

2023 BENEFIT SUMMARY BOOK

Blue Cross and Blue Shield Service Benefit Plan



SEE WHAT THE **#1 HEALTH PLAN FOR**
FEDERAL EMPLOYEES CAN DO FOR YOU

fepblue.org





We can show the value of having the right plan

Choosing the right health plan matters. You want to make sure you have the coverage you need. That you get access to tools and resources that help you make the most out of your budget. This is where the Blue Cross and Blue Shield Federal Employee Program (FEP) can help.

For more than 60 years, FEP has been committed to providing federal employees, U.S. Postal Service employees, retirees and their families the best health care benefits possible. You can count on us to be there every step of your health care journey. Enjoy free preventive care and rewarding incentives, plus a network that includes 95% of doctors and 96% of hospitals in the U.S. That's how we've become the number one health insurance choice for federal employees. Now, we invite you to explore this booklet and **see what we can do for you.**

We have plans designed to support every need and budget:



FEP Blue Focus



Basic Option



Standard Option

We'll use these icons for each of our plans throughout this booklet.

You can choose to cover:



**Yourself with
Self Only**



**You and one other
person with Self + 1**



**You and multiple
dependents with
Self & Family**

With each of our plans, you'll receive:



**Free preventive
care from in-network
(Preferred) providers**



**Worldwide
coverage**



**Referral-free care
from specialists**



**Wellness rewards
and discounts**

When you're a member, we make it easy to get the most out of your plan:



**Sign up for
MyBlue®**



**Download the
fepblue app**



**Start earning rewards
and incentives**

Let's compare

	F	B	S
In-Network Care	✓	✓	✓
Out-of-Network Care	X	X	✓
No Deductible	X	✓	X
Pay Mostly Copays	X	✓	X
Preferred Drug Coverage	✓	✓	✓
Non-preferred Drug Coverage	X	✓	✓
Medicare Part B Reimbursement – \$800	X	✓	X

Premiums, deductibles and out-of-pocket maximums

	Bi-weekly Premiums			Monthly Premiums		
	FEP Blue Focus	Basic Option	Standard Option	FEP Blue Focus	Basic Option	Standard Option
Self Only	\$54.21	\$86.67	\$142.40	\$117.46	\$187.78	\$308.53
Enrollment Code	131	111	104	131	111	104
Self + One	\$116.54	\$217.90	\$318.85	\$252.51	\$472.12	\$690.84
Enrollment Code	133	113	106	133	113	106
Self & Family	\$128.19	\$237.91	\$347.89	\$277.75	\$515.48	\$753.77
Enrollment Code	132	112	105	132	112	105

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.

Benefit	FEP Blue Focus	Basic Option	Standard Option
Deductible	\$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
Out-of-Pocket maximum (Preferred providers)	\$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

What you'll pay for common services at Preferred providers

Benefit	FEP Blue Focus	Basic Option	Standard Option
Primary care doctor	\$10 per visit for your first 10 primary and/or specialty care visits ¹	\$30 copay ¹	\$25 copay
Specialists		\$40 copay ¹	\$35 copay
Mental health visits		\$30 copay ¹	\$25 copay
Virtual doctor visits through Teladoc®	\$0 first 2 visits and all nutrition visits \$10 all additional visits	\$0 first 2 visits and all nutrition visits \$15 all additional visits	\$0 first 2 visits and all nutrition visits \$10 all additional visits
Urgent care centers	\$25 copay	\$35 copay	\$30 copay
Maternity	\$0 for doctor's visits \$1,500 for facility care	\$250 inpatient \$0 outpatient	\$0 copay
Inpatient hospital	30% of our allowance*	\$250 per day; up to \$1,500 per admission	\$350 copay
Outpatient hospital	30% of our allowance [†]	\$150 per day per facility ¹	15% of our allowance*
Surgery	30% of our allowance [†]	\$150 per surgeon in an office ¹ \$200 per surgeon in other settings ¹	15% of our allowance*
ER (accidental injury)	\$0 within 72 hours	\$250 per day per facility	\$0 within 72 hours
ER (medical emergency)	30% of our allowance*	\$250 per day per facility	15% of our allowance*
Lab work (such as blood tests)	\$0 for first 10 specific lab tests**	15% of our allowance ¹	15% of our allowance*
Diagnostic services (such as sleep studies, X-rays, CT scans)	30% of our allowance [†]	Up to \$100 in an office ¹ Up to \$200 in a hospital ¹	15% of our allowance*
Chiropractic care	\$25 for up to 10 visits per year ²	\$30 for up to 20 visits per year	\$25 for up to 12 visits per year

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

*Deductible applies.

