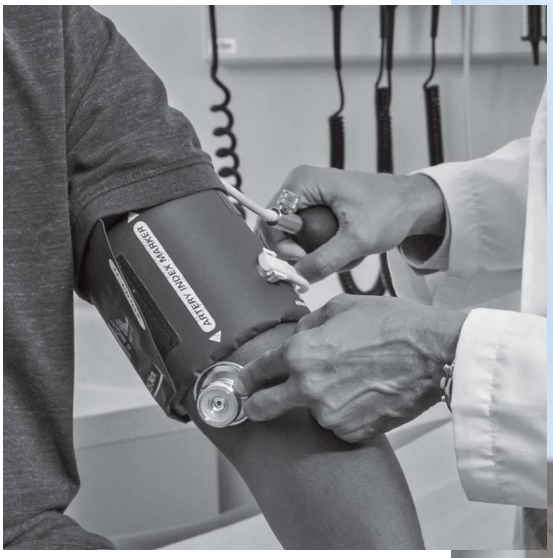
BLUE CROSS AND BLUE SHIELD FEDERAL EMPLOYEE PROGRAM

# FEP MEMBER NEWS FOR 2026




**Find coverage you can depend on with FEP**

BlueCross BlueShield Federal Employee Program

**HERE FOR YOU**

**fepblue.org**

## Learn about your benefits

Visit our website, **fepblue.org**, regularly to learn more about your benefits. It makes it easy for you to keep up with the Blue Cross and Blue Shield Service Benefit Plan 24/7.

You can download the Blue Cross and Blue Shield Service Benefit Plan brochures to view your official statement of benefits. **Visit fepblue.org/brochures and select the brochure for the Plan you're enrolled in.**

## This booklet summarizes your benefits.

For complete coverage details, download our Service Benefit Plan brochures at **fepblue.org/brochures** and use the chart below to quickly locate important information.

| | Section in the Brochure |
|---|---|
| **How we pay for care, including out-of-network care** | Section 1 |
| **Changes to your benefits and out-of-pocket costs** | Section 2 |
| **How to get care, including the prior approval process** | Section 3 |
| **Your covered benefits, including the copays, coinsurance and deductibles you'll pay** | Section 5 |
| **Benefit exclusions** | Section 6 |
| **How to submit a claim** | Section 7 |
| **Coordinating benefits with other coverage** | Section 9 |

## Information you'll find in this booklet

Find out how our benefit program works. This includes benefits and services included in or excluded from coverage, benefit limits, how to submit a claim, when you need prior approval and what you pay for services (e.g., copays and deductibles).

Locate in-network providers using the provider directory and see their location and contact information.

Read how to receive primary care, specialist care, mental (behavioral) health care and hospital services.

Understand restrictions for out-of-network care, how to get help using covered out-of-network services and what to do if you need care out of town, after hours or in an emergency.

View information on our Pharmacy Program, how to use its management procedures and its restrictions. This includes the approved drug list, information on generics, prior approval, therapeutic substitutions, step therapy and quantity limits. Also, learn what your doctor needs to support a drug exception request, if needed.

Learn how we coordinate benefits and programs to help you if you reach a benefit maximum or if a service isn't covered.

Access information on care management and wellness programs.

Learn about our appeals process if you don't agree with a benefit decision based on coverage, benefits or your relationship with us.*

**We don't reward or pay individuals or providers to deny coverage, encourage underutilization of your benefits or limit treatment or referral options. All denial decisions are based only on the appropriateness of care and the benefits outlined in the Blue Cross and Blue Shield Service Benefit Plan brochure.*

Find out about our vendor partners and how they affect your benefits. Also, learn what happens when new technologies are introduced and how they inform decisions on new benefits.

Know your rights and responsibilities.

## Your member ID card

On the back of your member ID card, you can find important phone numbers (e.g., customer service and precertification/other utilization management help). Contact us if you have a question, complaint or need free language assistance. If you want to send a written complaint, you can find your local Plan address at **fepblue.org/contact** or call the customer service number on your member ID card.

