

2023 MEDICARE & BLUE Blue Cross and Blue Shield Service Benefit Plan



WE CAN HELP YOU GET MORE
OUT OF MEDICARE

fepblue.org



Now is the time to make the right choice

#1

Did you know?

The Blue Cross and Blue Shield Federal Employee Program (FEP) is **the number one choice** for federal employees and retirees in the Federal Employees Health Benefits Program.

More than that, once people choose us, **they stay with us—over 99% each year**. Why is that?



We have three benefit plans designed for every need and budget



Our network has 96% of hospitals, 95% of doctors and over 55,000 retail pharmacies in the U.S.



You don't need a referral to receive care



We cover members living or traveling overseas



We're committed to your overall health and wellness



With FEP you get some of the best health insurance benefits there are to offer, but there is a way to make your coverage go even further. You can combine it with Medicare Part A and Part B (**Original Medicare**) once you're eligible.

The choice to combine your coverage is up to you, but we're going to show you why combining is the right choice once Medicare becomes your primary coverage. Primary means that Medicare will pay its portion of your benefits first and then we'll pay our portion second.

This booklet focuses on your coverage when Medicare is primary. If you do not have Medicare Part B primary, you'll get the normal benefits outlined in the Blue Cross and Blue Shield Service Benefit Plan brochures. Learn more at fepblue.org/brochure.

Why combine?

Medical

When you combine your FEP coverage with Medicare Part A and Part B primary, we **eliminate** your out-of-pocket costs for covered medical services. That means:

We pay

- Doctor's visits
- Telehealth consultations
- Urgent care visits
- Hospital visits
- FEP deductibles
- Medicare deductibles
- And much more

You pay

- FEP premium
- Medicare premium
- Pharmacy cost shares

For **Basic Option** members, we have a program to reimburse you up to **\$800** for paying your Medicare Part B premiums. Learn more on [page 12](#).

Pharmacy

You'll still get access to your prescription drug coverage—a benefit Original Medicare alone doesn't cover. While you do still pay your cost share for prescriptions, Basic and Standard Option members who combine their coverage pay less for generic drugs than members who don't combine their coverage.

We also give Basic Option members with Medicare Part B primary access to the Mail Service Pharmacy. This benefit is usually reserved for Standard Option members.

Covering what Medicare doesn't

And while Medicare provides great benefits, it doesn't cover everything. Things like acupuncture, care outside the U.S., preventive dental care and hearing aids are not covered by Medicare. But they are covered by most FEP plans.

See the charts on the next two pages to get a better idea of what your benefits will look like when you combine your coverage.

If you want to compare what you pay for services if you just keep your FEP coverage versus what you pay when you combine it with Original Medicare, you can download our Medicare at a Glance chart at fepblue.org/plan-summaries.

Medical benefits with Medicare Part A and B primary

Benefit	FEP Blue Focus	Basic Option	Standard Option
Primary care doctor	\$0 copay	\$0 copay	\$0 copay
Specialists	\$0 copay	\$0 copay	\$0 copay
Mental health visits	\$0 copay	\$0 copay	\$0 copay
Virtual doctor visits through Teladoc®	\$0 copay	\$0 copay	\$0 copay
Urgent care centers	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital	\$0 copay	\$0 copay	\$0 copay
Outpatient hospital	\$0 copay	\$0 copay	\$0 copay
Surgery	\$0 copay	\$0 copay	\$0 copay
ER <i>(accidental injury)</i>	\$0 copay	\$0 copay	\$0 copay
ER <i>(medical emergency)</i>	\$0 copay	\$0 copay	\$0 copay
Lab work <i>(such as blood tests)</i>	\$0 copay	\$0 copay	\$0 copay
Diagnostic services <i>(such as sleep studies, X-rays, CT scans)</i>	\$0 copay	\$0 copay	\$0 copay
Chiropractic care	\$0 copay for up to 10 visits*	\$0 copay for up to 20 visits	\$0 copay for up to 12 visits
Physical therapy¹	\$0 copay for up to 25 visits	\$0 copay for up to 50 visits	\$0 copay for up to 75 visits

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

¹Visit limits are combined for physical, speech and occupational therapy.