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

[†]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.

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

Now let's take an at-a-glance look at your pharmacy benefits

We want to make sure you and your family have access to the prescription drugs you need. That's why we have a variety of coverage options you can count on.

We have three pharmacy programs designed to get members the prescriptions they need conveniently and affordably.

	F	B	S
Retail Pharmacy Program			
Mail Service Pharmacy Program	X	X*	
Specialty Pharmacy Program			

**Available if you have Medicare Part B primary.*



Use our online tool to know if your drug is covered and what it will cost

Our online **FEP Prescription Drug Cost** tool can help you determine the out-of-pocket cost for your prescription at a local pharmacy, through mail or through the Specialty Pharmacy, when applicable. It will also show you if there's a cheaper alternative drug available. Use the tool today at fepblue.org/rx.

Retail Pharmacy Program

Pick up your prescriptions conveniently at one of our more than 55,000 in-network pharmacies, such as a CVS Pharmacy or your grocery store pharmacy. Find an in-network pharmacy near you at [fepblue.org/provider](https://www.fepblue.org/provider).

What you'll pay for a 30-day supply at an in-network pharmacy

FEP Blue Focus	Basic Option	Standard Option
Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum)	Tier 1: \$15 copay Tier 2: \$60 copay Tier 3: 60% of our allowance (\$90 minimum) Tier 4: \$85 copay Tier 5: \$110 copay	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

If you have Medicare primary or receive care overseas, different cost share amounts may apply. Tier 4 and 5 drugs are limited to one 30-day fill through the Retail Pharmacy Program. All additional fills must be placed through the Specialty Pharmacy Program.

Mail Service Pharmacy Program

Get your prescriptions delivered directly to your door.

What you'll pay for a 90-day supply through this program

FEP Blue Focus	Basic Option	Standard Option
Not a benefit	Available to members with Medicare Part B primary only Visit fepblue.org for more information	Tier 1: \$15 copay Tier 2: \$90 copay Tier 3: \$125 copay

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

Specialty Pharmacy Program

This program is exclusively for members who are prescribed specialty drugs. It allows members who need these medications to get them at a reasonable cost.

What you'll pay for a 30-day supply through this program

FEP Blue Focus	Basic Option	Standard Option
Tier 2: 40% of our allowance (\$350 maximum)	Tier 4: \$85 copay Tier 5: \$110 copay	Tier 4: \$65 copay Tier 5: \$85 copay

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



Learn more about your pharmacy benefits on page 19.

NEW What's new for 2023

Here are some benefit changes for 2023. This is not a full list of changes. To see the full list, see section 2 of the Blue Cross and Blue Shield Service Benefit Plan brochures at fepblue.org/brochure.

Health and wellness updates



Starting in Fall of 2022, FEP Blue Focus members can receive a **\$150** MyBlue Wellness Card when they complete their annual physical. Use the card for qualified medical expenses or at select Blue365® retailers.



We will now make real-time updates, rather than annual updates, to your preventive care benefits. You can see a list of covered preventive care services at fepblue.org/preventivecare.

Maternity and reproductive care updates



We increased the number of free mental health visits for members who are pregnant or recently gave birth to eight visits.



Pregnant members can receive a blood pressure monitor at no cost to them. You can order the monitor via your **MyBlue** account or by calling **1-800-411-BLUE (2583)**.



We will cover egg or sperm storage for members facing infertility due to a medical procedure or treatment. You can use this benefit once per lifetime.

Pharmacy updates



We added four new drug classes related to mental health to the Standard Option Generic Incentive Program.



Standard Option members get Preferred insulins for **\$35** for a 30-day supply and **\$65** for a 90-day supply, rather than paying a coinsurance amount.



We cover approved weight-loss drugs through the Pharmacy Program to support members who are obese. You must receive prior approval for this benefit.



We increased the Basic Option Tier 1, 2 and 3 cost share for covered drugs.



Medical benefit updates



Basic Option members can get up to 12, rather than 10, covered acupuncture visits a year.



We lowered the age we will begin covering weight-loss (bariatric) surgery for members to age 16.



We removed the limit on covered non-sibling donors for transplant services.



