POSTAL SERVICE HEALTH BENEFITS
BLUE CROSS AND BLUE SHIELD FEDERAL EMPLOYEE PROGRAM

2027 PSHB MEDICARE AT A GLANCE

BlueCross BlueShield
FEP Medical

Pairing Medicare with FEP

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.

Benefit	FEP Blue Focus®	FEP Blue Basic®	FEP Blue Standard®
Seeing a healthcare provider • Primary care doctor & mental health visits • Telehealth • Specialists	**$0**	**$0**	**$0**
Surgeons	**$0** after meeting your deductible	**$0**	**$0**
Urgent care centers	**$0**	**$0**	**$0**
Emergency room	**$0** after meeting your deductible	**$0**	**$0**
Outpatient hospital	**$0** after meeting your deductible	**$0**	**$0**
Inpatient hospital	**$0** up to 90 days + 60 lifetime reserve days after meeting your deductible	**$0** up to 90 days + 60 lifetime reserve days	**$0**
Skilled nursing facility[1]	**$0** for up to 20 days covered by Medicare	**$0** for up to 20 days covered by Medicare	**$0** for 20 days covered by Medicare + 10 additional days
Chiropractic care	**$0** for up to 10 visits	**$0** for up to 20 total visits	**$0** for up to 12 total visits
Acupuncture care		**$0** for up to 12 total visits	**$0** for up to 24 total visits
Physical therapy	**$0** for up to 25 visits	**$0** for up to 50 visits	**$0** for up to 75 visits
Lab work and diagnostic services	**$0** after meeting your deductible	**$0**	**$0**
Home healthcare	**$0** after meeting your deductible	**$0**	**$0**
Hearing aid benefits[2]	**Not covered**—only discounts available via Blue365®	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	**$0** after meeting your deductible	**$0**	**$0**

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

[1]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. [2]Discounts available through Blue365. Dispensing fees, fittings, hearing aid batteries and repair services all count toward the $2,500 allowance.

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

	FEP Blue Focus	FEP Blue Basic	FEP Blue Standard
Retail Pharmacy (For a 30-day supply)	**Tier 1: $5** **Tier 2: 40%** up to $300 **Tier 3: 50%** up to $400 **Tier 4: 40%** up to $350	**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 a benefit**	**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, 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 in each plan 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, out-of-pocket maximums and deductibles

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 Focus	FEP Blue Basic	FEP Blue Standard
SELF ONLY	$182.38	$303.20	$425.32
Enrollment code	**35A**	**33A**	**33D**
SELF + ONE	$392.07	$737.27	$944.36
Enrollment code	**35C**	**33C**	**33F**
SELF & FAMILY	$431.24	$835.16	$1,063.01
Enrollment code	**35B**	**33B**	**33E**
Out-of-Pocket maximum (In-network providers)	**$11,000** for Self Only **$22,000** for Self + One and Self & Family	**$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	**$1,000** for Self Only **$2,000** for Self + One and Self & Family	**No deductible**	**Waived** when paired with Medicare

Get help finding the right plan

Use our AskBlue℠ FEP Medical Plan Finder to get a personalized recommendation. It's a simple online tool that helps you find the right plan based on your needs. Get started at **askblue.fepblue.org.**

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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 Postal Service Health Benefits Program brochures (FEP Blue Standard and FEP Blue Basic: RI 71-020; FEP Blue Focus: RI 71-025). All benefits are subject to the definitions, limitations and exclusions set forth in the 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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