Remember, for Basic Option and FEP Blue Focus, you must use Service Benefit Plan Preferred providers to have your cost shares eliminated. Under Standard Option, you can see any provider.

Pharmacy benefits with Medicare Part B primary

For a 30-day supply

	FEP Blue Focus	Basic Option	Standard Option
Preferred Retail Pharmacy	Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 max.)	Tier 1: \$10 copay Tier 2: \$50 copay Tier 3: 50% of our allowance (\$60 min.) Tier 4: \$80 copay Tier 5: \$100 copay	Tier 1: \$5 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
Mail Service Pharmacy	No benefit	Tier 1: \$20 copay Tier 2: \$100 copay Tier 3: \$125 copay	Tier 1: \$10 copay Tier 2: \$90 copay Tier 3: \$125 copay
Specialty Pharmacy	Tier 2: 40% of our allowance (\$350 max.)	Tier 4: \$80 copay Tier 5: \$100 copay	Tier 4: \$65 copay Tier 5: \$85 copay

Keep in mind that the prescription drugs covered under each of our plans vary.

You can use our **FEP Prescription Drug Cost** tool to confirm if we cover your current prescriptions under each plan. The tool can show your prescription costs with or without Medicare. It will also show you if your prescription has a more cost-effective alternative to save you money. Use it today at fepblue.org/rx.

Deductible and out-of-pocket maximums

Benefit	FEP Blue Focus	Basic Option	Standard Option
Deductible	We waive your deductible when you have Medicare as your primary coverage	None	We waive your deductible when you have Medicare as your primary coverage
Out-of-pocket maximum <i>(Preferred providers)</i>	\$8,500 for Self Only \$17,000 for Self + One and Self & Family	\$6,500 for Self Only \$13,000 for Self + One and Self & Family	\$6,000 for Self Only \$12,000 for Self + One and Self & Family





Selecting the right FEP plan for your needs

Since all of our plans provide excellent coverage, you may be wondering how to narrow down the right one for you. We'll break down the benefits of each.

Keep in mind that if you start in one plan now and your needs change in a few years, you'll have the opportunity to switch plans annually during Open Season. This is typically the second Monday in November through the second Monday in December each year. You'll also have the opportunity to make a change if you have a qualifying life event (QLE), such as a marriage or divorce.





FEP Blue Focus

FEP Blue Focus is well suited for those who don't use their health care benefits often, only use in-network providers and don't have many prescription drug needs.

-  You pay the lowest premium for FEP Blue Focus.
-  FEP Blue Focus comes with our most limited prescription drug formulary.
-  When you combine it with Original Medicare, we pay your deductible, so it becomes a deductible-free plan.
-  It does not cover benefits, such as hearing aids and preventive dental care.


Basic Option


For over 15 years, Basic Option has been the plan most federal employees choose in the FEHB.


-  You get up to \$800 back for paying your Medicare Part B premiums when you combine your coverage.
-  You get added coverage for things Medicare alone doesn't cover, like hearing aids and preventive dental care.
-  We enhance your prescription drug coverage with lower cost generics and access to the Mail Service Pharmacy.
-  You must see in-network (Preferred) providers to get care.


Standard Option

Standard Option is our only plan that allows you to go in and out-of-network for non-emergency care.

- 

It has the largest approved drug list, or formulary. This makes it a good option for members who have complex prescription needs.
- 

When you combine it with Original Medicare, we pay your deductible, so it becomes a deductible-free plan.
- 

You get added coverage for things Medicare alone doesn't cover, like hearing aids and preventive dental care.
- 

You pay the highest premium for Standard Option.

Premiums

When you're retired, you pay your premium monthly instead of bi-weekly. The premium is usually deducted from your monthly annuity.

	FEP Blue Focus	Basic Option	Standard Option
Self Only	\$117.46	\$187.78	\$308.53
Enrollment Code	131	111	104
Self + One	\$252.51	\$472.12	\$690.84
Enrollment Code	133	113	106
Self & Family	\$277.75	\$515.48	\$753.77
Enrollment Code	132	112	105



Need help choosing the right plan?
Use our interactive quiz online to receive a recommendation based on your needs.
Try it today at askblue.fepblue.org.

