

MEMBER NEWS



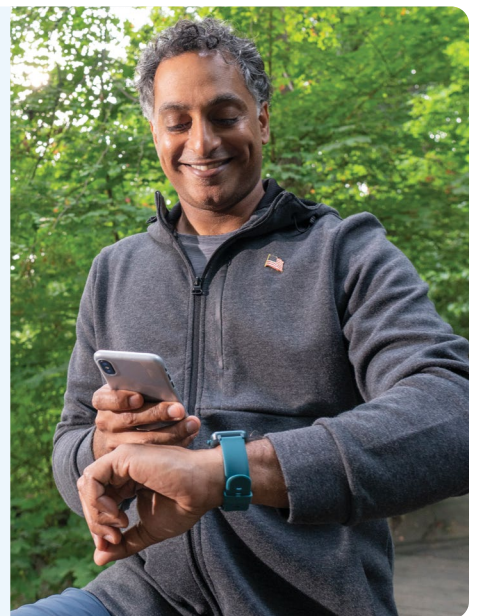
LEARN ABOUT YOUR BENEFITS



Visit our website, fepblue.org, regularly to learn more about your benefits. It makes it easy for you to keep up with the 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. Get them here: fepblue.org/brochure.



Here's where you can locate important information about your health benefits online or in the brochures:

	Website URL	Section in the Brochure
Your rights and responsibilities	fepblue.org/memberrights	Section 1
How we pay for care, including out-of-network care	N/A	Section 1
How to get care, including the prior approval process	N/A	Section 3
Your covered benefits, including the copays, coinsurance and deductibles you'll pay	fepblue.org/benefitplans	Section 5
Benefit exclusions	fepblue.org/sbc	Section 6
How to submit a claim	fepblue.org/forms	Section 7

Locate your providers

Make sure to use your benefits. If you need to locate a Preferred (in-network) provider, you have three options:



ONLINE

at [fepblue.org/provider](https://www.fepblue.org/provider).



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, contact information, 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.



Do you have kids at home? Make sure your child has a pediatrician. Once he or she turns 18, they should switch to an “adult care” doctor. Your child’s pediatrician will transfer all information to his or her new doctor. Call customer service if you need assistance.



Don't feel like leaving home to visit a doctor?

Teladoc® 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 treat dermatology and mental health issues as well as provide nutritional support.

Visit [fepblue.org/telehealth](https://www.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.

Note: If your benefits end, you can call customer service to help you transition your care.

Get the right care



Hospital Care

If you have an upcoming planned procedure or visit to a hospital (or residential treatment center), make sure to 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.

How we make our approval decisions

We don't reward or pay individuals to deny coverage or encourage underutilization of your benefits. 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.

What to do if you disagree with a coverage or benefits decision

You have the right to submit a reconsideration request in writing if we deny coverage for a service, or if your relationship with us changes. This process is outlined in section 8 of the Service Benefit Plan brochures. You can also download a copy of the process at [fepblue.org/brochure](https://www.fepblue.org/brochure).

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 8 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.



Specialist Care

You don't need a referral to see a specialist. You can choose a Preferred specialist by selecting a provider from the directory.



Mental Health Support

If you need help, get it. You have benefits for mental (behavioral) health. 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 Blue Cross and Blue Shield Service Benefit Plan brochure for more information.



Out-of-Network Care

Standard Option members can receive benefits for out-of-network care. If you receive care out-of-network, you'll need to submit a paper claim for reimbursement. You can download the claim form at [fepblue.org/forms](https://www.fepblue.org/forms).

Basic Option and FEP Blue Focus members will not receive benefits for out-of-network care, except in limited situations such as an emergency. See section 3 of the brochures for a full list of exclusions.

