

# 2022 MEDICARE AT A GLANCE

## Blue Cross and Blue Shield Service Benefit Plan



**WE CAN BE THERE  
FOR WHAT'S NEXT**

[fepblue.org](https://fepblue.org)



# Service Benefit Plan and Medicare

Benefit	Standard Option	Standard Option with Medicare Part A & B Primary	Basic Option
<b>Primary care doctor</b>	<b>\$25</b> copay	Nothing	<b>\$30</b> copay <sup>2</sup>
<b>Specialists</b>	<b>\$35</b> copay	Nothing	<b>\$40</b> copay <sup>2</sup>
<b>Virtual doctor visits through Teladoc®</b>	<b>\$0</b> first 2 visits <b>\$10</b> all additional visits	Nothing	<b>\$0</b> first 2 visits <b>\$15</b> all additional visits
<b>Urgent care centers</b>	<b>\$30</b> copay	Nothing	<b>\$35</b> copay
<b>Inpatient hospital</b>	<b>\$350</b> copay	Nothing	<b>\$175</b> per day; up to <b>\$875</b> per admission
<b>Outpatient hospital</b>	<b>15%</b> of our allowance*	Nothing	<b>\$100</b> per day per facility <sup>2</sup>
<b>Surgery</b>	<b>15%</b> of our allowance*	Nothing	<b>\$150</b> in an office <sup>2</sup> <b>\$200</b> in a non-office setting <sup>2</sup>
<b>ER – accidental injury</b>	<b>\$0</b> within 72 hours	Nothing	<b>\$175</b> per day per facility
<b>ER – medical emergency</b>	<b>15%</b> of our allowance*	Nothing	<b>\$175</b> per day per facility
<b>Lab work</b> (such as blood tests)	<b>15%</b> of our allowance*	Nothing	<b>\$0</b> copay <sup>2</sup>
<b>Diagnostic services</b> (such as sleep studies, X-rays, CT scans)	<b>15%</b> of our allowance*	Nothing	Up to <b>\$100</b> in an office <sup>2</sup> Up to <b>\$150</b> in a hospital <sup>2</sup>
<b>Chiropractic care</b>	<b>\$25</b> for up to 12 visits a year	Nothing for up to 12 visits a year	<b>\$30</b> for up to 20 visits a year
<p><b>Prescription drugs</b></p> <p>All cost shares show what you would pay for a 30-day supply. Your cost share could be different for a larger supply.</p> <p>The tier your drug falls in can vary between Standard Option, Basic Option and FEP Blue Focus. Please look at our approved drug lists (formularies) prior to selecting a plan to make sure we cover your drug in that plan. You can view the drug lists at <a href="http://fepblue.org">fepblue.org</a>.</p>	<p><b>Preferred Retail Pharmacy</b> Tier 1: <b>\$7.50</b> copay Tier 2: <b>30%</b> of our allowance Tier 3: <b>50%</b> of our allowance Tier 4: <b>30%</b> of our allowance Tier 5: <b>30%</b> of our allowance</p> <p><b>Mail Service Pharmacy</b> Tier 1: <b>\$15</b> copay Tier 2: <b>\$90</b> copay Tier 3: <b>\$125</b> copay</p> <p><b>Specialty Pharmacy</b> Tier 4: <b>\$65</b> copay Tier 5: <b>\$85</b> copay</p>	<p><b>Preferred Retail Pharmacy</b> Tier 1: <b>\$5</b> copay Tier 2: <b>30%</b> of our allowance Tier 3: <b>50%</b> of our allowance Tier 4: <b>30%</b> of our allowance Tier 5: <b>30%</b> of our allowance</p> <p><b>Mail Service Pharmacy</b> Tier 1: <b>\$10</b> copay Tier 2: <b>\$90</b> copay Tier 3: <b>\$125</b> copay</p> <p><b>Specialty Pharmacy</b> Tier 4: <b>\$65</b> copay Tier 5: <b>\$85</b> copay</p>	<p><b>Preferred Retail Pharmacy</b> Tier 1: <b>\$10</b> copay Tier 2: <b>\$55</b> copay Tier 3: <b>60%</b> of our allowance (\$75 minimum) Tier 4: <b>\$85</b> copay Tier 5: <b>\$110</b> copay</p> <p><b>Mail Service Pharmacy</b> Available to members with Medicare Part B primary only. Visit <a href="http://fepblue.org">fepblue.org</a> for more information.</p> <p><b>Specialty Pharmacy</b> Tier 4: <b>\$85</b> copay Tier 5: <b>\$110</b> copay</p>
<b>Deductible</b>	<b>Self Only: \$350</b> <b>Self + One and Self &amp; Family: \$700</b>	We waive your deductible when you have Medicare as your primary coverage	None
<b>Out-of-pocket maximum</b> (Preferred Providers)	<b>Self Only: \$6,000</b> <b>Self + One and Self &amp; Family: \$12,000</b>	<b>Self Only: \$6,000</b> <b>Self + One and Self &amp; Family: \$12,000</b>	<b>Self Only: \$6,500</b> <b>Self + One and Self &amp; Family: \$13,000</b>
<b>Provider care</b>	In-network and out-of-network care	In-network and out-of-network care	In-network care only, except in certain situations like emergency care

