

A woman with curly hair, wearing sunglasses, a white button-down shirt, and light-colored cargo pants, is walking on a paved path. She is holding a phone to her ear and smiling. The background is a dense wall of green foliage. The entire scene is framed by a white border with a red L-shaped corner element in the top left.

2018 MEDICARE AT A GLANCE

Blue Cross and Blue Shield
Service Benefit Plan Summary



**BlueCross
BlueShield**

Federal Employee Program.

fepblue.org

2018 MEDICARE COMPARISON OF BENEFITS

Standard Option - What you pay when you use Preferred providers

Benefit	Standard Option	Standard Option with Primary Medicare A & B
Wellness Incentive Program	Contract holders and covered spouses can earn \$50 for completing the Blue Health Assessment. Then, earn up to \$120 for achieving three eligible Online Health Coach goals. Learn more at fepblue.org/healthtools .	
Preventive Care	Nothing	Nothing
Physician Care	\$25 for primary care \$35 for specialists	Nothing
Lab and Diagnostic Services	15%* of our allowance	Nothing
Hospital Care	Inpatient: \$350 per admission Outpatient: 15%* of our allowance	Nothing
Surgical Services	15%* of our allowance	Nothing
Urgent Care Center	\$30 per visit	Nothing
Emergency Care	Accidental Injury: You pay nothing for outpatient services within 72 hours Medical Emergency: Regular benefits for physician and hospital care*	Nothing
Prescription Drugs See the 2018 Blue Cross and Blue Shield Service Benefit Plan brochure for information on supply and refill limits	<p>Preferred Retail Pharmacy: Tier 1 (Generics): 20% of our allowance Tier 2 (Preferred brand): 30% of our allowance Tier 3 (Non-preferred brand): 50% of our allowance Tier 4 (Preferred specialty): 30% of our allowance Tier 5 (Non-preferred specialty): 30% of our allowance</p> <p>Mail Service Pharmacy: Tier 1 (Generics): \$15 copay Tier 2 (Preferred brand): \$80 copay Tier 3 (Non-preferred brand): \$125 copay</p> <p>Specialty Pharmacy: Tier 4 (Preferred specialty): \$35 copay Tier 5 (Non-preferred specialty): \$55 copay</p>	<p>Preferred Retail Pharmacy: Tier 1 (Generics): 15% of our allowance Tier 2 (Preferred brand): 30% of our allowance Tier 3 (Non-preferred brand): 50% of our allowance Tier 4 (Preferred specialty): 30% of our allowance Tier 5 (Non-preferred specialty): 30% of our allowance</p> <p>Mail Service Pharmacy: Tier 1 (Generics): \$10 copay Tier 2 (Preferred brand): \$80 copay Tier 3 (Non-preferred brand): \$125 copay</p> <p>Specialty Pharmacy: Tier 4 (Preferred specialty): \$35 copay Tier 5 (Non-preferred specialty): \$55 copay</p>
Physical, Speech and Occupational Therapy	\$25 for primary care \$35 for specialists Limited to 75 visits per year	Nothing for up to 75 visits per year
Chiropractic Care	\$25 copay per visit; up to 12 visits per year	Nothing for up to 12 visits per year

*Is subject to the 2018 Standard Option calendar year deductible: \$350 per person or \$700 in total for Self Plus One or Self and Family contracts.

If you use a Non-preferred provider under Standard Option, you generally pay any difference between our allowance and the billed amount, in addition to any share of our allowance shown in the table above.

