



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

fepblue.org





Now it's time to see
what **we can** do for you

Together, we can help keep you moving forward

After the unprecedented year we have all had, we would like to say thank you to every federal employee who has worked hard to serve our country when we needed it most.

Now, as we continue to move forward, the Blue Cross and Blue Shield Federal Employee Program can help. That's because we have been committed to the health and well-being of federal employees, retirees and their families for over 60 years. It's why more federal employees trust us than any other health plan. They know they can rely on our worldwide coverage, smart tools and resources, rewarding incentives and exclusive discounts every step of the way throughout their health journey.

We have plans designed to support every need and budget:



**Standard
Option**



**Basic
Option**



**FEP Blue
Focus**

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**

Let's compare

	S	B	F
In-Network Care	✓	✓	✓
Out-of-Network Care	✓	✗	✗
Preferred Drug Coverage	✓	✓	✓
Non-preferred Drug Coverage	✓	✓	✗
Access to Mail Service Pharmacy	✓	✗*	✗
Medicare Part B Reimbursement - \$800	✗	✓	✗

*Available if you have Medicare Part B primary.

Premiums, deductibles and out-of-pocket maximums

Standard Option			Basic Option			FEP Blue Focus		
Self Only (104)	Self + One (106)	Self & Family (105)	Self Only (111)	Self + One (113)	Self & Family (112)	Self Only (131)	Self + One (133)	Self & Family (132)
Bi-weekly Premiums								
\$127.47	\$289.61	\$314.11	\$80.18	\$196.13	\$212.29	\$53.14	\$114.25	\$125.67
Monthly Premiums								
\$276.19	\$627.49	\$680.57	\$173.73	\$424.95	\$459.96	\$115.15	\$247.55	\$272.29

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	Standard Option	Basic Option	FEP Blue Focus
Deductible	\$350 for Self Only \$700 for Self + One and Self & Family	No deductible	\$500 for Self Only \$1,000 for Self + One and Self & Family
Out-of-Pocket maximum (Preferred providers)	\$6,000 for Self Only \$12,000 for Self + One and Self & Family	\$6,500 for Self Only \$13,000 for Self + One and Self & Family	\$8,500 for Self Only \$17,000 for Self + One and Self & Family

What you'll pay for common services at Preferred providers

Benefit	Standard Option	Basic Option	FEP Blue Focus
Primary care doctor	\$25 copay	\$30 copay ¹	\$10 per visit for your first 10 primary and/or specialty care visits ¹
Specialists	\$35 copay	\$40 copay ¹	
Virtual doctor visits by Teladoc®	\$0 first 2 visits \$10 all additional visits	\$0 first 2 visits \$15 all additional visits	\$0 first 2 visits \$10 all additional visits
Urgent care centers	\$30 copay	\$35 copay	\$25 copay
Maternity	\$0 copay	\$175 inpatient \$0 outpatient	\$0 for doctor's visits \$1,500 for facility care
Inpatient hospital	\$350 copay	\$175 per day; up to \$875 per admission	30% of our allowance*
Outpatient hospital	15% of our allowance*	\$100 per day per facility ¹	30% of our allowance [†]
Surgery	15% of our allowance*	\$150 in an office ¹ \$200 in a non-office setting ¹	30% of our allowance [†]
ER (accidental injury)	\$0 within 72 hours	\$175 per day per facility	\$0 within 72 hours
ER (medical emergency)	15% of our allowance*	\$175 per day per facility	30% of our allowance*
Lab work (such as blood tests)	15% of our allowance*	\$0 copay ¹	\$0 for first 10 specific lab tests**
Diagnostic services (such as sleep studies, X-rays, CT scans)	15% of our allowance*	Up to \$100 in an office ¹ Up to \$150 in a hospital ¹	30% of our allowance [†]
Chiropractic care	\$25 for up to 12 visits a year	\$30 for up to 20 visits a year	\$25 for up to 10 visits a year ²

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 our 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 prescription drug programs:



1. Retail Pharmacy Program

Pick up your prescriptions conveniently at a neighborhood pharmacy, such as a CVS Pharmacy or your grocery store pharmacy. Find an in-network pharmacy near you at fepblue.org/provider.