We increased the Basic Option cost share for diagnostic tests, inpatient visits, outpatient visits and emergency visits.

Overseas updates



We will waive the calendar year deductible for FEP Blue Focus members who receive care overseas. Learn more about overseas benefits at fepblue.org/overseas.

Wherever you go, we can be there

You're covered

Blue Cross Blue Shield has one of the largest provider networks in the U.S. Your member ID card works in every ZIP Code and beyond. And you never need a referral to see a specialist with any of our plans.

Finding an in-network provider is easy if you have our **fepblue** app or go to our website, fepblue.org/provider. You can also call us at the customer service number on the back of your member ID card.

Travel confidently

If you're away from home for work or play, your benefits will travel with you. Just make sure to take your member ID card with you wherever you go—which is easy if you download our **fepblue** app.



Traveling or moving overseas?

Your benefits work there, too—all at the in-network level, no matter which providers you visit. We encourage you to visit fepblue.org/overseas to see how your benefits will work outside the U.S. You can also call our Overseas Assistance Center at **1-804-673-1678**.

Let us take care of the paperwork

When you receive covered services at in-network providers, you don't need to submit a claim. We'll work directly with your providers, which means no paperwork for you.

The only time you'll need to submit a claim is:

- If you go to an out-of-network provider or pharmacy (remember, only Standard Option members have non-emergency, out-of-network benefits)
- If you're a Basic Option member with Medicare Part A and B and you're submitting your Medicare Reimbursement Account Pay Me Back Form
- If you're overseas and your provider doesn't have a guarantee of benefits in place

All our claim forms are available at fepblue.org/claim-forms. If you need to submit a claim, follow the instructions on the form and mail it to the address provided.

Register for telehealth services

With telehealth services provided by Teladoc, you can get virtual doctor visits via phone, video chat or the Teladoc app. All members get their first two Teladoc visits—and all nutritional counseling visits—covered in full.

Your telehealth benefit includes:



24/7 General
Medical Care



Mental Health
Consults



Dermatology
Services



Nutritional
Counseling



Global Care
*(for Overseas
Members)*

Learn more about Teladoc at fepblue.org/telehealth or call **1-855-636-1579**.



Does your doctor offer telemedicine services?

If your in-network doctors offer phone or video visits, we'll cover them. You'll pay the same cost share as an in-person visit.

Access all your health care information in one place with MyBlue®



All members, 18 and older, have access to our online member-only website, MyBlue. The site is personalized to you and is the gateway to managing your information, earning rewards and using many of our helpful tools and resources.

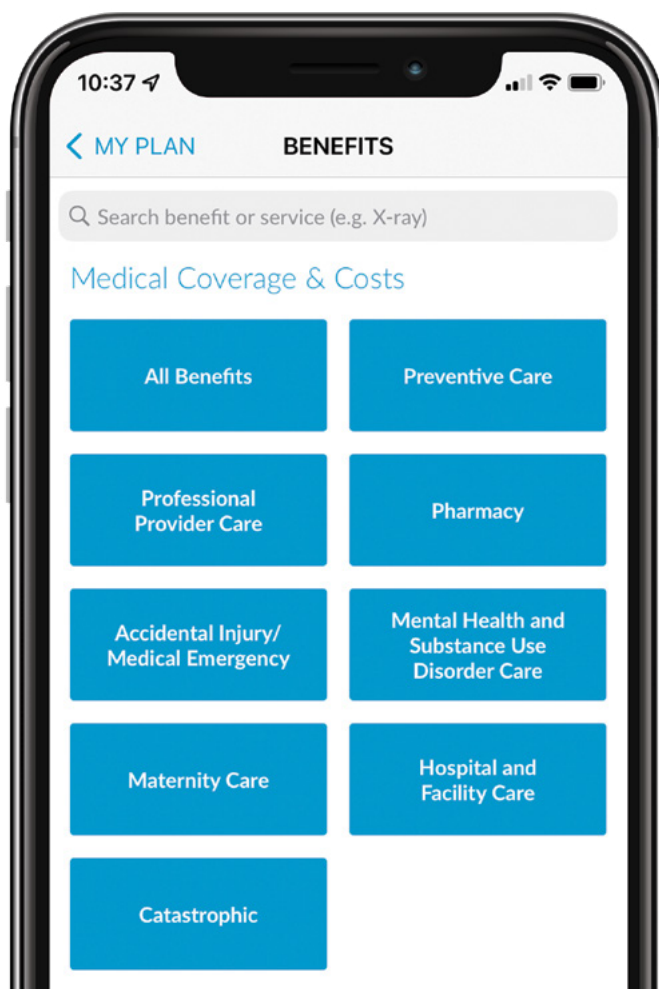
To register for an account:

