FEDERAL EMPLOYEES HEALTH BENEFITS
BLUE CROSS AND BLUE SHIELD FEDERAL EMPLOYEE PROGRAM

BlueCross BlueShield
FEP Medical

2027 FEHB MEDICARE AT A GLANCE

When you combine your FEP coverage with Medicare Parts A and B, we lower your out-of-pocket costs for covered Medicare services. **FEP Blue Basic** and **FEP Blue Standard** generally reduce most covered Medicare medical cost shares to $0. **FEP Blue Focus** has more limited benefits and keeps a deductible for major services, which is why we do not include it in the following charts.

	Medicare Part A and B only	FEP Blue Basic	FEP Blue Standard
Seeing a healthcare provider • Primary care doctor & mental health visits • Telehealth • Specialists & surgeons	**20%**[3]	**$0**	**$0**
Going to a site of care • Urgent care centers • Outpatient hospital • Emergency Room	**20%**[3]	**$0**	**$0**
Inpatient hospital	**$0** for up to 60 days after $1,736 deductible	**$0** up to 90 days + 60 lifetime reserve days	**$0**
Skilled nursing facility*	**$0** for up to 20 days	**$0** for 20 days covered by Medicare	**$0** for 10 additional days after the first 20 covered by Medicare
Acupuncture care	**20%**[3]	**$0** for up to 12 visits	**$0** for up to 24 visits
Chiropractic care	**20%**[3]	**$0** for up to 20 visits	**$0** for up to 12 visits
Physical therapy	**20%**[3]	**$0** for up to 50 visits	**$0** for up to 75 visits
Lab work and diagnostic services	**$0** for covered lab tests **20%** for diagnostic services[3]	**$0**	**$0**
Home healthcare	**$0**	**$0**	**$0**
Hearing aid benefits[1]	**Not Covered**	We pay up to **$2,500** every 5 years + you can combine with discounts available via Blue365®	We pay up to **$2,500** every 5 years + you can combine with discounts available via Blue365®
Durable medical equipment[2]	**20%**[3]	**$0**	**$0**

Explore the interactive version of our FEHB Medicare and Blue and others online at **fepblue.org/flipbooks**.

**When Medicare Part A pays first, you pay $0 for covered skilled nursing facility care for the first 30 days of each Medicare benefit period. [1]Discounts available through Blue365. Dispensing fees, fittings, hearing aid batteries and repair services all count toward the $2,500 allowance. [2]Coinsurance with in-network providers. [3]$283 Medicare Part B deductible applies.*

A closer look at your pharmacy benefits for each tier with MPDP

	Medicare Part A and B only	FEP Blue Basic	FEP Blue Standard
Retail Pharmacy (For a 30-day supply)	**Not Covered**	**Tier 1: $10** **Tier 2: $45** **Tier 3: 50%** **Tier 4: $75**	**Tier 1: $5** **Tier 2: $35** **Tier 3: 50%** **Tier 4: $60**
FEP Mail Service Pharmacy (For a 90-day supply)	**Not Covered**	**Tier 1: $15** **Tier 2: $95** **Tier 3: $175** **Tier 4: $200**	**Tier 1: $5** **Tier 2: $85** **Tier 3: $125** **Tier 4: $150**

When you keep your FEP coverage with **FEP Blue Basic** or **FEP Blue Standard**, you get Medicare Part D prescription drug benefits with the FEP Medicare Prescription Drug Program (MPDP). **This program caps annual prescription drug out-of-pocket costs at $2,400 and is included for no additional premium.** Better yet, we'll automatically enroll you each year so it's one less thing to worry about. Learn more at **fepblue.org/medicarerx**.

Monthly premiums and out-of-pocket maximums

With FEP coverage and MPDP, **you'll usually only pay your FEP premium, your Medicare Part B premium and your pharmacy cost shares**. Depending on your income, you may need to pay an Income-Related Monthly Adjustment Amount (IRMAA) on top of your Part B and Part D coverage. Learn more at **medicare.gov**.

	FEP Blue Basic	FEP Blue Standard
SELF ONLY **Enrollment code**	$315.17 **111**	$443.41 **104**
SELF + ONE **Enrollment code**	$759.38 **113**	$974.76 **106**
SELF & FAMILY **Enrollment code**	$839.67 **112**	$1,076.61 **105**
Out-of-Pocket maximum (Preferred providers)	**$8,500** for Self Only **$17,000** for Self + One and Self & Family	**$7,000** for Self Only **$14,000** for Self + One and Self & Family
Deductible	**No deductible**	**Waived** when paired with Medicare

Get help finding the right plan

Use our AskBlue℠ FEP Medical Plan Finder to find a plan that fits your needs. Get started at **askblue.fepblue.org**.

@fepblue fepblue.org

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®, FEP® and Blue365® are all trademarks owned by Blue Cross Blue Shield Association.

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