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

Retail Pharmacy Program		
Standard Option	Basic Option	FEP Blue Focus
<p>Tier 1: \$7.50 copay</p> <p>Tier 2: 30% of our allowance</p> <p>Tier 3: 50% of our allowance</p> <p>Tier 4: 30% of our allowance</p> <p>Tier 5: 30% of our allowance</p>	<p>Tier 1: \$10 copay</p> <p>Tier 2: \$55 copay</p> <p>Tier 3: 60% of our allowance (\$75 minimum)</p> <p>Tier 4: \$85 copay</p> <p>Tier 5: \$110 copay</p>	<p>Tier 1: \$5 copay</p> <p>Tier 2: 40% of our allowance (\$350 maximum)</p>

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.



2. Mail Service Pharmacy Program

Get your prescriptions delivered directly to your door.

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

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

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



3. 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 up to a 30-day supply through this program

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

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

All members have access to the Retail and Specialty Pharmacy Programs. Mail Service is available to all **Standard Option** members. It's also available to **Basic Option** members with Medicare Part B primary. **FEP Blue Focus** members do not have Mail Service benefits.



Search for the lowest price on your prescriptions with the FEP Prescription Drug Cost Tool

Our online FEP Prescription Drug Cost tool can help you determine the out-of-pocket cost for your prescription. Just search by the name of the drug and your ZIP Code. You'll then see what it would cost under each of our three plans to purchase the drug either at a local pharmacy or through Mail Service, when applicable. If you enter a drug and there's a cheaper alternative available, we'll show you that, too. Use the tool today at fepblue.org/rx.

NEW What's new

Take a look at some of our changes for 2022. You can see a full list of benefit changes in the 2022 Blue Cross and Blue Shield Service Benefit Plan brochures available at [fepblue.org/brochure](https://www.fepblue.org/brochure).

Health and wellness updates

-  For our pregnant Standard and Basic Option members, we're updating the items included in the Pregnancy Care Box offered through the Pregnancy Care Incentive Program. We're also expanding the selection of free breast pumps available for members of all three plans who are pregnant or nursing. Each breast pump will come with a selection of milk storage bags.
-  The Blue365[®] Discount Program now includes new and exciting discounts, including a new travel insurance benefit, **GeoBlue**.
-  We will cover group counseling used for the prevention or reduction of health risks, such as group nutritional counseling. Previously, we only covered individual counseling.



Have you heard about our COVID-19 Vaccination Incentive Program?

Service Benefit Plan members who receive at least one dose of an authorized COVID-19 vaccine by December 31, 2021, can receive \$50 on their MyBlue[®] Wellness Card. Learn more at [fepblue.org/vaccineincentive50](https://www.fepblue.org/vaccineincentive50).

Medical benefit updates

- We're adding kidney transplants to our Blue Distinction Centers program for Standard and Basic Option.
- We increased the out-of-pocket maximum for all three products. The individual out-of-pocket maximum will increase by \$1,000 and the Self + One/Self & Family out-of-pocket maximum will increase by \$2,000 for each product.
- Basic Option members will pay \$30 for dental evaluations, and then 30% of our allowance for all other accidental injury dental care. Previously, you paid \$30 for all covered accidental injury dental services.
- EKGs will be covered under your regular medical benefits instead of your preventive benefits. Previously, we covered up to one preventive EKG a year in full.

Pharmacy changes

- We will cover tubeless insulin pumps under your pharmacy benefit. Standard and Basic Option members will pay either a Tier 2 or 3 copay; FEP Blue Focus members will pay a Tier 2 copay. Previously, these were only covered under your durable medical equipment benefit.
- We increased the Basic Option specialty drug (Tier 4 and 5) copays for drugs you purchase through the Retail Pharmacy Program. The copays match what you would pay via the Specialty Pharmacy Program.
- The Specialty Pharmacy Program will be administered by CVS Caremark. Previously it was administered by AllianceRx Walgreens Prime.
- We're expanding the list of non-covered drugs under all three products.
- Walgreens and Duane Reade Pharmacies will no longer be in-network retail pharmacies for FEP Blue Focus members. You must use in-network pharmacies to use your pharmacy benefit.