*We communicate benefit changes, including changes to out-of-pocket costs and the approved drug list, prior to the start of the new benefit year. If a benefit change impacts one of your prescriptions, you and your doctor will receive a letter. If benefit changes (including changes in your financial responsibility) happen during the year, we will notify you.*

## Locate your providers

Blue Cross Blue Shield has one of the largest provider networks in the U.S. Your member ID card works in every ZIP Code and overseas. And you never need a referral to see a specialist with any of our plans. If you need to locate a Preferred (in-network) provider, you have three options:

### Online

at **provider.fepblue.org**

### Download

our free **fepblue** app

### Call

the customer service number on the back of your member ID card

## Our provider directory allows you to see information on all the providers in our network, such as:

- **Primary Care Doctors**
- **Specialists**
- **Hospitals and Other Medical Facilities**
- **Pharmacies**
- **Overseas Providers**

The directory lists the name, telephone numbers, locations, qualifications, specialty, medical school the provider attended, residency information and board certification of providers when applicable and/or available.

Once you find a provider you like, simply call them to set up an appointment. The provider directory will show if a doctor is accepting new patients.

We recommend making sure everyone in your family has a primary care doctor. Search “primary care” in the directory to access a list of primary care providers in your area.

## Don’t feel like leaving home to visit a doctor?

Teladoc Health® allows you to speak to a doctor through video or on the phone. These doctors are available to treat minor injuries and illnesses 24/7. They are also available to provide mental (behavioral) health support, dermatology care and nutritional counseling services.

Visit **fepblue.org/telehealth** or call **855-636-1579** (TTY: **855-636-1578**) to get started.

*In an emergency, call 911 or go to your local emergency services.*

## Get the right care

### Hospital care

If you have an upcoming planned procedure or visit to a hospital (or residential treatment center), make sure you get your care approved before you go to your appointment. This approval process is called ***precertification*** or ***prior approval***. We use this process to ensure your care is medically necessary. Your doctors will usually submit your approval requests on your behalf. If you have any questions, call the precertification number on the back of your member ID card. You can find more information about this process in Sections 3 and 5(e) of the Blue Cross and Blue Shield Service Benefit Plan brochures.

**What to do if you disagree with a coverage or benefit decision**

You or your doctor have the right to submit a reconsideration request in writing if we deny coverage for a service, benefit or if your relationship with us changes. The disputed claims process is outlined in Section 8 of the Service Benefit Plan brochures.

**What to do if you want to discuss an approval request**

If you would like to discuss approval requests, you can call the toll-free precertification number on the back of your member ID card (dial 711 for TTY; see the back page to see how to request information in a different format if you need language assistance). Our staff is available at least eight hours a day during normal business hours. If you call after business hours, you can leave a voice message or send a secure message through your MyBlue® account. A staff member will call you back (anyone who calls you back will identify themselves by name, title and organization).

### Emergency care

You don't need approval to receive emergency care. In an emergency, call 911 or go to your local emergency services immediately. See Section 5(d) of the Service Benefit Plan brochure for more information.

### Specialist care

You don't need a referral to see a specialist. You can choose an in-network specialist by selecting a provider from the directory. See the Section 5 overview in the Service Benefit Plan brochure for this information.

### Mental health support

If you need help, get it. You have benefits for mental (behavioral) health and substance use disorder. You can see a licensed professional in a traditional office setting or speak to a licensed therapist* using your telehealth benefit. See Section 5(e) of the Service Benefit Plan brochure for more information.

### Out-of-network care

FEP Blue Standard® members can receive benefits for out-of-network care. See Section 1 of the Service Benefit Plan brochures for information about how we pay in-network and out-of-network providers. If you receive care out-of-network, you'll need to submit a paper claim for reimbursement. You can download the health benefits, pharmacy, dental and overseas claim forms at **fepblue.org/forms**. You can download most forms in English and Spanish. Call the customer service number on the back of your member ID card if you need help.

FEP Blue Focus® and FEP Blue Basic® members will not receive benefits for out-of-network care, except in limited situations, such as an emergency. See Section 3 of the Service Benefit Plan brochures for a list of exceptions for when we'll cover out-of-network care. You can also see a list of exclusions.

**Telehealth therapists are available 7 a.m. to 9 p.m. local time.*

### Medical benefit limits

Some services may have annual benefit limits, such as physical therapy and acupuncture benefits. You can see the services that have limits in Section 5 of the Service Benefit Plan brochures. If you reach your benefit limit and need assistance, contact the customer service number on your member ID card. You can also ask to connect with a case manager.

### Care outside your service area

Your benefits work the same way no matter which state you're in. All you need to do is show your member ID card if you need to receive care. If you're overseas, you can see any covered provider. Learn more about your overseas benefits at **fepblue.org/overseas**.

