2017 STANDARD & BASIC OPTION

Blue Cross and Blue Shield Service Benefit Plan Summary

Click here to see 2017 rates >>
Thank you for taking a moment to learn more about the Blue Cross and Blue Shield Service Benefit Plan. Whether you’re a returning member or thinking about becoming a new member, we want to make sure that you have the information you need about our Plan. If you want to learn more, call 1-800-411-BLUE for 2017 coverage information.

The basics
We have two coverage types: **Standard Option** and **Basic Option**. Both options offer you:

- Free preventive care when you visit Preferred (in-network) providers.
- Nationwide and worldwide coverage.
- The freedom to self-refer yourself to a specialist.
- Rewards for choosing to live a healthy lifestyle.

Under either coverage type, you also get to choose from three levels of enrollment. They are:

- **Self Only**
  coverage just for you

- **Self Plus One**
  coverage for you and one eligible family member, such as your spouse or a child

- **Self and Family**
  coverage for you and multiple eligible family members, such as your spouse and child(ren)

If you’re a current member and you need to make a change to your enrollment type, you must make this change during Open Season. Learn more at [fepblue.org/enrollment](http://fepblue.org/enrollment).

What makes the coverage types different?

<table>
<thead>
<tr>
<th></th>
<th><strong>Standard Option</strong></th>
<th><strong>Basic Option</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Network services</strong></td>
<td>In-network and out-of-network care</td>
<td>In-network care only, except in certain situations like emergency care</td>
</tr>
<tr>
<td><strong>How you pay for services</strong></td>
<td>Mixture of copayments and coinsurance amounts</td>
<td>Set copayment amounts for most services</td>
</tr>
</tbody>
</table>
| **Out-of-pocket maximum** | **Self Only**: $5,000  
Self + One and Self & Family: $10,000 | **Self Only**: $5,500  
Self + One and Self & Family: $11,000 |
| **Annual deductible**   | $350 per individual  
$700 per family                                           | No deductible                                         |
# 2017 comparison of benefits

## What you pay when you use Preferred providers

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Incentive Program</td>
<td>Earn $50 for completing the Blue Health Assessment and up to $120 for achieving up to three eligible Online Health Coach goals. Learn more at fepblue.org/healthtools.</td>
<td></td>
</tr>
<tr>
<td>Preventive Care</td>
<td>You pay nothing</td>
<td>You pay nothing</td>
</tr>
<tr>
<td>Physician Care</td>
<td>$25 for primary care $35 for specialists</td>
<td>$30 for primary care $40 for specialists</td>
</tr>
<tr>
<td>Lab and Diagnostic Services</td>
<td>15%* of our allowance</td>
<td>You pay nothing&lt;sup&gt;1&lt;/sup&gt; for lab tests, pathology services and EKGs $40&lt;sup&gt;1&lt;/sup&gt; for diagnostic tests such as home sleep studies, EEGs, ultrasounds and X-rays $100&lt;sup&gt;1&lt;/sup&gt; for angiography, bone density tests, CT scans, MRIs, PET scans, genetic testing, nuclear medicine and sleep studies in an office setting; $150&lt;sup&gt;1&lt;/sup&gt; at a hospital</td>
</tr>
<tr>
<td>Hospital Care</td>
<td>Inpatient: $350 per admission Outpatient: 15%* of our allowance</td>
<td>Inpatient: $175 per day; up to $875 per admission Outpatient: $100&lt;sup&gt;1&lt;/sup&gt; per day per facility</td>
</tr>
<tr>
<td>Surgical Services</td>
<td>15%* of our allowance</td>
<td>$150&lt;sup&gt;1&lt;/sup&gt; in an office setting $200&lt;sup&gt;1&lt;/sup&gt; in a non-office setting</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>You pay nothing for delivery and pre- and postnatal care</td>
<td>You pay $175 for inpatient care; you pay nothing for outpatient care or pre- and postnatal physician care</td>
</tr>
<tr>
<td>Urgent Care</td>
<td>$30 for urgent care center</td>
<td>$35 for urgent care center</td>
</tr>
<tr>
<td>Emergency Care</td>
<td>Accidental Injury: You pay nothing for outpatient services within 72 hours Medical Emergency: Regular benefits for physician and hospital care*</td>
<td>Accidental Injury and Medical Emergency: $125 per day for emergency room care Regular benefits for physician care</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Preferred Retail Pharmacy:&lt;br&gt; Tier 1 (Generics): 20% of our allowance Tier 2 (Preferred brand name): 30% of our allowance Tier 3 (Non-preferred brand): 45% of our allowance Tier 4 (Preferred specialty): 30% of our allowance Tier 5 (Non-preferred specialty): 30% of our allowance Mail Service Pharmacy:&lt;br&gt; Tier 1 (Generics): $15 copay Tier 2 (Preferred brand): $80 copay Tier 3 (Non-preferred brand): $105 copay Specialty Pharmacy:&lt;br&gt; Tier 4 (Preferred specialty): $35 copay Tier 5 (Non-preferred specialty): $55 copay</td>
<td>Preferred Retail Pharmacy:&lt;br&gt; Tier 1 (Generics): $10 copay Tier 2 (Preferred brand): $50 copay Tier 3 (Non-preferred brand): 60% of our allowance ($65 minimum) Tier 4 (Preferred specialty): $65 copay Tier 5 (Non-preferred specialty): $90 copay Mail Service Pharmacy:&lt;br&gt; Not a benefit unless you have Medicare Part B primary Specialty Pharmacy:&lt;br&gt; Tier 4 (Preferred specialty): $55 copay Tier 5 (Non-preferred specialty): $80 copay</td>
</tr>
</tbody>
</table>

