

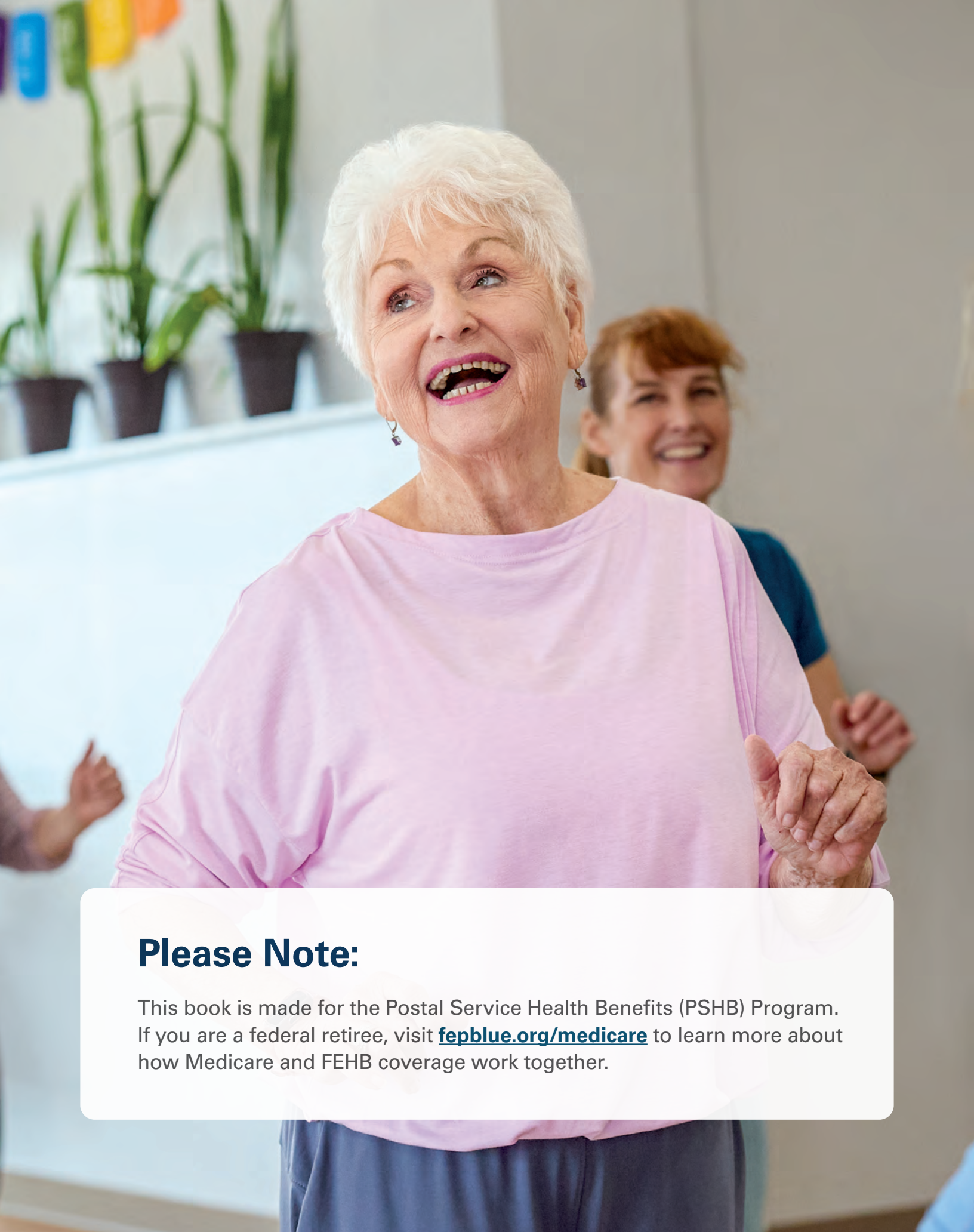
2025 MEDICARE & BLUE
for USPS retirees and family members



**Working together
to give you more
That's the Benefit of Blue.®**

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

fepblue.org



Please Note:

This book is made for the Postal Service Health Benefits (PSHB) Program. If you are a federal retiree, visit [fepblue.org/medicare](https://www.fepblue.org/medicare) to learn more about how Medicare and FEHB coverage work together.