## Do you know about your out-of-pocket maximum?

An out-of-pocket (sometimes known as catastrophic) maximum is the most you'll pay for covered services in a calendar year. It protects you if you have a significant medical event during the year. You can see your current maximum and how close you are to meeting it by downloading the fepblue app or viewing your Financial Dashboard via your MyBlue account. If you need assistance, call the customer service number on your member ID card.

| Where to get after-hours care | | |
|---|---|---|
| **24/7 Nurse Line** | Available anytime for free when you need health advice | Call **1-888-258-3432** |
| **Telehealth** | Available to treat minor injuries and illnesses 24 hours a day, seven days a week | Visit **fepblue.org/telehealth** and click "Register Now" or call **855-636-1579** |
| **Primary Care Doctor** | Available to answer your health questions | Most doctors have a 24-hour number where you can speak to someone or leave a message |
| **Urgent Care Center** | Many urgent care centers have walk-in appointments. | Visit **fepblue.org/provider** to find an urgent care center near you. |
| **ER** | Open 24 hours | In an emergency, always call 911 or go to your local emergency services |

Download our Know Where to Go for Care guide at **fepblue.org/quick-reference-guides** for more information.

# Pharmacy benefits 101

## Our drug tiers

The tiers your prescription drugs fall in can vary between our Plans. **FEP Blue Focus** has two drug tiers. They are:

| FEP Blue Focus | |
|---|---|
| **Tier 1**<br>Preferred Generics | **Tier 2**<br>Preferred Brand Name, Preferred Specialty and Preferred Brand Name Specialty |

**FEP Blue Basic** and **FEP Blue Standard** each have five drug tiers. They are:

| FEP Blue Basic + FEP Blue Standard | | | | |
|---|---|---|---|---|
| **Tier 1**<br>Preferred Generics | **Tier 2**<br>Preferred Brand Name | **Tier 3**<br>Non-preferred Brand Name | **Tier 4**<br>Preferred Specialty | **Tier 5**<br>Non-preferred Specialty |

**Different drug tiers apply for the FEP Medicare Prescription Drug Program. Learn more at **fepblue.org/medicarerx**.*

## Formularies

To see your list of covered drugs (formulary), visit **fepblue.org/formulary** if you are in the traditional FEP pharmacy benefit or **fepblue.org/medicarerx** if you are in the FEP Medicare Prescription Drug Program (MPDP). Scroll down the page to select the formulary/drug list for the plan you're enrolled in. We encourage you to check the page for the pharmacy program you're enrolled in regularly to see any pharmacy updates and learn more about:

- How much you will pay (copay or coinsurance) for your prescriptions based on tier
- The pharmacy prior approval process
- Drug quantity limits (benefit maximums)
- What your prescriber needs to do if you need a drug exception and how to start the process
- How to use drug management procedures
- Ways to help you save on your prescriptions (switching to generics, drug therapy substitution interchange and step therapy)
- Drugs not covered under each of our plans

If you need assistance with your prescription drug benefits, including help if you reach a prescription's quantity limit or if you're in the FEP traditional pharmacy program call **1-800-624-5060**. If you're in MPDP, call **1-888-338-7737**.

If you have questions about topics related to drugs covered under the medical benefit (i.e., drugs administered outside of a pharmacy setting in a treatment facility, such as a doctor's office, infusion center or medical center), visit **fepblue.org/policies**. Type the drug name in the search bar to view the related medical policy. You can also call the customer service number on the back of your member ID card.

## Questions you may have about your health plan

**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/brochures**. There's a brochure for **FEP Blue Basic** and **FEP Blue Standard** 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. You can see if your doctor is in network by using our Provider Finder tool at **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 an **FEP Blue Standard** 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 **FEP Blue Basic** 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.