If you're retired and you need to make an enrollment change, OPM is your retirement office. Visit opm.gov/retire to learn more. If you're still working, you can reach out to your HR department for assistance.

Giving you the tools you need to support your health



As your health insurer, our number one goal is to support the health and wellness of all our members. We offer a variety of wellness programs, incentives and discounts that support your overall health.



Blue Health Assessment

With the Blue Health Assessment (BHA), you can get a snapshot of your health. Just take a simple online quiz and, once it's complete, you'll get instant feedback on ways you can improve or maintain your health. Take the assessment to your next doctor's appointment so you can discuss your results with your primary doctor. Basic and Standard Option members can earn **\$50** the first time they take the BHA in 2023.



Online Health Coach

The Online Health Coach helps you set and reach your health goals. Whether you want to eat better, stress less or get help managing a chronic condition, the Online Health Coach can help. Basic and Standard Option members can earn **\$120** for completing three eligible goals in 2023.



Routine Annual Physical Incentive Program

Getting an annual checkup each year is one of the best things you can do for your health. Your doctor can help you identify any health risks and give you tips to manage them. FEP Blue Focus members can earn a reward, such as **\$150** on a MyBlue® Wellness Card for getting a physical.

Additional wellness programs

Telehealth Services through Teladoc®

Get general medical care, mental health support, dermatology services and nutritional counseling all from the comfort of home. And with Medicare primary, we waive all telehealth service copays.

Hypertension Management Program

Members with high blood pressure can get a free at-home blood pressure monitor.

Diabetes Management Incentive Program

Basic and Standard Option members with diabetes can earn **\$100** for keeping their A1c levels in control.

Diabetes Management Program by Livongo®

Basic and Standard Option members with diabetes can get a free digital glucose monitor, associated supplies and ongoing support.

MyStrength by Livongo

Use this digital tool to assist with life's challenges, such as anxiety and difficulty sleeping.*

*myStrength by Livongo is a pilot program available to all Blue Cross and Blue Shield Service Benefit Plan members (ages 13 and over). The program will currently be offered through 12/31/23. Members living overseas who are outside of the European Union must have a valid APO, DPO or FPO address to participate in the myStrength by Livongo program.



Learn more about all of our programs at fepblue.org/healthwellness.

Blue365®

Blue365 is an exclusive discount program offered to FEP members. Get hundreds of savings like:

30%-75% off the cost of hearing aids and hearing aid supplies. Basic and Standard Option members can even combine the discount with their **\$2,500** hearing aid benefit.**

Discounts at local gyms and online fitness classes through partners like Fitness Your Way, Gympass and Burnalong. Or build a home gym with discounts on exercise equipment.

Healthy meals, fruits, snacks and groceries delivered straight to your home through partners like Sunbasket, Freshly, Hungry Harvest and more.

Discounts on popular travel destinations and travel insurance to protect your vacations.

And so much more. Sign up today at blue365deals.com/fep.

**\$2,500 benefit limited to every five years.

A closer look at Medicare

You're eligible for Medicare starting three months before you turn 65. Individuals with certain disabilities, kidney failure (end stage renal disease) or ALS (Lou Gehrig's disease) may be eligible earlier.

Now that we've taken a look at the benefits you get with FEP, let's take a look at Medicare. Starting with the basics, Medicare is broken into four parts: Part A, Part B, Part C and Part D.



A

Part A: Hospital insurance

Part A covers inpatient hospital, skilled nursing facility, hospice and home health care. Most federal employees take Part A as soon as they can because it's free as long as you've paid enough in Medicare taxes (this typically means you've worked for at least 10 years).



B

Part B: Doctor's insurance

Part B covers care you receive from doctors, preventive services, outpatient care, home health care and durable medical equipment, such as walkers and wheelchairs. You pay a premium for Part B based on your income.



D

Part D: Rx Drug Coverage

Part D helps you pay for your prescriptions. The good news is that if you combine your Medicare Part A and B coverage with FEP, you don't need a supplemental Part D plan. Our prescription drug coverage pays out the same or more than a Part D plan, according to OPM.



C

What about Part C?