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Now is the time to make the right choice

The Blue Cross and Blue Shield Federal Employee Program (FEP) is a trusted provider of quality insurance for USPS employees, retired USPS employees and their families, **with over 99% of members choosing to stay with us each year.**

Why is that?



We have three benefit plans designed for every need and budget



You don't need a referral to receive care



Our network has over 2 million doctors and hospitals plus over 65,000 retail pharmacies in the U.S.



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 you can make your benefits go further when you combine them with Medicare Part A and Part B (**Original Medicare**) once you're eligible.

This booklet focuses on your coverage when Medicare is primary and if you are enrolled in FEP's Postal Service Health Benefits (PSHB) Program coverage. If you do not have Medicare primary, you'll get the normal benefits outlined in the Blue Cross and Blue Shield Service Benefit Plan PSHB brochures. Primary means that Medicare will pay its portion of your benefits first and then we'll pay our portion second.

Learn more at fepblue.org/brochure.

Why combining is good for you

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
- Urgent care visits
- Hospital visits
- FEP Blue Standard™ deductibles
- Medicare deductibles
- And much more

You pay

- FEP premium
- Medicare premium
- Pharmacy cost shares

For **FEP Blue Basic™** members, we have a program to reimburse you up to **\$800** for paying your Medicare Part B premiums. Learn more on **page 16**.

Pharmacy

We have a prescription drug benefit exclusively for members who have Medicare. It's called the **FEP Medicare Prescription Drug Program (MPDP)**. With this benefit, members receive lower cost shares and more covered prescriptions than our traditional pharmacy benefit. Learn more on **pages 5-8**.

Covering what Medicare doesn't

And while Medicare provides great benefits, it doesn't cover everything. Things like 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 few pages to get a better idea of what your benefits will look like when you combine your coverage.

If you want to compare to what you pay when Medicare is not primary, please download the Medicare at a Glance chart at [fepblue.org/plan-summaries](https://www.fepblue.org/plan-summaries).

Medicare and PSHB coverage



Postal Service Health Benefits Program

FEP is excited to offer coverage to USPS employees, retirees and their families in the new **Postal Service Health Benefits (PSHB) Program**. PSHB coverage begins January 1, 2025.

If you are a current FEP member

You'll be automatically enrolled in the PSHB version of your current FEHB plan prior to the start of Open Season.

If you are interested in FEP

You'll be able to enroll during Open Season.

With PSHB, your medical benefits will be the same as they are for FEHB members for 2025. However, the rules for enrolling in Medicare are different:



Most members must enroll in Medicare Part B when they are first eligible in order to continue their health benefits coverage into retirement.



You will be required to enroll in the FEP Medicare Prescription Drug Program (MPDP) to receive pharmacy benefits through FEP. MPDP is FEP's Medicare Part D coverage.

Medicare Part B and Part D enrollment rules

If you are a:	And you are:	Part B is required to have PSHB coverage	MPDP is required to have FEP prescription drug coverage
USPS retiree or spouse on or before 12/31/24	Enrolled in Medicare Part B on 1/1/25	✓	✓
USPS retiree or spouse on or before 12/31/24	Not enrolled in Medicare Part B on 1/1/25	✗	✓
Actively working USPS employee or spouse	64 or older on 1/1/25	✗	Not until you're retired
Actively working USPS employee or spouse	Under 64 on 1/1/25	Not until you're retired	Not until you're retired

Exceptions to Part B and Part D enrollment

There are a few exceptions to the Part B and Part D requirements:

- Overseas members
- Retirees enrolled in VA benefits
- Members eligible for Indian Health Services Benefits



You may need to show proof of eligibility for these exceptions to OPM.