### Do I need approval to receive care?

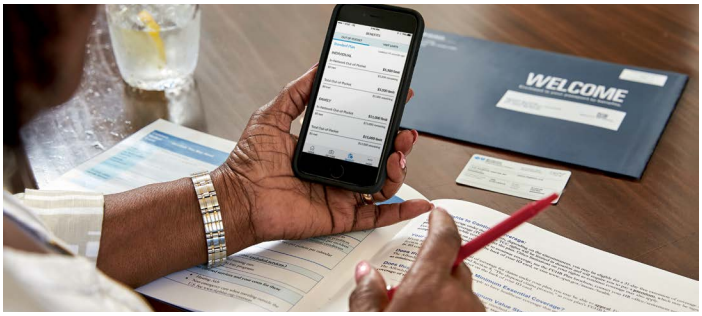
***Precertification*** is the review of inpatient hospital stays to ensure they're medically necessary before you receive services. ***Prior approval*** is the review of specific services (e.g., some surgeries and transplants) or prescription drugs to ensure they are medically necessary. You can see a full list of services that require precertification or prior approval (preservice review) in **Section 3** of the brochures available at **fepblue.org/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 in writing to review the decision. This is called ***filing an appeal***.

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.

### What if I'm already receiving or have received care that needs approval?

You or your doctor can ask us to cover a medical or mental health care service you're currently receiving ***(concurrent review)*** or have received ***(postservice review)***. We will review your request and decide. If you have a concurrent review and your life, health or safety is in danger, we will complete our review quickly. This is known as an ***urgent concurrent review***.




### What if I don't agree with your coverage decision?

If we deny your coverage request, you or your doctor can ask us to review our decision in writing. We will review the information you provide and decide. This is called the ***disputed claims process***. We provide instructions for this process in the denial letter you'll receive and in **Section 8** of the brochures.

### Are there any restrictions to using my medical benefits?

In most cases, as long as you remain an FEP member, 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. Restrictions and limits are outlined in **Section 5** of the brochures.

### 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.

You can also learn more about your pharmacy benefits if you're in the traditional pharmacy program by downloading the Abbreviated Formulary book or, if you're in MPDP, the MPDP 101 book. You can download the books at **fepblue.org/plan-summaries**.

### How do you protect my privacy?

We take privacy and security very seriously. You can see our full privacy notice at **fepblue.org/privacynotice**.

## Wellness program and tools

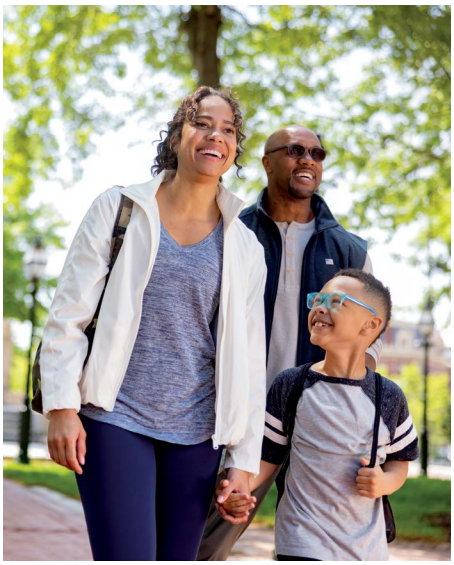
### Earn your rewards*

**FEP Blue Basic** and **FEP Blue Standard** members can take the Blue Health Assessment (BHA) to earn **$50** in rewards. The BHA will provide a snapshot of your overall health. **FEP Blue Basic** and **FEP Blue Standard** members can also earn up to an additional **$120** by completing three eligible Daily Habits goals.

Get started now at **fepblue.org/bha**.

**FEP Blue Focus** members can earn a **$150** MyBlue Wellness Card after they get an annual physical.

Learn more at **fepblue.org/fbfincentive**.



Depending on the plan you are enrolled in, you may be eligible for even more programs, including:

- **Pregnancy Care Incentive Program†**
- **Diabetes Management Program**
- **Tobacco Cessation Incentive Program**
- **Hypertension Management Program**
- **Weight Management Program**

Learn more about these programs at **fepblue.org/healthwellness**. You can also call customer service to learn more about any additional programs available to you that can help you at every stage of life (these are also known as population health management programs).

**You must be the contract holder or spouse, 18 or older, to earn the BHA, Daily Habits, or Routine Annual Physical Incentive Program reward.*
*†Open to FEP Blue Standard and FEP Blue Basic members only.*

### Earn your rewards*

We offer additional support to members with long-term, complex or life-threatening illnesses through our Care Management Program. This program is free and voluntary for eligible members. We determine if you are eligible by reviewing your claims history. We'll contact you if you're someone who could benefit from this program. If you decide to join, you can leave at any time. You can also be nominated for the program by a caregiver.