<sup>*</sup>Is subject to the 2017 Standard Option calendar year deductible: $350 per person or $700 in total for Self Plus One or Self and Family contracts. Basic Option does not have a calendar year deductible. <sup>1</sup>Under Basic Option you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

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. Basic Option generally does not provide benefits when you use Non-preferred providers. Certain out-of-pocket costs do not apply if Medicare is your primary coverage for medical services (it pays first).
Wellness incentive updates

- Members eligible to participate in the Diabetes Management Incentive Program can receive up to $100 for completing the program requirements. Previously, members could earn $75.

See section 5(h) of the 2017 Service Benefit Plan brochure or visit fepblue.org/healthwellness for more information on wellness incentives.

Preventive benefits

- We offer preventive benefits for mammograms using digital technology. You can receive one covered preventive mammogram screening per year.

See section 5(a) of the 2017 Service Benefit Plan brochure for more information on preventive benefits.

Financial Dashboard

- We’ve replaced our current Benefits Statements tool on MyBlue with the Financial Dashboard, an all new tool that lets you see a complete picture of your annual healthcare spending to date, including:
  - How close you are to meeting your calendar year deductible if you have Standard Option
  - How much you have left to pay out of pocket, until you reach your out-of-pocket maximum and we start paying all your covered healthcare expenses
  - Your medical and pharmacy claims history—how much you’ve paid your providers and how much we’ve paid them
  - Your MyBlue Wellness Card balance

This is not a full list of benefit changes. To see a complete list, download a copy of the 2017 Blue Cross and Blue Shield Service Benefit Plan brochure at fepblue.org/brochure or call 1-800-411-BLUE (2583) to receive a printed copy.
FITNESS DEVICE CENTER

We’re adding new compatible activity trackers to the Fitness Device Center. You can sync your devices from popular brands, such as FitBit, to your MyBlue® account to help track your progress towards completing your Online Health Coach goals. This program will replace the WalkingWorks® program.

Provider care

- We lowered the Basic Option copay for sleep studies received at home to $40. You must receive prior approval for all sleep studies performed outside of the home.

  See sections 5(a) and 5(b) of the 2017 Service Benefit Plan brochure for more information on benefits for services provided by healthcare providers.

Pharmacy benefits

- We’ve expanded the Basic Option “Managed Not Covered” list to include additional non-covered drugs.

- We removed certain U.S. Food and Drug Administration (FDA) approved drugs that have multiple equivalents or alternatives available from both the Standard and Basic Option formulary.

  See section 5(f) of the 2017 Service Benefit Plan brochure for more information on pharmacy benefits. You can also visit fepblue.org to see the current formulary list and to check drug costs.

Dental benefits

- Standard Option members can receive topical application of fluoride or fluoride varnish twice during the calendar year.