FEP medical benefits with Medicare Part A and Part B primary

Benefit	FEP Blue Focus [®]	FEP Blue Basic [™]	FEP Blue Standard [™]
Virtual doctor visits through Teladoc Health[®]	\$0 copay	\$0 copay	\$0 copay
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
Urgent care centers	\$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
Inpatient hospital	\$0 copay ²	\$0 copay	\$0 copay
Outpatient hospital	\$0 copay ²	\$0 copay	\$0 copay
Surgery	\$0 copay ²	\$0 copay	\$0 copay
ER (accidental injury)	\$0 copay ²	\$0 copay	\$0 copay
ER (medical emergency)	\$0 copay ²	\$0 copay	\$0 copay
Lab work (such as blood tests)	\$0 copay ²	\$0 copay	\$0 copay
Diagnostic services (such as sleep studies, X-rays, CT scans)	\$0 copay ²	\$0 copay	\$0 copay

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

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

²Under FEP Blue Focus, your regular FEP benefits will apply until you meet your annual FEP deductible. The deductible only applies to specific services.

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



FEP medical deductibles and out-of-pocket maximums

Benefit	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Deductible	\$500 for Self Only \$1,000 for Self + One and Self & Family	None	We waive your deductible when you have Medicare as your primary coverage
Out-of-pocket maximum <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

Monthly FEP 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	FEP Blue Basic	FEP Blue Standard
Self Only	\$128.21	\$247.26	\$377.28
Enrollment Code	35A	33A	33D
Self + One	\$275.63	\$608.81	\$840.75
Enrollment Code	35C	33C	33F
Self & Family	\$303.17	\$688.18	\$943.43
Enrollment Code	35B	33B	33E





FEP Medicare Prescription Drug Program

MPDP is your prescription drug coverage as an FEP member enrolled in PSHB and eligible for Medicare. **You must be enrolled in MPDP in order to have FEP prescription drug coverage**—this is a PSHB requirement. **If you opt out or disenroll, you will no longer have any prescription drug benefits with FEP.** This Medicare Part D plan is included as part of your FEP premium.

If you are above a certain income level, you may pay an Income-Related Monthly Adjustment Amount (IRMAA) to Social Security for Part D coverage. Learn more about an IRMAA on [page 19](#).

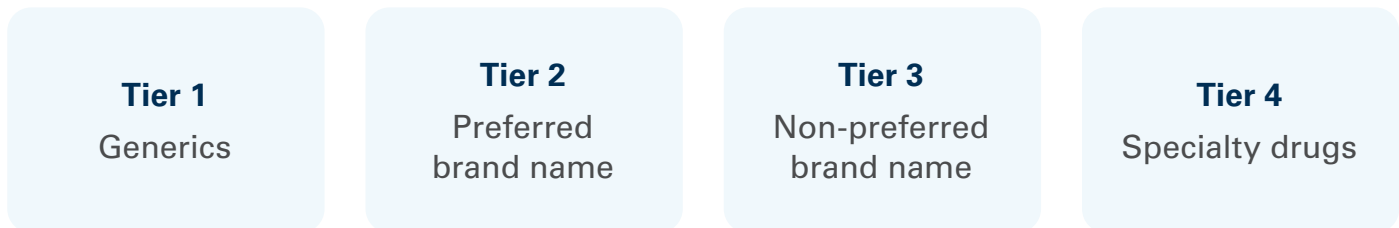


With MPDP, you get:

-  The same FEP health plan benefits you're used to
-  Additional approved prescription drugs in specific drug tiers
-  Lower out-of-pocket costs for higher-cost drugs
-  A **\$2,000** cap on the amount you pay out-of-pocket on prescriptions annually

MPDP drug tiers

With MPDP, you have four drug tiers. You can download the full MPDP drug list for our three plans at [fepblue.org/medicarerx](https://www.fepblue.org/medicarerx).