Replacement Member ID Cards Coming Soon

All current Service Benefit Plan contract holders will receive replacement member ID cards in the mail in the first few months of 2022. These member ID cards will include a few benefit details and updated contact information.

If you have our **fepblue** app or a MyBlue account, you can get early access to the digital version of your updated member ID card in the fall of 2021. And, anyone who enrolls with us during Open Season, will get the updated cards when they receive their new enrollee packet in November or December.



Wherever you go, we can be there

You're covered

Blue Cross Blue Shield has one of the largest provider networks, not just in the U.S. but across the world. Your member ID card works in every ZIP Code in the U.S. 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](#) before you travel 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 (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 on the form.

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

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 amount you would've paid for an in-person visit.

Helpful tools that help you understand your healthcare spending



National Information Center

Have a general question about FEP? Call our National Information Center at **1-800-411-BLUE (2583)**. If you have a claims or customer service question, always call the number on the back of your member ID card.

Procedure cost estimates

Want to know how much a service is going to cost before you receive it? Using our Provider Finder on our app or website, you can search for certain treatments and get estimates for how much they'll cost. The tool currently lists out-of-pocket cost estimates for some treatments, and we continue to update it to add additional treatments.

Financial Dashboard

See how close you are to meeting your annual deductible or visit limits, as well as what you've paid in claims this year using the Financial Dashboard. You can use the tool by logging in to our app or website.

AskBlueSM FEP Medical Plan Finder

Need help deciding which of our three plans is right for you? Use our medical product selection tool, AskBlue FEP Medical Plan Finder. The tool will ask you a series of questions and then provide a recommendation on which of our three plans best suits your needs. Get started at askblue.fepblue.org.

FEP[®] Healthcare Cost Advisor

The FEP Healthcare Cost Advisor gives you access to the amount of money you've paid out of pocket for the previous year (you must have been enrolled with the Service Benefit Plan for at least one calendar year). This information can help you to understand your healthcare spending.

BlueNews

Stay up to date on all the latest FEP news, as well as health and wellness information. With BlueNews you'll be the first to know about some of our most important updates. Register at fepblue.org/emailsignup.

Personal Health Record

Your Personal Health Record gathers your health data from your claims, BHA and/or your personal entries. It makes it easy for you to keep track of all your medical records via your MyBlue account.

Set up a MyBlue® account to access all your healthcare information in one place

All members have access to our online members-only website, MyBlue. This site gives you access to personalized information, such as claims status, your online Explanation of Benefits (EOB) forms and estimated out-of-pocket costs through some of our tools. It's also your gateway to earn incentive dollars through our health and wellness programs.

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 StoreSM or Google PlayTM today.



Get rewarded for completing activities that support your health

Blue Health Assessment

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 2022

Visit fepblue.org/bha or call **1-800-411-BLUE** to get started.



Any reward dollars you earn are loaded onto your MyBlue Wellness Card

When you earn reward dollars through our incentive programs, we load the funds onto your MyBlue Wellness Card. This is a prepaid debit card that you can use to pay for qualified medical expenses. You'll receive the card the first time you complete an eligible activity. Each time you complete an additional activity, we'll automatically add funds to your card.

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

If you're at the store and you leave your MyBlue Wellness Card at home, no problem. Our **Reimburse Me** feature allows you to buy your items and then submit a receipt via your MyBlue account. We'll then pay you back with the available funds in your account.

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

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 2022, up to three, you'll earn **\$40**. That's **\$120** in total.

The goals you can complete include:

 <p>Reducing stress</p>	 <p>Losing weight</p>	 <p>Exercising more</p>	 <p>Feeling happier</p>	 <p>Eating better</p>
 <p>Managing asthma</p>	 <p>Managing heart disease</p>	 <p>Managing heart failure</p>	 <p>Managing hypertension</p>	 <p>Managing COPD</p>

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

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** back 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.



Breast Pump Kit Benefit

Members who are pregnant or nursing can get a free breast pump kit and supply of milk storage bags.



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.



Care Management Programs

Members with long-term or chronic conditions can get one-on-one support from a dedicated care manager.