  See section 5(g) of the 2017 Service Benefit Plan brochure for more information on dental benefits.

Overseas benefits

- For members living or traveling overseas, we will waive your facility out-of-pocket costs when you visit an overseas provider for inpatient services. See page 6 for more details.

  See Section 5(i) of the 2017 Service Benefit Plan brochure for more information on using benefits overseas.
FINDING THE RIGHT CARE

Choosing your doctors

We are a Preferred Provider Organization (PPO). That means that we have a network of doctors, facilities and other professional providers who agree to accept our payment, known as an allowance, as payment in full for their services. We call these providers our Preferred providers.

Our members have access to a strong provider network. Over 96% of hospitals and 92% of professional providers accept our insurance coverage. You can find a Preferred provider near you using our provider directory at provider.fepblue.org.

Receiving in-network care

When you visit a Preferred provider, we try to keep the process for receiving your benefits as easy as possible.

Once you receive services, your provider will submit the claim to us and we’ll pay them based on our agreed upon allowance. **You don’t have to submit a claim.**

Then we’ll send you an Explanation of Benefits (EOB), which outlines what we paid the provider and any out-of-pocket costs that you are responsible for.

DID YOU KNOW:

You can sign up to receive your EOBs online rather than by mail. All you do is register or log in to your MyBlue account, and then click “Go Green: Opt out of paper (EOBs)” on the MyBlue homepage.

For some services, such as inpatient hospital stays, you will need to receive approval for the service before you receive benefits. This is called **precertification** or **prior approval**. To learn more about this process, see section 3 of the Service Benefit Plan brochure.
Receiving out-of-network care
If you choose to see a provider outside of our network, your out-of-pocket costs could be much higher than if you visit a Preferred provider.

Under Standard Option, we will still pay a portion of the cost, but you are responsible for paying:

• Your calendar year deductible if it hasn’t already been met
• Your portion of our allowance
• Any difference between our allowance and the amount your provider charges

Under Basic Option, we do not pay a portion of your cost for out-of-network services. You would be responsible for all charges for the services. There are a few exclusions where we will pay a portion of the cost, such as care for a medical emergency or accidental injury.

Traveling with your coverage
When you travel, your benefits travel with you both nationwide and overseas. If you’re on a trip and you need access to care, you can use our online provider directory at provider.fepblue.org to help you find a provider.

New for 2017—when you live or travel overseas, we’ll waive your out-of-pocket costs when you visit an overseas provider for inpatient services.

To take advantage of this benefit, you will need to contact our overseas vendor, AXA Assistance, to make sure your provider has a Direct Billing Arrangement or Guarantee of Benefits. Call 1-804-673-1678 for details.

To find out more about how to use your overseas benefits, you can visit fepblue.org/overseas.
PHARMACY PROGRAM

The Pharmacy Program consists of three different ways to access your prescription drugs:

- The Retail Pharmacy Program
- The Mail Service Pharmacy Program
- The Specialty Pharmacy Program

All are backed by our partner, CVS/caremark, one of the most recognizable names in the healthcare industry.

Learn more about the pharmacy program at fepblue.org/pharmacy.

Retail Pharmacy Program – Open to all members (call 1-800-624-5060)

Similar to our Preferred network of doctors and facilities, we have a strong network of Preferred retail pharmacies. As a member, you have access to over 65,000 Preferred retail pharmacies nationwide. These include many national pharmacy chains, such as CVS Pharmacy, as well as many local pharmacies.

Using a Preferred retail pharmacy means:

- Lower prescription drug costs
- You don’t have to file a claim when you pick up your prescriptions—just show your member ID card

Mail Service Pharmacy Program – Open to all Standard Option members and Basic Option members with Medicare Part B primary (call 1-800-262-7890)

The Mail Service Pharmacy Program allows eligible members to fill or refill prescription drugs conveniently through the mail. You can receive a 22- to 90-day supply in each shipment. Any prescriptions you order through this Program are shipped within two weeks unless they require overnight shipping.

All you need to do is:

1. Get a prescription from your doctor for a 22- to 90-day supply of your drug(s).
2. Download a copy of the Mail Service Prescription Drug Order Form at fepblue.org/forms.
   Fill it out and mail it to us, along with your original prescription.