Here's what your pharmacy benefits at in-network providers are for each tier under MPDP:

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
In-network Retail Pharmacy <i>(Up to a 30-day supply)</i>	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)	Tier 1: \$10 copay Tier 2: \$45 copay Tier 3: 50% of our allowance (\$60 min) Tier 4: \$75 copay	Tier 1: \$5 copay Tier 2: \$35 copay NEW Tier 3: 50% of our allowance Tier 4: \$60 copay
FEP Mail Service Pharmacy <i>(Up to a 90-day supply)</i>	Not a benefit	Tier 1: \$15 copay Tier 2: \$95 copay Tier 3: \$125 copay Tier 4: \$150 copay	Tier 1: \$5 copay Tier 2: \$85 copay Tier 3: \$125 copay Tier 4: \$150 copay
Pharmacy out-of-pocket maximum	NEW \$2,000 per member	NEW \$2,000 per member	\$2,000 per member

The benefit of the pharmacy out-of-pocket maximum

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 annually for prescriptions at **\$2,000** for all members. This is the most you would pay for your prescriptions in total for the year.

Make the most of your prescription benefits with MPDP

MPDP network

With MPDP, you have access to a network of over **65,000** in-network pharmacies across the country, ensuring you can fill your prescriptions wherever you are. To find a pharmacy near you, visit fepblue.org/medicarerx.



FEP Prescription Drug Cost Tool

We have an easy-to-use tool where you can type in your specific prescription(s) and see what it will cost. You can also compare the cost to what you would pay under the traditional FEP pharmacy benefit. Use the tool at fepblue.org/medicarerx.

If you're an FEP member and logged into MyBlue®, you can access our **Personalized Drug Cost Tool** that lets you:

- Check if your medication is covered
- View the cost of your medication for the current year
- Discover lower-cost alternatives based on the benefit plan you're enrolled in
- Save your pharmacy for easy access when searching for your prescription drug costs
- Compare prices on prescription drugs to find the best deal



To get started, log in at fepblue.org/myblue.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.

MPDP eligibility and enrollment for PSHB members

All FEP PSHB members eligible for Medicare will be automatically enrolled into MPDP.

If you are a current FEHB member transitioning to PSHB

We will send you a letter describing our automatic enrollment process for MPDP. If you are currently a member of the FEHB MPDP, you may also receive a CMS required letter disenrolling you from the FEHB version of MPDP—you can disregard this letter.

The automatic enrollment letter will provide you with an initial opt-out period for MPDP enrollment. You can disenroll at any time during the 2025 benefit year. We strongly encourage you to stay with MPDP. As a reminder, if you opt out or disenroll, you will no longer have any prescription drug benefits with FEP.

You do not need to take any action when you receive the automatic enrollment letter to enroll. We will enroll you in the benefit if we do not hear from you. Once your enrollment is confirmed, we will send you a new member ID card. Going forward, your MPDP coverage will carry over year over year.

If you opted out or disenrolled from MPDP in 2023 or 2024

Because you are required to be enrolled in MPDP to have prescription drug coverage, we will include you in the automatic enrollment process. You will not be enrolled in the traditional FEP prescription drug benefit if you opt out this year. **That's why we discourage you from doing this.**

If you enroll in FEP during 2025 and are eligible for MPDP or if you age-in to Medicare eligibility during 2025

Your automatic enrollment process will begin once we receive your information from OPM. You will receive an automatic enrollment letter—you do not need to take any action when you receive the letter.

Want to learn more about enrollment?

To learn more about MPDP enrollment and eligibility, visit fepblue.org/medicarerx or call **1-888-338-7737** (TTY: 711).



*Per Medicare requirements, you can only be enrolled in one Medicare Part D plan. If you are currently enrolled in a different Part D plan or Medicare Advantage Plan, enrolling in MPDP will disenroll you from that Plan. MPDP does not require a separate FEP premium whereas a different Part D plan would require a separate premium.

NEW Medicare Prescription Payment Plan

Starting in 2025, you can take advantage of a new option to help manage your Medicare Part D prescription drug costs. The Medicare Prescription Payment Plan allows you to spread your out-of-pocket costs across the calendar year (January–December). This option is available to anyone with a Medicare drug plan or a Medicare health plan with drug coverage, including MPDP. Participation is voluntary and all plans offer this option.



How it works

By choosing the Medicare Prescription Payment Plan:

- You'll continue to pay your FEP health plan premium as usual.
- Instead of paying your pharmacy directly, you'll receive a separate monthly bill from us for your prescription drugs.