Basic Option with Medicare Part A & B Primary	FEP Blue Focus	FEP Blue Focus with Medicare Part A & B Primary
Nothing	<b>\$10</b> per visit for your first 10 primary and/or specialty care visits <sup>2</sup>	Nothing
Nothing		Nothing
Nothing	<b>\$0</b> first 2 visits <b>\$10</b> all additional visits	Nothing
Nothing	<b>\$25</b> copay	Nothing
Nothing	<b>30%</b> of our allowance*	Nothing
Nothing	<b>30%</b> of our allowance <sup>†</sup>	Nothing
Nothing	<b>30%</b> of our allowance <sup>†</sup>	Nothing
Nothing	<b>\$0</b> within 72 hours	Nothing
Nothing	<b>30%</b> of our allowance*	Nothing
Nothing	<b>\$0</b> for first 10 specific lab tests**	Nothing
Nothing	<b>30%</b> of our allowance*	Nothing
Nothing for up to 20 visits a year	<b>\$25</b> for up to 10 visits a year <sup>1</sup>	Nothing for up to 10 visits a year <sup>1</sup>
<b>Preferred Retail Pharmacy</b> Tier 1: <b>\$10</b> copay Tier 2: <b>\$50</b> copay Tier 3: <b>50%</b> of our allowance (\$60 minimum) Tier 4: <b>\$80</b> copay Tier 5: <b>\$100</b> copay <b>Mail Service Pharmacy</b> Tier 1: <b>\$20</b> copay Tier 2: <b>\$100</b> copay Tier 3: <b>\$125</b> copay <b>Specialty Pharmacy</b> Tier 4: <b>\$80</b> copay Tier 5: <b>\$100</b> copay	<b>Preferred Retail Pharmacy</b> Tier 1: <b>\$5</b> copay Tier 2: <b>40%</b> of our allowance (\$350 maximum) <b>Mail Service Pharmacy</b> Not a benefit <b>Specialty Pharmacy</b> Tier 2: <b>40%</b> of our allowance (\$350 maximum)	<b>Preferred Retail Pharmacy</b> Tier 1: <b>\$5</b> copay Tier 2: <b>40%</b> of our allowance (\$350 maximum) <b>Mail Service Pharmacy</b> Not a benefit <b>Specialty Pharmacy</b> Tier 2: <b>40%</b> of our allowance (\$350 maximum)
None	<b>Self Only: \$500</b> <b>Self + One and Self &amp; Family: \$1,000</b>	We waive your deductible when you have Medicare as your primary coverage
<b>Self Only: \$6,500</b> <b>Self + One and Self &amp; Family: \$13,000</b>	<b>Self Only: \$8,500</b> <b>Self + One and Self &amp; Family: \$17,000</b>	<b>Self Only: \$8,500</b> <b>Self + One and Self &amp; Family: \$17,000</b>
In-network care only, except in certain situations like emergency care	In-network care only, except in certain situations like emergency care	In-network care only, except in certain situations like emergency care



## Medicare Reimbursement Account

If you have **Basic Option**, you can get an **\$800** Medicare Reimbursement Account if you pay Medicare Part B premiums. 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 [fepblue.org/mra](http://fepblue.org/mra).

*\*Deductible applies.*

*<sup>1</sup>Up to 10 visits combined for chiropractic care and acupuncture.*

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

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

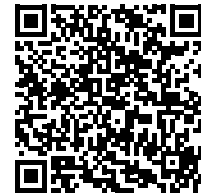
*\*\*Please see brochure for covered lab services.*

# 2022 Rates: Your Monthly Share

	Standard Option		Basic Option		FEP Blue Focus	
	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM
<b>Self Only</b>	104	\$276.19	111	\$173.73	131	\$115.15
<b>Self + One</b>	106	\$627.49	113	\$424.95	133	\$247.55
<b>Self &amp; Family</b>	105	\$680.57	112	\$459.96	132	\$272.29

*These rates do not apply to all Enrollees. If you are in a special enrollment category, please contact the agency or Tribal Employer which maintains your health benefits enrollment.*

 To see what's new for 2022, visit [fepblue.org/whatsnew](https://fepblue.org/whatsnew).




## Current Medicare benefits and premiums

[medicare.gov](https://www.medicare.gov) | [1-800-MEDICARE \(1-800-633-4227\)](tel:1-800-MEDICARE)


## Medicare services available to Service Benefit Plan members

[fepblue.org/medicare](https://fepblue.org/medicare)

 **National Information Center**  
1-800-411-BLUE (2583)

 **Retail Pharmacy**  
1-800-624-5060

 **Mail Service Pharmacy**  
1-800-262-7890

 **24/7 Nurse Line**  
1-888-258-3432



Stay connected to fepblue



Apple and the Apple logo are trademarks of Apple Inc., registered in the U.S. and other countries. App Store is a service mark of Apple Inc., registered in the U.S. and other countries.

Google Play and the Google Play logo are trademarks of Google Inc.

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.

The Blue Cross® and Blue Shield® words and symbols, Federal Employee Program®, MyBlue®, Blue365® and FEP® are all trademarks owned by Blue Cross Blue Shield Association.