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:



A four-month gym membership



A two-week meal kit delivery service



A wearable device or digital scale



A genetics test to get a personalized diet and fitness plan

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.



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, Phillips Norelco, Reebok and TRX Fitness plus many more you might not expect.

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 back of your member ID card (or locate the full list of customer service numbers at [fepblue.org/contact](https://www.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](https://www.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 **Standard Option** and **FEP Blue Focus** 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

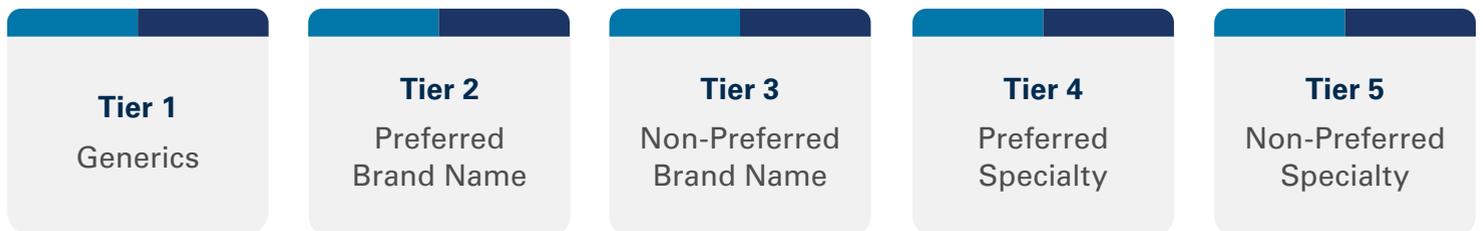
Want to learn more? Check out our Blue HowTo Videos for a closer look at more health insurance terms, our plans, preventive care, planning for retirement and more. Watch now at fepblue.org/videos.

Pharmacy Benefits 101

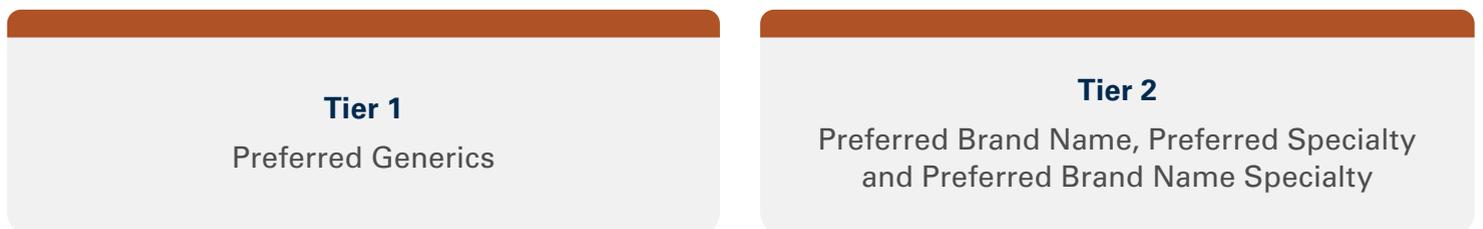


Our drug tiers

The tiers your prescription drugs fall in can vary between our Plans. **Standard Option** and **Basic Option** each have five drug tiers. They are:



FEP Blue Focus only has two drug tiers. They are:



In simple terms, all FDA-approved drugs are safe when used correctly. But some are more expensive than others. Here's a closer look at the different types.

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 are still covered for **Standard Option** and **Basic Option**, but at a higher cost.

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.



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.

What are precertification and prior approval and what do I need to do to get them?

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 are 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 make a decision. If you don't agree with our decision, you can ask us to review the decision in writing.

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 a member of the Service Benefit Plan 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. Any type of restriction or limit is outlined in the brochure.

Are there any restrictions to using my pharmacy benefits?

For pharmacy, we do exclude some FDA-approved drugs from our formularies. Each of these drugs has an alternative option or options that you can receive instead. In addition, we do 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, as well as the drugs that have quantity limits in place.

How do you protect my privacy?

We take privacy and security very seriously. You can see our full 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.

Visit us at [fepblue.org](https://www.fepblue.org)



Stay connected to fepblue



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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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