2018 MEDICARE COMPARISON OF BENEFITS

Basic Option - What you pay when you use Preferred providers

Benefit	Basic Option	Basic Option with Primary Medicare A & B
Wellness Incentive Program	Contract holders and covered spouses can earn \$50 for completing the Blue Health Assessment. Then, earn up to \$120 for achieving three eligible Online Health Coach goals. Learn more at fepblue.org/healthtools .	
Preventive Care	Nothing	Nothing
Physician Care	\$30 for primary care \$40 for specialists	Nothing
Lab and Diagnostic Services	Nothing¹ for lab tests, pathology services and EKGs \$40¹ for diagnostic tests such as home sleep studies, EEGs, ultrasounds and X-rays \$100¹ for angiography, bone density tests, CT scans, MRIs, PET scans, genetic testing, nuclear medicine and sleep studies in an office setting; \$150¹ at a hospital	Nothing
Hospital Care	Inpatient: \$175 per day; up to \$875 Outpatient: \$100¹ per day per facility	Nothing
Surgical Services	\$150¹ in an office setting \$200¹ in a non-office setting	Nothing
Urgent Care Center	\$35 per visit	Nothing
Emergency Care	Accidental Injury and Medical Emergency: \$125 per day for emergency room care Regular benefits for physician care	Nothing
Prescription Drugs See the 2018 Blue Cross and Blue Shield Service Benefit Plan brochure for information on supply and refill limits	Preferred Retail Pharmacy: Tier 1 (Generics): \$10 copay Tier 2 (Preferred brand): \$50 copay Tier 3 (Non-preferred brand): 60% of our allowance (\$75 minimum) Tier 4 (Preferred specialty): \$65 copay Tier 5 (Non-preferred specialty): \$90 copay Mail Service Pharmacy: Not a benefit Specialty Pharmacy: Tier 4 (Preferred specialty): \$55 copay Tier 5 (Non-preferred specialty): \$80 copay	Preferred Retail Pharmacy: Tier 1 (Generics): \$10 copay Tier 2 (Preferred brand): \$45 copay Tier 3 (Non-preferred brand): 50% of our allowance (\$60 minimum) Tier 4 (Preferred specialty): \$60 copay Tier 5 (Non-preferred specialty): \$80 copay Mail Service Pharmacy: Tier 1 (Generics): \$20 copay Tier 2 (Preferred brand): \$90 copay Tier 3 (Non-preferred brand): \$125 copay Specialty Pharmacy: Tier 4 (Preferred specialty): \$50 copay Tier 5 (Non-preferred specialty): \$70 copay
Physical, Speech and Occupational Therapy	\$30¹ for primary care \$40¹ for specialists Limited to 50 visits per year	Nothing for up to 50 visits per year
Chiropractic Care	\$30 copay per visit; up to 20 visits per year	Nothing for up to 20 visits per year

¹Under Basic Option you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

Basic Option generally does not provide benefits when you use Non-preferred providers.

NEW FOR 2018



Introducing telehealth services

With Telehealth provided by Teladoc®, you have 24/7 access to a doctor by phone or video. The average wait time is just 10 minutes.

These board-certified doctors are available 24/7 to treat:

- Cold and flu symptoms
- Allergies
- Bronchitis
- And more

Therapists are also available and will allow you to get ongoing support for stress, anxiety, depression, substance use disorder and more. The best part is: if you have Medicare primary, you can use these services for **FREE**.

Learn more at fepblue.org/telehealth.