Medicare Part C is also known as Medicare Advantage or an MA Plan. It is coverage from a private company that bundles together Medicare Part A and B coverage. Many plans also include Part D coverage.

The premiums for these plans are set by the companies that provide them. You'll also typically have a specific network of providers you can visit.

Things to keep in mind

As long as you've received social security benefits for at least four months prior to turning 65, the federal government will **automatically enroll** you in Original Medicare. You'll receive a welcome packet with your Medicare card three months before your 65th birthday.

Members in Puerto Rico or U.S. citizens living outside the U.S. will get Part A automatically, but will need to sign up for Part B.

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You must have at least **five years of continuous coverage** in the FEHB to keep your FEP coverage into retirement. Make sure you have at least five years of coverage before you retire so you can combine your coverage with Medicare.

Should I delay my Part B enrollment?

Some people choose to delay their Part B enrollment because they're still working or their spouse is. In this situation, as long as you still have group health insurance through your or your spouse's employer, you'll be covered by that plan as your primary coverage. We recommend that, if you have FEP or another FEHB plan, you keep that group coverage. You want to ensure you meet the five-year rule above. If you retire and you leave the FEHB you can **never** re-enter the program.



If you and your spouse are retired, choosing to delay your Medicare Part B enrollment could cause a late enrollment penalty. The penalty is a 10% premium increase for each year you delay your enrollment. In 2022, the standard Medicare Part B premium is \$170.10. Let's say:

- You and your spouse are retired
- You were first eligible for Part B in 2017
- You didn't sign up when you were first eligible

That means instead of \$170.10, you would pay \$255.15. Plus, you may need to pay an Income-Related Monthly Adjustment Amount (IRMAA) depending on your income level. Learn more about IRMAA on [page 11](#).

Remember, the choice to enroll in Medicare is always yours. **However, if you and your spouse are both retired, we recommend you take Medicare Part B as soon as you're eligible.** If you retire after your 65th birthday, you'll have an eight month eligibility period once you retire to enroll.

Your Medicare costs

Medicare Part B premium

The price you pay for Medicare Part B depends on your income. In 2022, the standard monthly premium that most people pay is \$170.10 (visit [medicare.gov](https://www.medicare.gov) in late 2022 or throughout 2023 to see the 2023 premiums).

What is an IRMAA?

If you are above a certain income level, you will pay an Income-Related Monthly Adjustment Amount (IRMAA). Your IRMAA is a cost that's added to your monthly Medicare Part B premium based on your annual income. The amount you need to pay is determined by the Social Security Administration.

If your yearly income in 2020 (for what you pay in 2022) was:			You pay each month (in 2022)
File individual tax return	File joint tax return	File married & separate tax return	
\$91,000 or less	\$182,000 or less	\$91,000 or less	\$170.10
above \$91,000 up to \$114,000	above \$182,000 up to \$228,000	Not applicable	\$238.10
above \$114,000 up to \$142,000	above \$228,000 up to \$284,000	Not applicable	\$340.20
above \$142,000 up to \$170,000	above \$284,000 up to \$340,000	Not applicable	\$442.30
above \$170,000 and less than \$500,000	above \$340,000 and less than \$750,000	above \$91,000 and less than \$409,000	\$544.30
\$500,000 or above	\$750,000 or above	\$409,000 or above	\$578.30

Medicare Reimbursement Account

When you combine your Medicare coverage with Basic Option, we give you up to **\$800** per year back for paying Medicare Part B premiums. If your spouse also has Medicare, they can receive this benefit too, making the reimbursement **\$1,600**. You can use this benefit even if Medicare isn't your primary coverage.

Here's how it works:

- 1 Pay your Medicare Part B premium and get proof of the payment. We'll accept:
 - **An annual cost of living adjustment (COLA) statement**
 - **A canceled check, a credit card statement or bank statement that matches your Medicare Part B premium bill**
- 2 Complete and file a Medicare Reimbursement Account claim online, via app, by fax or by mail. Make sure to include your proof of payment. You need to submit a separate claim for each member in your household with Medicare.
- 3 If you submit your claim digitally you can receive your funds via direct deposit within a few days of claims processing. If you submit via mail or fax or select the option for mail online, we'll mail you a check within a few weeks.
- 4 Once you receive your reimbursement, you can use it on anything you like.



