

WE CAN BE BY YOUR SIDE.



60 YEARS

 **BlueCross.
BlueShield.**
Federal Employee Program.

THANK YOU FOR YOUR TRUST

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MEDICARE AT A GLANCE

2021 Blue Cross and Blue Shield Service Benefit Plan

Service Benefit Plan and Medicare

Benefit	Standard Option	Standard Option with Primary Medicare A & B	Basic Option
Primary care doctor	\$25 copay	Nothing	\$30 copay ²
Specialists	\$35 copay	Nothing	\$40 copay ²
Virtual doctor visits through Teladoc®	\$0 first 2 visits \$10 all additional visits	Nothing	\$0 first 2 visits \$15 all additional visits
Urgent care centers	\$30 copay	Nothing	\$35 copay
Inpatient hospital	\$350 copay	Nothing	\$175 per day; up to \$875 per admission
Outpatient hospital	15% of our allowance*	Nothing	\$100 per day per facility ²
Surgery	15% of our allowance*	Nothing	\$150 in an office ² \$200 in a non-office setting ²
ER – accidental injury	\$0 within 72 hours	Nothing	\$175 per day per facility
ER – medical emergency	15% of our allowance*	Nothing	\$175 per day per facility
Lab work (such as blood tests)	15% of our allowance*	Nothing	\$0 copay ²
Diagnostic services (such as sleep studies, X-rays, CT scans)	15% of our allowance*	Nothing	Up to \$100 in an office ² Up to \$150 in a hospital ²
Chiropractic care	\$25 for up to 12 visits a year	Nothing for up to 12 visits a year	\$30 for up to 20 visits a year
<p>Prescription drugs</p> <p>All cost shares show what you would pay for a 30-day supply. Your cost share could be different for a larger supply.</p> <p>The tier your drug falls in can vary between Standard Option, Basic Option and FEP Blue Focus. 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.</p>	<p>Preferred Retail Pharmacy Tier 1: \$7.50 copay Tier 2: 30% of our allowance Tier 3: 50% of our allowance Tier 4: 30% of our allowance Tier 5: 30% of our allowance</p> <p>Mail Service Pharmacy Tier 1: \$15 copay Tier 2: \$90 copay Tier 3: \$125 copay</p> <p>Specialty Pharmacy Tier 4: \$65 copay Tier 5: \$85 copay</p>	<p>Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 30% of our allowance Tier 3: 50% of our allowance Tier 4: 30% of our allowance Tier 5: 30% of our allowance</p> <p>Mail Service Pharmacy Tier 1: \$10 copay Tier 2: \$90 copay Tier 3: \$125 copay</p> <p>Specialty Pharmacy Tier 4: \$65 copay Tier 5: \$85 copay</p>	<p>Preferred Retail Pharmacy Tier 1: \$10 copay Tier 2: \$55 copay Tier 3: 60% of our allowance (\$75 minimum) Tier 4: \$65 copay Tier 5: \$90 copay</p> <p>Mail Service Pharmacy Available to members with Medicare Part B primary only. Visit fepblue.org for more information.</p> <p>Specialty Pharmacy Tier 4: \$85 copay Tier 5: \$110 copay</p>
Deductible	Self Only: \$350 Self + One and Self & Family: \$700	We waive your deductible when you have Medicare as your primary coverage	None
Out-of-pocket maximum (Preferred Providers)	Self Only: \$5,000 Self + One and Self & Family: \$10,000	Self Only: \$5,000 Self + One and Self & Family: \$10,000	Self Only: \$5,500 Self + One and Self & Family: \$11,000
Provider care	In-network and out-of-network care	In-network and out-of-network care	In-network care only, except in certain situations like emergency care

Basic Option with Primary Medicare A & B	FEP Blue Focus	FEP Blue Focus with Primary Medicare A & B
Nothing	\$10 per visit for your first 10 primary and/or specialty care visits ²	Nothing
Nothing		Nothing
Nothing	\$0 first 2 visits \$10 all additional visits	Nothing
Nothing	\$25 copay	Nothing
Nothing	30% of our allowance*	Nothing
Nothing	30% of our allowance [†]	Nothing
Nothing	30% of our allowance [†]	Nothing
Nothing	\$0 within 72 hours	Nothing
Nothing	30% of our allowance*	Nothing
Nothing	\$0 for first 10 specific lab tests**	Nothing
Nothing	30% of our allowance*	Nothing
Nothing for up to 20 visits a year	\$25 for up to 10 visits a year ¹	Nothing for up to 10 visits a year ¹
Preferred Retail Pharmacy Tier 1: \$10 copay Tier 2: \$50 copay Tier 3: 50% of our allowance (\$60 minimum) Tier 4: \$60 copay Tier 5: \$80 copay Mail Service Pharmacy Tier 1: \$20 copay Tier 2: \$100 copay Tier 3: \$125 copay Specialty Pharmacy Tier 4: \$80 copay Tier 5: \$100 copay	Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum) Mail Service Pharmacy Not a benefit. Specialty Pharmacy Tier 2: 40% of our allowance (\$350 maximum)	Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum) Mail Service Pharmacy Not a benefit. Specialty Pharmacy Tier 2: 40% of our allowance (\$350 maximum)
None	Self Only: \$500 Self + One and Self & Family: \$1,000	We waive your deductible when you have Medicare as your primary coverage
Self Only: \$5,500 Self + One and Self & Family: \$11,000	Self Only: \$7,500 Self + One and Self & Family: \$15,000	Self Only: \$7,500 Self + One and Self & Family: \$15,000
In-network care only, except in certain situations like emergency care	In-network care only, except in certain situations like emergency care	In-network care only, except in certain situations like emergency care



Medicare Reimbursement Account

If you have **Basic Option**, you can get an **\$800** Medicare Reimbursement Account if you pay Medicare Part B premiums. To earn the money, you'll need to submit a claim and provide proof that you pay Medicare Part B premiums.

Learn more at fepblue.org/mra or call **1-888-706-2583** (Weekdays 8 a.m. to 8 p.m. Eastern time).

**Deductible applies.*

¹Up to 10 visits combined for chiropractic care and acupuncture.

[†]Deductible applies. In addition, you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

²You pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

***Please see brochure for covered lab services.*

2021 Rates: Your Monthly Share

	Standard Option		Basic Option		FEP Blue Focus	
	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM
Self Only	104	\$267.48	111	\$170.31	131	\$115.15
Self + One	106	\$608.43	113	\$409.87	133	\$247.55
Self & Family	105	\$650.26	112	\$436.08	132	\$272.29

These rates do not apply to all Enrollees. If you are in a special enrollment category, please contact the agency or Tribal Employer which maintains your health benefits enrollment.




To see what's new for 2021, visit fepblue.org/whatsnew.


Current Medicare benefits and premiums

[medicare.gov](https://www.medicare.gov)  1-800-MEDICARE (1-800-633-4227)


Medicare services available to Service Benefit Plan members

fepblue.org/medicare 

 **National Information Center**
1-800-411-BLUE (2583)

 **Retail Pharmacy**
1-800-624-5060

 **Mail Service Pharmacy**
1-800-262-7890

 **24/7 Nurse Line**
1-888-258-3432



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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 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.

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