- 1 Visit fepblue.org/signup.
- 2 Complete the registration fields. You'll need your member ID card and a unique PIN. Follow the instructions to get your PIN.
- 3 Confirm your registration and begin using MyBlue. Once you have an account, you can access MyBlue 24/7 at fepblue.org/myblue.

Download the fepblue app to do more on the go

The **fepblue** app puts your health insurance benefits in the palm of your hand. Use it to quickly access the digital version of your member ID card, find in-network providers no matter where you are or connect to a virtual one through Teladoc, set up notifications to receive updates from us and more.

Download **fepblue** on the App Store® or Google Play™ today.



Helpful tools to get the most out of your benefits

Through a variety of online tools and resources, we can help you stay informed, manage your costs and more.

Find the right plan

Members and potential members can take a simple online quiz to get a plan recommendation based on your health care needs and budget. Get started at askblue.fepblue.org.

Know your health care costs

See how close you are to meeting your annual deductible or visit limits as well as what you've paid in claims this year. See more at fepblue.org/myblue.

Get estimates for anticipated care and services

You can search for certain treatments and get estimates for how much they'll cost. Check it out at fepblue.org/provider.

See past spending and plan ahead

Find out how much you spent last year on health care costs and plan for future spending. (You must be enrolled in FEP for at least one calendar year to use these features.) Try it now at fepblue.org/costadvisor.

Manage your coverage

View your claims, Explanation of Benefits (EOBs) and all your medical records in one convenient place. Learn more at fepblue.org/myblue.



Have questions about FEP?


Call **1-800-411-BLUE (2583)**. You can also call the number on the back of your member ID card.

Get rewarded for completing activities that support your health


Blue Health Assessment S B

With the Blue Health Assessment (BHA), get a healthy action plan in less than 10 minutes.


Here’s how it works:



Answer a questionnaire about your health



Receive a personalized score and plan to improve or maintain the score



Earn **\$50** the first time you complete the BHA in 2023

You must be the contract holder or spouse, 18 or older, on a Standard or Basic Option plan to earn incentive rewards.

Online Health Coach S B

Once you have your action plan, get support to help reach your goals. The Online Health Coach is an online tool that allows you to track your activities and earn rewards. For each goal you complete in 2023, up to three, you’ll earn **\$40**. That’s **\$120** in total.

The goals you can complete include:



Reducing stress



Losing weight



Exercising more



Feeling happier



Eating better



Managing asthma



Managing heart disease



Managing heart failure



Managing hypertension



Managing COPD

You must be the contract holder or spouse, 18 or older, on a Standard or Basic Option plan to earn incentive rewards.

Routine Annual Physical Incentive Program F

FEP Blue Focus members can earn a reward for receiving their annual physical—one of the most important things you can do for your health.

Rewards you can earn include:



MyBlue® Wellness Card

Get **\$150** on a MyBlue Wellness Card that you can redeem at over 15 health and wellness vendors on Blue365®.



Receive a four-month gym membership that's valid at more than 10,000 health clubs nationwide.



Get a personalized diet and nutrition plan by sending in a cheek swab.

To earn the reward, get your annual checkup from an in-network provider. Once your doctor submits the claim, we'll send you an email and/or a message on your EOB with instructions to receive the reward.

Location restrictions apply. You must be 18 or older and the contract holder or spouse on an FEP Blue Focus plan to earn this reward. We encourage you to consider possible tax implications of your rewards as part of this program, and to consult your tax, legal or accounting advisors for additional information. Not all Blue365 vendors are included in this program.



Other incentive programs S B



Pregnancy Care Incentive Program: Pregnant members can earn **\$75** for getting prenatal care in their first trimester. You can also earn a Pregnancy Care Box with items to support you during and after your pregnancy.



Diabetes Management Incentive Program: Members with diabetes can earn up to **\$100** for taking steps to keep their A1c levels under control.

Health and wellness programs



Medicare Reimbursement Account **B**

Basic Option members enrolled in Medicare Part A and B can receive up to **\$800** if they pay Medicare Part B premiums. Each member on your plan enrolled in Medicare can receive this benefit.



