

2024 MEDICARE AT A GLANCE

Blue Cross and Blue Shield Service Benefit Plan



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

That's the Benefit of Blue.®

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

fepblue.org

NEW

New for 2024:

FEP Medicare Prescription Drug Program (MPDP)

In 2024, we're offering a new benefit to members who have Medicare—the FEP Medicare Prescription Drug Program (MPDP). This is a prescription drug benefit offered at **no added premium cost** to FEP members with Medicare Part A and/or Part B.

Eligibility

You are eligible for MPDP if you are:



An FEP member



Enrolled in Medicare Part A and/or Part B



A resident of the U.S. or a U.S. territory

Features

With MPDP, you:



Continue to receive the same FEP health plan benefits you're used to



Have additional approved prescription drugs in specific drug tiers



Get lower out-of-pocket costs for higher-cost drugs



Have a cap on the amount you pay out-of-pocket on prescriptions annually

Drug Tiers

MPDP has four drug tiers:

Tier 1:
Generic drugs

Tier 2:
Preferred brand name

Tier 3:
Non-preferred brand name

Tier 4:
Specialty drugs

Call **1-888-338-7737** or visit fepblue.org/medicarerx to learn more.

You may need to pay an Income-Related Monthly Adjustment Amount (IRMAA) depending on your income level. Learn more at medicare.gov.

FEP Blue Focus Medical Benefits

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

FEP Blue Focus Pharmacy Benefits

Benefit	Traditional FEP Pharmacy Benefit	Traditional FEP Pharmacy Benefit with Medicare Part B	With FEP Medicare Prescription Drug Program
In-network Retail Pharmacy <i>(for a 30-day supply)</i>	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 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 <i>(for a 90-day supply)</i>	Not a benefit	Not a benefit	Not a benefit
FEP Specialty Pharmacy <i>(for a 30-day supply)</i>	Tier 2: 40% of our allowance (\$350 max)	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	Not a benefit	\$3,250 per member

NEW

Basic Option Medical Benefits		
Benefit	Without Medicare	With Medicare Part A & Part B Primary
Primary care doctor	\$35 copay ¹	Nothing
Specialists	\$45 copay ¹	Nothing
Mental health visits	\$35 copay ¹	Nothing
Virtual doctor visits through Teladoc®	\$0 first 2 visits and all nutrition visits \$15 all additional visits	Nothing
Urgent care centers	\$35 copay	Nothing
Inpatient hospital	\$250 per day; up to \$1,500 per admission	Nothing
Outpatient hospital	\$150 per day per facility ²	Nothing
Surgery	\$150 per surgeon in an office ² \$200 per surgeon in other settings ²	Nothing
ER (accidental injury)	\$250 per day per facility	Nothing
ER (medical emergency)	\$250 per day per facility	Nothing
Lab work (such as blood tests)	15% of our allowance ²	Nothing
Diagnostic services (such as sleep studies, X-rays, CT scans)	Up to \$100 in an office ² Up to \$200 in a hospital ²	Nothing
Chiropractic care	\$35 for up to 20 visits per year	Nothing for up to 20 visits per year

Basic Option Pharmacy Benefits			
Benefit	Traditional FEP Pharmacy Benefit	Traditional FEP Pharmacy Benefit with Medicare Part B	With FEP Medicare Prescription Drug Program
In-network Retail Pharmacy (for a 30-day supply)	Tier 1: \$15 copay Tier 2: \$60 copay Tier 3: 60% of our allowance (\$90 min) Tier 4: \$85 copay Tier 5: \$110 copay	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: \$10 copay Tier 2: \$45 copay Tier 3: 50% of our allowance (\$60 min) Tier 4: \$75 copay
FEP Mail Service Pharmacy (for a 90-day supply)	Not a benefit	Tier 1: \$20 copay Tier 2: \$100 copay Tier 3: \$125 copay	Tier 1: \$15 copay Tier 2: \$95 copay Tier 3: \$125 copay Tier 4: \$150 copay
FEP Specialty Pharmacy (for a 30-day supply)	Tier 4: \$85 copay Tier 5: \$110 copay	Tier 4: \$80 copay Tier 5: \$100 copay	Your specialty drug benefits are in Tier 4 (see above)
Annual Pharmacy Out-of-Pocket Maximum	Not a benefit	Not a benefit	\$3,250 per member



Standard Option Medical Benefits		
Benefit	Without Medicare	With Medicare Part A & Part B Primary
Primary care doctor	\$30 copay	Nothing
Specialists	\$40 copay	Nothing
Mental health visits	\$30 copay	Nothing
Virtual doctor visits through Teladoc®	\$0 first 2 visits and all nutrition visits \$10 all additional visits	Nothing
Urgent care centers	\$30 copay	Nothing
Inpatient hospital	\$350 copay	Nothing
Outpatient hospital	15% of our allowance*	Nothing
Surgery	15% of our allowance*	Nothing
ER (accidental injury)	\$0 within 72 hours	Nothing
ER (medical emergency)	15% of our allowance*	Nothing
Lab work (such as blood tests)	15% of our allowance*	Nothing
Diagnostic services (such as sleep studies, X-rays, CT scans)	15% of our allowance*	Nothing
Chiropractic care	\$30 for up to 12 visits per year	Nothing for up to 12 visits per year

Standard Option Pharmacy Benefits			
Benefit	Traditional FEP Pharmacy Benefit	Traditional FEP Pharmacy Benefit with Medicare Part B	With FEP Medicare Prescription Drug Program
In-network Retail Pharmacy (for a 30-day supply)	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: 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: 15% of our allowance Tier 3: 50% of our allowance Tier 4: \$60 copay
FEP Mail Service Pharmacy (for a 90-day supply)	Tier 1: \$15 copay Tier 2: \$90 copay Tier 3: \$125 copay	Tier 1: \$10 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 (for a 30-day supply)	Tier 4: \$65 copay Tier 5: \$85 copay	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	Not a benefit	\$2,000 per member



Medical deductible with Medicare

	FEP Blue Focus	Basic Option	Standard Option
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.



Medicare Reimbursement Account

If you have **Basic Option and Medicare**, you can get up to an **\$800** Medicare Reimbursement Account. To earn the money, you'll need to submit a claim and provide proof that you pay Medicare Part B premiums.

Call **1-888-706-2583** (Weekdays 8 a.m. to 8 p.m. Eastern time) to learn more or visit fepblue.org/mra.

2024 Monthly premiums

	FEP Blue Focus	Basic Option	Standard Option
Self Only	\$119.83	\$207.44	\$326.71
Enrollment Code	131	111	104
Self + One	\$257.58	\$517.03	\$729.82
Enrollment Code	133	113	106
Self & Family	\$283.32	\$568.96	\$803.14
Enrollment Code	132	112	105

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*Deductible applies.

**Please see brochure for covered lab services.

¹Up to 10 visits combined for chiropractic care and acupuncture.

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

²You pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

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

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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.

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