105</b>

To see our monthly premiums, visit [fepblue.org/premiums](http://fepblue.org/premiums).

## Postal Service Health Benefits (PSHB) Program

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
<b>Self Only</b>	\$59.17	\$114.12	\$174.13
<b>Enrollment Code</b>	<b>35A</b>	<b>33A</b>	<b>33D</b>
<b>Self + One</b>	\$127.21	\$280.99	\$388.04
<b>Enrollment Code</b>	<b>35C</b>	<b>33C</b>	<b>33F</b>
<b>Self &amp; Family</b>	\$139.92	\$317.62	\$435.43
<b>Enrollment Code</b>	<b>35B</b>	<b>33B</b>	<b>33E</b>

To see our monthly premiums, visit [fepblue.org/postalpremiums](http://fepblue.org/postalpremiums).

These rates don't apply to all enrollees. If you are in a specific enrollment category, please contact the agency or Tribal employer that maintains your health benefits enrollment.