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



Care outside your service area

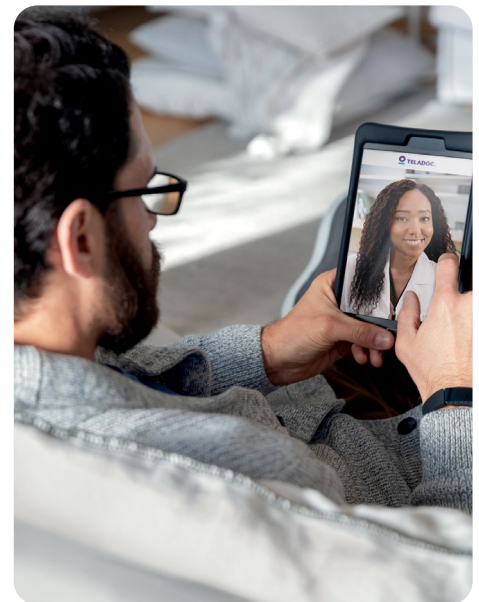
Your benefits work the same way no matter which state you're in. All you need to do is show your member ID card if you need to receive care. If you're overseas, you'll also receive care by showing providers your ID card. Learn more about the Overseas Benefit Program at fepblue.org/overseas.



Prescription Drug Benefits

To see your list of covered drugs (formulary), visit fepblue.org/pharmacy. We encourage you to check this page regularly to see any pharmacy updates. You can also learn more information about:

- The pharmacy prior approval process
- Drug quantity limits
- Drugs not covered under each of our plans
- Ways to help you save on your prescriptions (switching to generics, drug therapy substitution/interchange and step therapy)
- How to use drug management procedures
- What your prescriber needs to do if you need drug exception



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 or call 855-636-1579
Your 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
ER	Open 24 hours	In an emergency, always call 911 or go to your local emergency services

Wellness program and tools

Earn your rewards*

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

Get started now at fepblue.org/bha.

FEP Blue Focus members can earn a reward for getting an annual physical. You'll be able to select your reward through your MyBlue® account once we process the claim from your physical.

Learn more at fepblue.org/focus.



Once you complete the BHA, you may be eligible for even more programs, including:



PREGNANCY
CARE INCENTIVE
PROGRAM†



DIABETES
MANAGEMENT
INCENTIVE
PROGRAM†



TOBACCO
CESSATION
INCENTIVE
PROGRAM



HYPERTENSION
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, Online Health Coach, Hypertension Management Program or FEP Blue Focus reward.*

†Open to Standard and Basic Option members only.

Care Management



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.

Seasonal wellness tips

THE TRUTH ABOUT LOWER BACK PAIN

Did you know most back pain can be treated at home? About 90% of back pain episodes resolve themselves within 6 weeks. Imaging tests like X-rays, CT scans and MRIs don't actually help you get better faster. They can also lead to unnecessary treatments, surgery and out-of-pocket costs. So, before heading off to the doctor or urgent care center, consider other treatments, such as using ice and heat, over-the-counter anti-inflammatory medicines or stretching.

BUSTING ACUTE BRONCHITIS

Acute bronchitis, often called a "chest cold," is the most common type of bronchitis. Symptoms usually last less than 3 weeks and include coughing, soreness in the chest, feeling tired (fatigue) and mild headaches and body aches. The good thing is that it usually gets better on its own, without antibiotics. Using antibiotics when they aren't needed can actually do more harm than good. The best way to feel better is to get lots of rest, drink plenty of fluids, use a clean humidifier or cool mist vaporizer and take over-the-counter medicines.

Contact your doctor with any health concerns you may have.

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.

How we evaluate technology to determine potential new benefits

When a new technology is introduced, first we 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.

If you have a question, comment or complaint about our Plan, please call the number on the back of your member ID card. You can also locate mailing addresses for each of our local BCBS companies on our website at [fepblue.org/contact](https://www.fepblue.org/contact).

SUBSCRIBE TO BLUENEWS

Get health tips and information about Blue Cross and Blue Shield Service Benefit Plan benefits in our monthly email newsletter.

Sign up at [fepblue.org/emailsignup](https://www.fepblue.org/emailsignup).



Stay connected to fepblue



Apple, the Apple logo, iPad and iPhone 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 LLC.

This information is not meant to substitute the advice of your doctor or any other healthcare professional. You should speak to your doctor before starting a new diet or exercise routine.

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 (Standard Option and Basic Option: 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.

You can see a copy of our current privacy notice at [fepblue.org/privacy](https://www.fepblue.org/privacy).

To request a printed copy of this newsletter or any of the documents mentioned in the newsletter, please call the customer service number on the back of your member ID card.

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 <https://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 <http://www.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 هويتك 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.