Your monthly bill is based on:



The prescription drugs filled that month **+** Your previous month's balance **÷** The number of months left in the plan year

Is this payment plan a good option for you?

This plan might be beneficial if you have high prescription drug costs, but it won't reduce your overall expenses. It's not recommended if:

- ① You receive Extra Help to pay your prescriptions from Medicare.
- ② You're enrolled in a Dual-Eligible Special Needs Plan or another program, like Medicaid, that helps with drug costs.
- ③ You don't want to change how you pay for your prescriptions.

Keep in mind that this payment plan is optional and might help you manage your out-of-pocket costs, **but it won't save you money or lower your drug costs**. Here are two examples that may help you decide:

Example 1: John	Example 2: Laura
<ul style="list-style-type: none"> • Takes a high-cost prescription drug • Starts filling this prescription in January • Reaches \$2,000 pharmacy out-of-pocket maximum by April • Typically pays more than \$2,000 a year for prescription drugs 	<ul style="list-style-type: none"> • Takes mostly lower-cost generic drugs • Monthly prescription costs are under \$160 • Usually does not reach the \$2,000 pharmacy out-of-pocket maximum each year
<p>If he signs up for the payment plan in January:</p> <ul style="list-style-type: none"> • He can spread his prescription drug costs over the year 	<p>If she signed up for the payment plan:</p> <ul style="list-style-type: none"> • Her monthly payments would increase as she continues to pick up prescriptions with few months left in the year
<p> If you have a similar situation, the Medicare Prescription Payment Plan may be a good option</p>	<p> If you have a similar situation, the Medicare Prescription Payment Plan is NOT a good option</p>



To learn more or sign up, visit fepblue.org/medicarepayment or call **1-888-338-7737** (TTY: 711).





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 (Preferred) providers and don't have many prescription drug needs.

-  You pay the lowest premium for FEP Blue Focus.
-  You must meet your FEP deductible before we eliminate your cost shares for medical services.
-  FEP Blue Focus comes with our most limited prescription drug formulary, and you do not have a Mail Service benefit.
-  It does not cover benefits such as hearing aids and preventive dental care.





FEP Blue Basic

For over 15 years, FEP Blue Basic has been the plan most federal employees choose within FEP.

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

FEP Blue Standard

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



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.

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 your health and wellness. 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. FEP Blue Basic and FEP Blue Standard members can earn **\$50** the first time they take the BHA in 2025.



Daily Habits

Daily Habits helps you set and reach your health goals. Whether you want to eat better, stress less or get help managing a chronic condition, Daily Habits can help. FEP Blue Basic and FEP Blue Standard members can earn **\$120** for completing three eligible goals in 2025.



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 **\$150** MyBlue® Wellness Card for getting a physical.

MyBlue Wellness Card

Any incentive dollars you earn completing wellness activities are loaded onto a prepaid debit card.

How to use your incentive dollars

*You can use up to **\$150** of your funds annually to purchase specific items via Blue365®. Or use your card at local stores to purchase qualified medical expenses.*

Additional wellness programs



Telehealth Services through Teladoc Health®

Get general medical care, mental health support, dermatology services and nutritional counseling all from the comfort of home and at no out-of-pocket cost.



Diabetes Management Program by Livongo®

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



Hypertension Management Program

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

NEW

Weight Management Program by Livongo®

New for 2025, this program helps members manage weight and improve their health.

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



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. FEP Blue Basic and FEP Blue Standard 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 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, 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.

**You must receive prior approval before buying hearing aids to receive the \$2,500 benefit.*

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.

Medicare Part A and Part B are considered Original Medicare

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).

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.

Part C: Medicare Advantage

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.

Part D: Rx Drug Coverage

Part D helps you pay for your prescriptions. FEP provides MPDP at no additional premium cost as a Part D plan exclusively for members.

If you choose to enroll in a different Part D plan instead of MPDP, you would pay a separate premium and you would forgo prescription drug coverage through FEP.

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.