Medicare reimbursement account

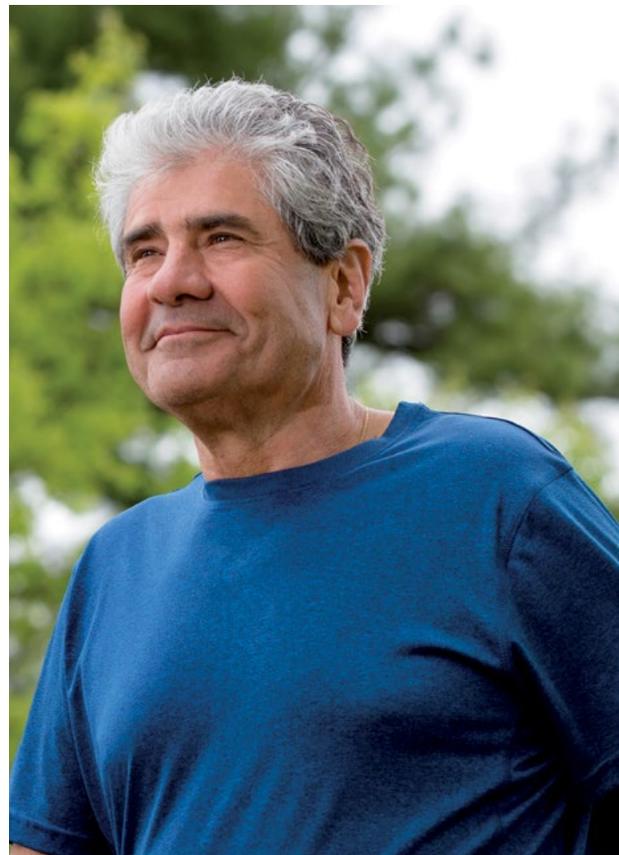
If you have Basic Option, you can get a **\$600** Medicare reimbursement account if you have Medicare Part A and B. You must use this account to pay your Medicare Part B premium. Each member on your contract with Medicare Part A and B is eligible to earn \$600.

To earn the money, you'll need to provide proof that you pay 2018 Medicare Part B premiums.

We'll accept the following as proof of payment:

- Copies of social security checks
- Bank statements
- COLA statements
- Canceled checks or copies of canceled checks

Learn more at fepblue.org/mra.



For a full list of benefit changes for 2018, visit fepblue.org/whatsnew.

WHAT'S MEDICARE?

Medicare is a federal health insurance program for people 65 and older or people under 65 with certain disabilities. It has four different parts (Traditional Medicare (Parts A and B), Part C and Part D), which each cover different things.

A

MEDICARE PART A
hospital insurance

B

MEDICARE PART B
doctor's insurance

C

MEDICARE PART C
supplement plan or
Medicare Advantage plans

D

MEDICARE PART D
prescription drug
insurance

Enrolling in Medicare is a choice. Most federal employees enroll in Medicare Part A when they become eligible because it is free. Part B has a premium, so some people take more time to consider whether or not Part B is right for them.

When you enroll in Medicare and keep your Service Benefit Plan coverage, we waive most of your out-of-pocket costs for covered services when Medicare is primary. You'll also continue to receive coverage for services Medicare Part A and B don't cover, including:



Prescription drug coverage



Hearing aid coverage



Routine foot care



Acupuncture



Dental care



Overseas care



Learn more at fepblue.org/medicare.

COMPARE COVERAGE TYPES

	Standard Option	Basic Option
	Enrollment codes: 104, 106 and 105	Enrollment codes: 111, 113 and 112
Provider Care	In-network and out-of-network care	In-network care only, except in certain situations like emergency care
Out-of-pocket maximum (PPO)	Self Only: \$5,000 Self + One and Self & Family: \$10,000	Self Only: \$5,500 Self + One and Self & Family: \$11,000
Service Benefit Plan annual deductible	We waive your deductible when you have Medicare as your primary coverage	No deductible



To learn more about current Medicare benefits and premiums, visit medicare.gov or call **1-800-MEDICARE** (1-800-633-4227).

For Medicare services available to Service Benefit Plan members, visit fepblue.org/medicare.

Service Benefit Plan Premiums

2018 Rates – Your Monthly Share

TYPE OF ENROLLMENT	Standard Option	TYPE OF ENROLLMENT	Basic Option
Self Only (104)	\$245.18	Self Only (111)	\$159.74
Self + One (106)	\$558.59	Self + One (113)	\$372.32
Self & Family (105)	\$589.23	Self & Family (112)	\$392.12

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.



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



STAY CONNECTED TO FEPBLUE



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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 brochure (RI 71-005). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochure.

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.

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。

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