Hypertension Management Program

Members with high blood pressure can receive a blood pressure monitor at no out-of-pocket cost every two years.



Additional Maternity Programs

Members who are pregnant or have recently given birth can receive a breast pump kit, up to 8 mental health visits and a blood pressure monitor. All at no out-of-pocket cost.



Diabetes Management Program by Livongo® **S** **B**

Members with diabetes can get an advanced digital glucose meter, free unlimited test strips and lancets, plus one-on-one support through Livongo.



Tobacco Cessation Incentive Program

If you smoke or use other tobacco or vaping products and are ready to quit, we can help. Members can get support and free tobacco cessation drugs through this program.



Nurse Line

You have 24/7 access to qualified registered nurses if you ever have a health question or need health advice. Call **1-888-258-3432** or chat with them via your **fepblue** app or MyBlue account.



Discount Drug Program

The Discount Drug Program gives you up to a 24% discount on specific drugs that are not covered under your regular pharmacy benefits.



Generic Incentive Program **S**

For Standard Option members who switch to an eligible generic medication, we'll waive your cost share for your first four prescription fills or refills.



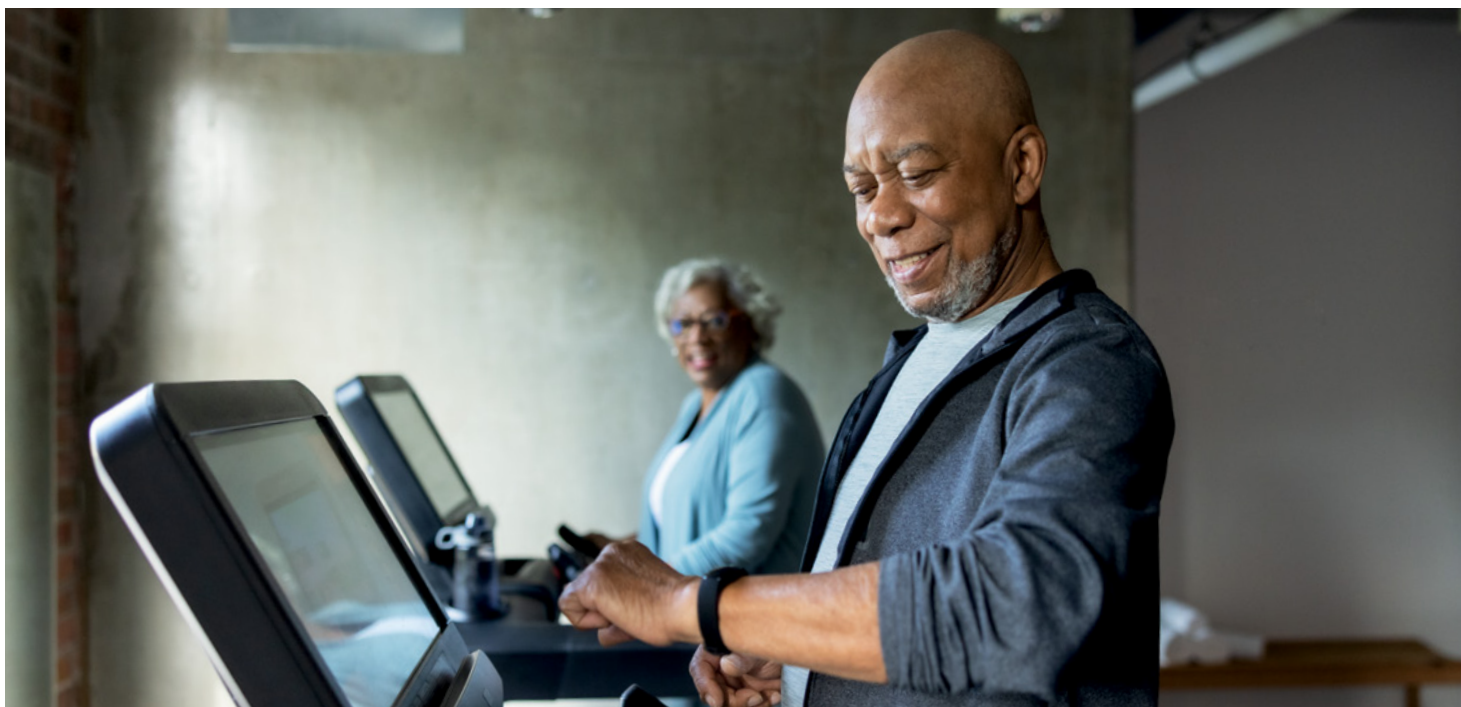
Any reward dollars you earn are loaded on to your MyBlue Wellness Card

When you earn reward dollars through our incentive programs, we load the funds on to your MyBlue Wellness Card. This is a prepaid debit card that you can use to pay for qualified medical expenses.