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

Can I delay my Part B enrollment?

As part of PSHB, most members will be required to enroll in Medicare Part B unless you have a qualifying exception. See **page 19** for more details.



Choosing not to enroll in Part B if you do not have an exception means you would lose your PSHB coverage. Once you leave PSHB coverage, you can never come back into the program.

In addition, you would be subject to the Medicare Part B late enrollment penalty if you decide to enroll in Part B later.

The penalty is a 10% premium increase for each year you delay your enrollment. In 2024, the standard Medicare Part B premium is \$174.70. Let's say:

- You and your spouse are retired
- You were first eligible for Part B in 2019
- You didn't sign up when you were first eligible

That means instead of \$174.70, you would pay \$262.05. Plus, you may need to pay an Income-Related Monthly Adjustment Amount (IRMAA), depending on your income level. Learn more about IRMAA on **page 19**.

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 to enroll once you retire.

Your Medicare Part A and Part B costs

Premiums

If you've worked in the U.S. for at least 10 years, you will **not** pay a premium for Part A. The price you pay for Part B depends on your income. In 2024, the standard monthly premium that most people pay is \$174.70 (visit [medicare.gov](https://www.medicare.gov) in late 2024 or throughout 2025 to see the 2025 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 2022 (for what you pay in 2024) was:			What you'll pay each month (in 2024)
File individual tax return	File joint tax return	File married & separate tax return	
\$103,000 or less	\$206,000 or less	\$103,000 or less	\$174.70
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	Not applicable	\$244.60
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	Not applicable	\$349.40
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	Not applicable	\$454.20
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	above \$103,000 and less than \$397,000	\$559.00
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$594.00



Medicare Reimbursement Account

When you combine your Original Medicare or Medicare Advantage 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, 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 of 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.

We encourage you to consider possible tax implications as part of this program and to consult your tax, legal or accounting advisors for additional information.



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. You have an inpatient hospital deductible to meet before Medicare will begin paying its portion for services.

In 2024, the deductible is \$1,632 per benefit period per person. When you combine your coverage with FEP, we pay your Medicare Part A deductible.

Check in late 2024 or throughout 2025 for 2025 cost information.

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

What you pay for inpatient hospital care with Part A

Days 1-60	Days 61-90	Days 91-150	After day 150
\$0 for each benefit period	\$408 per day of each benefit period	\$816 per each lifetime reserve day (up to 60)	All costs

What you pay for inpatient hospital care with Part A and FEP

Days 1-90	Days 91-150	After day 150
\$0 for each benefit period	\$0 per each lifetime reserve day (up to 60)	Regular FEP cost shares apply

For FEP Blue Focus, you must meet your FEP deductible first.

What is a lifetime reserve day?

Medicare covers up to 90 days of inpatient hospital care per benefit period. 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 2024, the deductible is \$240. When you combine your coverage with FEP, we pay your Medicare Part B deductible.

Check in late 2024 or throughout 2025 for 2025 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.**

For FEP Blue Focus, you must meet your FEP deductible first.



Medicare 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 that includes over 2 million doctors and hospitals in the U.S. With FEP Blue Standard, you can also go to any out-of-network provider	You can use the doctors and providers in the plan's network With MA plans, you should check provider limitations, costs for out-of-network providers and overseas coverage
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 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	Part D coverage (MPDP) 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	You pay your FEP plan's premium + the Part B premium FEP Blue Basic members can get up to \$800 back for paying Part B premiums	You pay your MA plan's premium in most cases + the monthly Part B premium OPM does not contribute to your MA plan premium if you end your PSHB coverage
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-of-pocket for covered services unless you enroll in a supplement plan	You have an annual out-of-pocket limit for prescription drugs with MPDP. We also cap your overall costs in case of a catastrophic medical event	Plans have a yearly limit on what you pay for covered services. Once you reach the limit, you pay nothing for the covered services for the rest of the year

*For FEP Blue Focus, you must meet your FEP deductible first.