Get started today by visiting fepblue.org/mra, downloading the **EZ Receipts** app or by calling **1-888-706-2583**.

Medicare Part A

out-of-pocket costs

Medicare Part A covers inpatient care. Most people don't pay a premium for Part A. However, you will have an inpatient hospital deductible to meet before Medicare will begin paying its portion for services.

In 2022, the deductible is \$1,566 per benefit period per person. When you combine your coverage with FEP, we pay your Medicare Part A deductible.

Check in late 2022 or throughout 2023 for 2023 cost information.

In addition to your deductible, you have copays for inpatient hospital care under Part A.

What you pay for inpatient hospital care under Part A

Days 1-60	Days 61-90	Days 91 and beyond	Beyond lifetime reserve days
\$0 for each benefit period	\$389 per day of each benefit period	\$778 per each lifetime reserve day (up to 60)	All costs

What you pay for inpatient hospital care with FEP

Days 1-90	Days 91 and beyond	Beyond lifetime reserve days
\$0 for each benefit period	\$0 per each lifetime reserve day (up to 60)	Regular FEP cost shares apply

What is a lifetime reserve day?

Medicare covers up to 90 days of inpatient hospital care annually. If you have a medical event where you need more than 90 days of hospital care, Medicare has lifetime reserve days. You get 60 days to use per your lifetime.

Medicare Part B out-of-pocket costs

Medicare Part B covers medical services. In addition to your premium, you have a deductible to meet before Medicare will begin paying its portion for services.

In 2022, the deductible is \$233. When you combine your coverage with FEP, we pay your Medicare Part B deductible.

Check in late 2022 or throughout 2023 for 2023 cost information.

In addition to your deductible, you typically pay **20%** of Medicare's allowance for services covered by Part B (e.g. doctor's services, mental health care, durable medical equipment and more). FEP pays the 20% of Medicare's allowance when you combine your coverage. **You pay nothing.**

What about my out-of-pocket costs if I choose to just keep my FEP coverage?

Members who do not combine their coverage with Medicare Part A and Part B primary receive regular FEP benefits. You'll pay your FEP premium and the copays, deductibles and coinsurance amounts outlined in the Blue Cross and Blue Shield Service Benefit Plan brochures. Download the brochures at fepblue.org/brochure.



Again, what about Part C?

Medicare Part C plans are sponsored by private insurance companies, such as your local Blue Cross Blue Shield company. They bundle the benefits of Original Medicare together, plus, in many cases, Part D and benefits Original Medicare does not cover. They should not be confused with Medicare Supplement Plans or Medigap (FEP is not a Medigap plan).

You may be trying to compare the benefits you get with a Medicare Advantage Plan with the benefits you get with Medicare and FEP. Here is some information that may help you make a decision.



Provider choice

Original Medicare	Original Medicare + FEP	Medicare Advantage
You can go to any doctor or hospital that takes Medicare in the U.S.	All members have access to FEP’s network of 96% of providers and 95% of hospitals With Standard Option, you can also go to any out-of-network provider	You can use the doctors and providers in the plan’s network
In most cases, you don’t need a referral to see a specialist	You never need a referral to see a specialist	You may need a referral to see a specialist
Does not cover care overseas	Covers care overseas	Plans generally don’t cover care overseas

Coverage

Original Medicare	Original Medicare + FEP	Medicare Advantage
Covers most medically necessary services and supplies. However, doesn't cover some benefits like acupuncture, hearing aids, dental care, routine exams and eye exams	Covers medically necessary services plus many services Medicare does not cover	Covers medically necessary services. Many also cover services Medicare does not cover
You have to enroll in a separate Medicare Part D plan to get prescription drug coverage	Prescription drug coverage is included as part of your benefits	Part D is included in most plans