Things you can pay for with your card:

- Doctor's office copays
- Prescription copays
- Contacts and glasses
- Over-the-counter medicines
- Menstrual products
- And more

For the full list of qualified medical expenses, visit www.irs.gov/publications/p502.



Check out our Blue365 Discount Program

Blue365 is a discount program offered exclusively to Blue Cross Blue Shield members. Sign up for discounts from well-known national brands, such as Fitbit, Philips Norelco, Reebok and TRX Fitness, plus many more you might not expect.



Now, you can log in to Blue365 using your MyBlue account information. Learn more at fepblue.org/blue365.

Healthcare 101



We understand that health insurance can be confusing at times. Here are some FAQs to help you along the way.

What is the difference between copay and coinsurance?

A **copay** is a set amount you pay for a service (e.g., \$30). A **coinsurance** is a percentage you pay (e.g., 30%) of our payment to your provider, also known as our allowed amount (allowance) to your provider.

How do I know what my out-of-pocket cost will be if I have to pay a coinsurance?

Our allowance varies based on the service you're receiving and where you're receiving it. You can call the customer service number on the back of your member ID card (or locate the full list of customer service numbers at fepblue.org/contact) for more information. If you want to know the cost of a prescription, we encourage you to use our Prescription Drug Cost Tool at fepblue.org/rx.

What is a deductible?

A **deductible** is a set amount you need to pay before we'll begin paying for our portion of your service. Deductibles do not apply to all services. Additionally, only **FEP Blue Focus** and **Standard Option** have deductibles—**Basic Option** does not.

Collectively, copays, coinsurances and deductibles are known as your **cost share** because it's your portion of the cost of payment for the service.

What is an out-of-pocket maximum?

Your **out-of-pocket maximum** (sometimes called a catastrophic maximum) is the most you will pay for covered services during the year.



Blue HowTo Videos

Want to learn more? Check out our Blue HowTo Videos for a closer look at more health insurance terms, our plans, preventive care, planning for retirement and more. Watch now at fepblue.org/videos.

Pharmacy benefits 101



Our drug tiers

The tiers your prescription drugs fall in can vary between our Plans. **FEP Blue Focus** only has two drug tiers. They are:

Tier 1 Preferred Generics	Tier 2 Preferred Brand Name, Preferred Specialty and Preferred Brand Name Specialty
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Basic Option and **Standard Option** each have five drug tiers. They are:

Tier 1 Generics	Tier 2 Preferred Brand Name	Tier 3 Non-preferred Brand Name	Tier 4 Preferred Specialty	Tier 5 Non-preferred Specialty
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In simple terms, all FDA-approved drugs are safe when used correctly. But some are more expensive than others. See a closer look at the different types on the next page.

What is a brand name drug?

Brand name drugs are any drugs sold under a specific name or trademark and are protected by a patent. These are the drugs you'll typically see ads for on TV.

What is a generic drug?

Once the patent for a drug expires, other drug makers can make a **generic** version of the drug. Generics have the same active ingredients as the brand name drug, meaning they work the same way. They just don't have a trademarked name.

Generics are typically the most affordable drug type.

What is a Non-preferred drug?

In situations where there are multiple generic or other brand name/specialty alternatives, we'll designate certain drugs as **Non-preferred**. Meaning they may still be covered for **Basic Option** and **Standard Option**, but at a higher cost. These drugs are not covered for **FEP Blue Focus** members.

Using the Preferred or generic version of the drug will save you money.

What is a specialty drug?

Specialty drugs are typically high in cost and are used to treat complex medical conditions like cancer. Oftentimes they have special handling instructions and may need to be injected or infused.

If you need a specialty drug, you can get one 30-day fill at a local in-network pharmacy, but any refills need to be filled through the Specialty Pharmacy Program.