Learn more at **fepblue.org/caremanagement**. Scroll to Care Management, click "Find Your Local Care Management Program" and enter the state of your local BCBS Plan.

## Commitment to quality

Each of our local BCBS companies has quality programs in place to help them evaluate how we're doing as a health plan. **To learn more about these quality initiatives, you can contact the customer service number on the back of your member ID card.**

### Discount program

With Blue365®, you can get access to health and wellness discounts plus more. Sign up for free by logging in to your MyBlue account, selecting Blue365 and following the prompts.

### Our partnerships

In order to provide you with a comprehensive benefits package, we partner with outside companies to offer specific health care services to you. Some of our partners include CVS Caremark (pharmacy benefit manager and selected outreach programs), WebMD Health Services (health tools and incentives) and Teladoc Health (telehealth and condition management programs). All of these partners are separate from the Service Benefit Plan.

### How we make approval decisions

We don't reward or pay individuals or providers to deny coverage, encourage underutilization of your benefits or limit treatment or referral options. All denial decisions are based only on the appropriateness of care and the benefits outlined in the Blue Cross and Blue Shield Service Benefit Plan brochures.

### How we evaluate technology to determine potential new benefits

When a new technology is introduced, we first research it to evaluate whether it is safe and effective. We also ask doctors and experts to provide their opinions about how it will benefit the patients it's intended for. This approach informs decisions on new benefits. Contact us if you have a question, comment or complaint about our Plan. Please call the number on the back of your member ID card or contact your local BCBS company in writing. You can locate mailing addresses for each of our local BCBS companies on our website at **fepblue.org/contact** by clicking on your state.

### Know your member rights and responsibilities

You can view a copy of our member rights and responsibilities statement at **fepblue.org/memberrights**. Additionally, you can see a copy of our current privacy notice at **fepblue.org/privacynotice**.

# Nondiscrimination notice

The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

## The Blue Cross and Blue Shield Service Benefit Plan:

**Provides free aids and services to people with disabilities to communicate effectively with us, such as:**

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

**Provides free language services to people whose primary language is not English, such as:**

- Qualified interpreters
- Information written in other languages

If you need these services, contact the Civil Rights Coordinator of your local Blue Cross and Blue Shield company by calling the customer service number on the back of your member ID card.

If you believe that this Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with the Civil Rights Coordinator of your local BCBS company. You can file a grievance in person or by mail, fax or email. If you need help filing a grievance, your local BCBS company's Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, or by mail or phone at:

**U.S. Department of Health and Human Services**
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
**1-800-368-1019, 800-537-7697** (TDD)

Complaint forms are available at **hhs.gov/ocr/office/file/index.html**.

**Language assistance**

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

請撥打您 ID 卡上的客服號碼以尋求中文協助。

Gọi số dịch vụ khách hàng trên thẻ ID của quý vị để được hỗ trợ bằng Tiếng Việt.

한국어로 도움을 받고 싶으시면 ID 카드에 있는 고객 서비스 전화번호로 문의해 주십시오.

Para sa tulong sa Tagalog, tumawag sa numero ng serbisyo sa customer na nasa inyong ID card.

Обратитесь по номеру телефона обслуживания клиентов, указанному на Вашей идентификационной карточке, для помощи на русском языке.

اتصل برقم خدمة العملاء الموجود على بطاقة هُويتك للحصول على المساعدة باللغة العربية.

Rele nimewo sèvis kliyantèl ki nan kat ID ou pou jwenn èd nan Kreyòl Ayisyen.

Pour une assistance en français du Canada, composez le numéro de téléphone du service à la clientèle figurant sur votre carte d'identification.

Ligue para o número de telefone de atendimento ao cliente exibido no seu cartão de identificação para obter ajuda em português.

Aby uzyskać pomoc w języku polskim, należy zadzwonić do działu obsługi klienta pod numer podany na identyfikatorze.

日本語でのサポートは、IDカードに記載のカスタマーサービス番号までお電話でお問い合わせください。

Per assistenza in italiano chiamate il numero del servizio clienti riportato nella vostra scheda identificativa.

Rufen Sie den Kundendienst unter der Nummer auf Ihrer ID-Karte an, um Hilfestellung in deutscher Sprache zu erhalten.

برای دریافت راهنمایی به زبان فارسی ، با شماره خدمات مشتری که بر روی کارت شناسایی شما درج شده است تماس بگیرید..