Medicare Part D costs

Premiums

FEP’s Medicare Part D plan is MPDP, which does not require a separate FEP premium. It’s part of your overall FEP benefits package. However, like Part B, if you are above a certain income, you will pay an IRMAA to Social Security for your Part D coverage. **Most FEP members will not reach this threshold.** See the chart below for the 2024 Part D IRMAA.

Check in late 2024 or throughout 2025 for 2025 cost information.

If your yearly income in 2022 (for what you pay in 2024) was:			What you’ll pay each month (in 2024)
File individual tax return	File joint tax return	File married & separate tax return	
\$103,000 or less	\$206,000 or less	\$103,000 or less	Your FEP premium
above \$103,000 up to \$129,000	above \$206,000 up to \$258,000	Not applicable	\$12.90 + your FEP premium
above \$129,000 up to \$161,000	above \$258,000 up to \$322,000	Not applicable	\$33.30 + your FEP premium
above \$161,000 up to \$193,000	above \$322,000 up to \$386,000	Not applicable	\$53.80 + your FEP premium
above \$193,000 and less than \$500,000	above \$386,000 and less than \$750,000	above \$103,000 and less than \$397,000	\$74.20 + your FEP premium
\$500,000 or above	\$750,000 or above	\$397,000 or above	\$81.00 + your FEP premium

I’m subject to IRMAA. Why should I still enroll in MPDP?

The requirement to enroll in Medicare Part D is a PSHB requirement. All PSHB carriers will have this requirement. If you choose to disenroll, you would need to enroll in a different plan that provides credible coverage. This would require a separate premium and you would still be subject to the IRMAA. With FEP, you do not have a separate FEP premium for your Part D coverage.

Medicare Part D late enrollment penalty

If you decide not to enroll in Part D, you need to enroll in a different plan that has **creditable coverage** to Part D coverage. This means that the coverage you receive is similar in value to the coverage you would receive from a Medicare Part D plan. If you're not enrolled in a Part D plan or a creditable coverage plan, **you will not have prescription drug coverage**. You will also pay a penalty if you decide to enroll in Part D later. **The penalty is 1% per month or 12% per each year you don't have coverage**. CMS adds this to a national base premium amount, which changes each year. In 2024, the national base premium amount is \$34.70.

Check in late 2024 or throughout 2025 for 2025 cost information.

So, if you delay your enrollment by two years or 24 months, you will pay a 24% penalty on top of the \$34.70 national base premium. That is an added \$8.30 (rounded to the nearest 10), or a total of \$43. Depending on your income, if you are eligible for IRMAA, you would need to pay that amount as well.



As an FEP member, your coverage is creditable coverage. **Therefore, the penalty does not apply to most members if they keep their FEP health plan.**

However, in limited situations, there may be members that are eligible for the Part D penalty, such as if you have a spouse who previously had a different plan not considered creditable coverage. **In these situations, we will cover the Part D penalty for our members enrolled in MPDP as an added benefit to you.**

Please know the Part D late enrollment penalty never goes away even if you switch plans. If you switch to a new carrier, they may not pay the penalty for you.

Part D out-of-pocket costs

What you pay out-of-pocket in copays, coinsurance and deductibles varies by plan. To see your costs with MPDP, go to **page 8** or visit fepblue.org/medicarerx.



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. FEP Blue Standard members can also go to FEP out-of-network providers.

Coverage	Medicare network	FEP network	Out-of-network
Medicare only	✓		
Medicare with FEP Blue Basic and FEP Blue Focus	✓	✓	
Medicare with FEP Blue Standard	✓	✓	✓








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. Investing in your coverage today ensures you'll have the coverage you need 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) as long as you're enrolled in a Self + One or Self & Family plan at the time of death.
-  **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.
-  **Consider the cost savings of having a prescription out-of-pocket maximum.** With your MPDP benefit, you get an annual out-of-pocket maximum for prescription drugs. This cap limits what you'll pay each year for your essential medications.



Suspending your FEP coverage to try a different plan

Remember, you must have at least five years of continuous enrollment in the FEHB or PSHB 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 or PSHB enrollment to suspend your coverage. Learn more at opm.gov/retire.



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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 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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