Know what's covered

Each of our plans cover a unique set of drugs. We list all of our covered drugs in a covered drug list, or **formulary**. The formulary will show which tier your drug falls in and that, combined with your pharmacy of choice, determines your drug cost.

View it today at fepblue.org/formulary.



Other common questions

Where can I see a full list of what's covered?

This booklet provides a summary of your benefits. To see a full list of covered services, download our Blue Cross and Blue Shield Service Benefit Plan brochures at [fepblue.org/brochure](https://www.fepblue.org/brochure). There's a brochure for **Standard** and **Basic Option** and a brochure for **FEP Blue Focus**.

Is there anything you don't cover?

Our plan covers medically necessary services. That means they're necessary to treat or prevent different medical conditions. We do not cover non-medically necessary services, sometimes known as elective services. To see a full list of the things we don't cover, see **section 6** of the brochures.



What is a Preferred provider and how do I know if my provider is one?

Preferred providers are in-network providers. This means they have a contract with us to pay for your services. Over 96% of all doctors in the U.S. participate in our network. You can see if your doctor is in-network by using our Provider Finder tool at [fepblue.org/provider](https://www.fepblue.org/provider) or on the **fepblue** app. You can also call the customer service number on your member ID card.

What happens if I visit a Non-preferred/out-of-network provider?

It depends on your plan. If you're a **Standard Option** member, you do have out-of-network benefits. In this situation, you will need to pay for your care at the time of service and then submit a claim for us to reimburse you. You'll pay a higher percentage of our allowed amount. Also, because we do not have a contract with the provider, you may have to pay the difference between what we pay and what the provider charges. Finally, you have a higher deductible and out-of-pocket maximum for services provided by Non-preferred providers.

If you have **Basic Option** or **FEP Blue Focus**, you do not have out-of-network benefits so, in most cases, you would be responsible for the full cost of service. In the case of an emergency, you should always go to the nearest provider—we'll cover our portion of your service in emergencies.

Do I need approval to receive care?

Precertification is the review of inpatient hospital stays to ensure they're medically necessary before you receive services. **Prior approval** is the review of specific services (e.g., some surgeries and transplants) or prescription drugs to ensure they're medically necessary. You can see a full list of services that require precertification or prior approval in **section 3** of the brochures. For prescriptions, go to fepblue.org/prior-approval.

Most drugs and services do not require approval from us before you receive them. However, if your service does, your doctor will need to provide records that show that the care is medically necessary. We'll review the information provided and then decide.

What if I'm already receiving or have received care that needs approval?

You or your doctor can ask us to cover a medical or mental health care service you're currently receiving or have received. We will review your request and decide. If your life, health or safety is in danger, we will complete our review quickly.

What if I don't agree with your coverage decision?

If we deny your coverage request, you or your doctor can ask us to review our decision in writing. We will review the information you provide and decide. This is called the **disputed claims process**. We provide instructions for this process in the denial letter you'll receive and in **section 8** of the brochures.

If you have any questions, you can call the precertification phone number on your member ID card, or for specific pharmacy questions, the Retail Pharmacy Program phone number.

Are there any restrictions to using my medical benefits?

In most cases, as long as you remain an FEP member, we will cover your services. However, there may be some limitations on specific benefits, such as age restrictions or limits on the number of specific services we will cover in a year. Restrictions and limits are outlined in **section 5** of the brochures.

Are there any restrictions to using my pharmacy benefits?

For pharmacy, we exclude some FDA-approved drugs from our formularies. Each of these drugs has an alternative option(s) that you can receive instead. In addition, we have quantity limits in place for a few drugs in each formulary. We limit these drugs for safety purposes to ensure that they are not over-prescribed. You can download our current formularies on fepblue.org/formulary to see a list of excluded drugs, learn what your doctor must do if you need a drug exception and how to start that process, as well as the drugs that have quantity limits.

How do you protect my privacy?

We take privacy and security seriously. View our privacy notice at fepblue.org/privacynotice.

WE CAN BE THERE FOR YOU

Thank you for taking a closer look at what the Blue Cross and Blue Shield Federal Employee Program can do for you. We're dedicated to your health and well-being and hope you choose us to be your trusted partner for years to come.



National Information Center

1-800-411-BLUE (2583)



Pharmacy

fepblue.org/pharmacy



Telehealth Services

fepblue.org/telehealth



24/7 Nurse Line

1-888-258-3432

@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 (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.

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