FEDERAL EMPLOYEES HEALTH BENEFITS

BLUE CROSS AND BLUE SHIELD FEDERAL EMPLOYEE PROGRAM

2026 FEHB PROGRAM BENEFITS AT A GLANCE

FEP Blue Focus®

This plan is ideal for individuals and families who mainly use their benefits for free preventive care and have minimal prescription needs.

- **Lowest premium**
- **$10 per visit for the first 10 primary and specialist visits for each person on your plan**
- **Lowest copay for urgent care centers**

FEP Blue Basic®

This plan is a great choice for families who want a flexible plan and are okay with paying a bit more monthly.

- **No deductibles**
- **Flat copays for many medical services**
- **Broader prescription drug coverage**

FEP Blue Standard®

This plan is best for growing families or anyone who wants the broadest coverage with the flexibility to see both in- and out-of-network doctors.

- **Out-of-network care**
- **FEP Mail Service Pharmacy and largest approved drug list**
- **Comprehensive family planning benefits including free maternal health coverage and up to $25,000 annually in IVF benefits**

For more detailed benefit and cost information, visit **fepblue.org**.

What you'll pay for common services at in-network providers

Benefit	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Virtual doctor visits through Teladoc Health®	You pay **nothing**	You pay **nothing**	You pay **nothing**
Primary care doctor	**$10** per visit for the first 10 primary and/or specialty care visits for each person on your plan†	**$35** copay[1]	**$30** copay
Specialists		**$50** copay[1]	**$40** copay
Mental health visits		**$35** copay	**$30** copay
Urgent care centers	**$25** copay	**$50** copay	**$30** copay
Chiropractic care	**$25** for up to 10 visits per year[2†]	**$35** for up to 20 visits per year	**$30** for up to 12 visits per year
Maternity	**$0** for doctor's visits **$2,500** for delivery	**$0** for doctor's visits **$0** for delivery at a Blue Distinction Center® (BDC) **$425** for delivery at all other facilities	**$0** copay
Inpatient hospital	**30%** coinsurance*	**$425** per day; up to **$2,975** per admission	**$350** copay
Outpatient hospital	**30%** coinsurance*	**$250** per day per facility[1]	**15%** coinsurance*
Surgery	**30%** coinsurance*	**$150** per surgeon in an office[1] **$200** per surgeon in other settings[1]	**15%** coinsurance*
ER *(Accidental injury)*	**$0** within 72 hours	**$425** per day per facility	**$0** within 72 hours
ER *(Medical emergency)*	**30%** coinsurance*	**$425** per day per facility	**15%** coinsurance*
Lab work *(Such as blood tests)*	**$0** for first 10 specific lab tests**	**20%** coinsurance[1]	**15%** coinsurance*
Diagnostic services *(Such as sleep studies, X-rays, CT scans)*	**30%** coinsurance*	**$100** at an office[1] **$250** in a hospital[1]	**15%** coinsurance*

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

**Deductible applies. [1]You pay 35% coinsurance for agents, drugs and/or supplies you receive during your care. [1]You pay 30% coinsurance for agents, drugs and/or supplies you receive during your care. **Please see brochure for covered lab services. [2]Up to 10 visits combined for chiropractic care and acupuncture.*

fepblue.org

BlueCross BlueShield Federal Employee Program®

A closer look at pharmacy benefits

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Preferred Retail Pharmacy (For a 30-day supply)	**Tier 1: $5** copay **Tier 2: 40%** coinsurance ($500 maximum)	**Tier 1: $15** copay **Tier 2: 35%** coinsurance ($150 maximum) **Tier 3: 60%** coinsurance **Tier 4: 35%** coinsurance ($250 maximum) **Tier 5: 35%** coinsurance ($500 maximum)	**Tier 1: $7.50** copay **Tier 2: 30%** coinsurance **Tier 3: 50%** coinsurance **Tier 4: 30%** coinsurance **Tier 5: 30%** coinsurance
FEP Mail Service Pharmacy (For a 90-day supply)	Not a benefit	Available to members with Medicare Part B Primary *Visit fepblue.org for more information*	**Tier 1: $15** copay **Tier 2: 15%** coinsurance ($150 maximum) **Tier 3: 20%** coinsurance ($250 maximum)
FEP Specialty Pharmacy (For a 30-day supply)	**Tier 2: 40%** coinsurance ($500 maximum)	**Tier 4: 35%** coinsurance ($250 maximum) **Tier 5: 35%** coinsurance ($500 maximum)	**Tier 4: $100** copay **Tier 5: $150** copay

*Note: The tier your drug falls in can vary between FEP Blue Focus, FEP Blue Basic and FEP Blue Standard. 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 **fepblue.org/formulary**. Different cost share amounts may apply if you have Medicare primary coverage. For more information on the FEP Medicare Prescription Drug Program, visit **fepblue.org/medicarerx**.*

Deductibles and out-of-pocket maximums

Benefit	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Deductible	**$750** for Self Only **$1,500** 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)	**$10,000** for Self Only **$20,000** 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

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® and FEP® are all trademarks owned by Blue Cross Blue Shield Association.

FEHB Program bi-weekly premiums

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
SELF ONLY	$66.81	$133.77	$188.32
Enrollment Code	**131**	**111**	**104**
SELF + ONE	$143.63	$319.25	$410.88
Enrollment Code	**133**	**113**	**106**
SELF & FAMILY	$157.97	$356.86	$457.66
Enrollment Code	**132**	**112**	**105**

To see our monthly premiums, visit fepblue.org/premiums.

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.

Explore the interactive version of this brochure and others online at fepblue.org/flipbooks.

fepblue.org

BlueCross BlueShield Federal Employee Program