Cost

Original Medicare	Original Medicare + FEP	Medicare Advantage
You pay a monthly premium for Part B + you'll pay a separate premium for Part D if you need prescription drug coverage	<p>You pay your FEP plan's premium + the Part B premium. You do not need to enroll in Part D</p> <p>Basic Option members can get up to \$800 back for paying Part B premiums</p>	<p>You pay your MA plan's premium in most cases + the monthly Part B premium</p> <p>Most plans also include Part D coverage. Some may help you pay Part B premiums</p>
For Part B services, you pay 20% of Medicare's allowance after you meet your deductible	We cover your cost share for Part B services in full	Out-of-pocket costs vary by plan
There isn't a yearly limit on what you pay-out-pocket for covered services unless you enroll in a supplement plan	You have an out-of-pocket maximum that limits what you pay for covered services in a calendar year. Once you reach the limit, you pay nothing for the covered services the rest of the year	Plans have a yearly limit on what you pay for covered services. Once you reach the limit, you pay nothing for the covered services the rest of the year

Source: medicare.gov

Provider network

Original Medicare has a set network of providers that accept the Medicare assignment, or Medicare’s payment. When you combine with FEP, you can go to any provider within the FEP network even if they’re not in Medicare’s network. Standard Option members can also go to FEP out-of-network providers.

Coverage	Medicare network	FEP network	Out-of-network
Medicare only	✓		
Medicare with FEP	✓	✓	
Medicare with FEP Standard Option	✓	✓	✓



When you receive services, you should take your Medicare ID card and your FEP member ID card. This will help ensure your claims process correctly. When Medicare is primary, your doctors will send claims to Medicare first, then Medicare will send the claim to us. There is no paperwork for you.

Private contracts

Some providers may ask you to sign a contract before you receive services. The contract will ask you to agree to them billing you directly for services covered by Medicare. We don’t recommend you sign a contract like this. If you sign the contract, Medicare will not cover your service. And we’ll only pay the amount we would’ve paid if Medicare paid their portion. You will have to pay all additional charges.

Other important things to keep in mind

As you consider your options here are some other things to remember:

- ✓ **Health needs tend to change as we age.** Remember if you're 'healthy' now, you may have greater health needs later. If you choose to forgo Medicare Part B now, you don't want the late enrollment penalty to price you out of Medicare if you need it later.
- ✓ **Medicare provides you with individual coverage.** If you have dependents, such as a child under 26 or a spouse, you want to keep their needs in mind too. FEP provides coverage for your eligible family members. If you pass away, your dependents will be able to keep their coverage (including children until age 26).
- ✓ **Once you retire, we keep you in the same insurance group as actively working employees.** If you combine your coverage with Medicare, you'll get added benefits that active employees do not receive.
- ✓ **OPM continues to pay a portion of your FEP premium (about 70%) once you retire.** You will pay your premium monthly instead of bi-weekly.



Suspending your FEP coverage to try a different plan

Remember, you must have at least five years of continuous enrollment in the FEHB before you retire. **Once you do retire, if you cancel your coverage, you can never re-enroll in the Program.** If you want to try a different Plan such as Medicare Advantage or Tricare, you should suspend your coverage. You can only suspend your coverage as a retired employee.

You will need to work with OPM, or if you're a survivor annuitant, the retirement office managing your FEHB enrollment to suspend your coverage. Learn more at opm.gov/retire.

Helpful resources

Medicare

Visit [medicare.gov](https://www.medicare.gov) or call **1-800-MEDICARE** (TTY: 1-877-486-2048) to learn more about Medicare benefits and services.

Social Security

Your local Social Security office can help you if you have questions about Medicare enrollment. Locate an office near you at [ssa.gov](https://www.ssa.gov) or call **1-800-772-1213** (TTY: 1-800-325-0778).

OPM

Once you retire, OPM is your retiree office. Visit [opm.gov/retire](https://www.opm.gov/retire) to learn more.

NARFE

The National Association of Active and Retired Federal Employees is a great resource to learn more about the benefits of keeping your FEHB coverage and Medicare. Visit [narfe.org](https://www.narfe.org) to find a chapter near you.

FEP

You can learn more about FEP and Medicare at fepblue.org/medicare. Or give us a call at **1-800-411-BLUE (2583)** (TTY: 711) weekdays between 8 a.m. and 8 p.m. If you have claims or customer service questions, call the number on the back of your member ID card.

@fepblue



fepblue.org

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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 (Standard Option and Basic Option: 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.

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