You can easily refill your prescription online once you log in to your MyBlue account or call 1-877-337-3455. You’ll need the refill slip that was included with your last prescription fill.
Specialty Pharmacy Program – Open to members with complex health conditions (call 1-888-346-3731)

The Specialty Pharmacy Program gives you access to medications that treat complex health conditions if you need them. It also offers personalized support and care management services if you use a specialty drug.

To learn more about the Specialty Pharmacy Program, you can speak to a representative at the number above. They are available weekdays from 7 a.m. to 9 p.m. Eastern time, and weekends from 8 a.m. to 6:30 p.m.

Understanding how the pharmacy benefit works

Drug tiers and formulary

We categorize our covered drugs into five tiers—how much you pay for your drug depends on what tier it is in. Generally, the lower the drug tier, the lower the cost of the drug.

You can find out which tier your drug is in by reviewing our complete list of covered prescription drugs, which we call a formulary. You can find the current drug formulary at fepblue.org/pharmacy.

Prior approval

Certain drugs require prior approval before we pay any benefits for them. The prior approval process helps us to make sure that you are receiving the most appropriate medication to treat your condition. We also want to make sure the drug is covered under your benefits.

To find out which drugs require prior approval, you can visit fepblue.org/pharmacy or call 1-800-624-5060.
MYBLUE® WELNESS CARD

When you participate in our incentive programs, you will receive your incentive rewards on your MyBlue Wellness Card. This Card is a debit card that you can use to pay for qualified medical expenses.

You’ll receive your Card the first time you complete the Blue Health Assessment (BHA). You must complete the BHA first in order to earn rewards through the additional incentive programs.

You can check the balance of your Card by logging in to your MyBlue account. Make sure you hold onto it from year to year because the funds don’t expire as long as you stay a member of the Service Benefit Plan.

Getting started with MyBlue

The first step to earning your wellness rewards is registering for a MyBlue account. MyBlue is our secure, members-only website.

Here’s how to register:

1. Visit fepblue.org/signup.
2. You’ll need your member ID card and a PIN to register. Call the customer service number on the back of your member ID card to receive the PIN during regular business hours, Monday through Friday.
3. Complete all the fields and then click ‘Register’ once you’re finished.
4. Log in with your new username and password.

Already registered for MyBlue? Log in using your username and password 24/7 at fepblue.org/myblue.
Complete the Blue Health Assessment – Earn $50

The Blue Health Assessment (BHA) is the starting point to help you achieve your wellness goals. Learn more at fepblue.org/bha.

1. Answer simple questions about your health—it takes 10 minutes or less
2. Receive a health score and a personalized action plan
3. Earn $50 the first time you complete the BHA in 2017

Next, complete your Online Health Coach goals – Earn up to $120

The Online Health Coach encourages you to complete manageable activities each day to help you achieve your health and wellness goals. Learn more at fepblue.org/ohc.

1. Set goals related to exercise, weight loss, nutrition, emotional health, reducing stress, managing a chronic condition such as heart disease, and more
2. Complete three eligible goals
3. Earn $40 for completing goals, up to three—that’s $120 total

Sync your eligible activity tracker to the Fitness Device Center to earn your rewards more easily. Your activity tracker will automatically monitor your progress towards completing your exercise and weight loss goals. Learn more at fepblue.org/fit.
EARN ADDITIONAL REWARDS

Diabetes Management Incentive Program – Earn up to $100

If you have diabetes, we’re making it easier in 2017 for you to earn your Diabetes Management Incentive Program rewards. We’ve also increased the amount you can earn from $75 to $100!

Here’s how to earn your reward:

1. Complete the BHA and indicate you have diabetes.
2. Visit your healthcare or lab services provider and receive an A1c test between January 1 and June 30, 2017.
3. Mail, fax or upload the A1c test results from your visit and you can earn $25.
4. Return to a provider between July 1 and December 31, 2017 for your second A1c test.
5. **If your A1c is lower than 8**, you’ll get an additional $75 on your MyBlue Wellness Card.
6. **If your A1c is 8 or above**, you can still earn up to $75 by going to three nutritional counseling visits during the calendar year. You’ll get $75 on your MyBlue Wellness Card once we receive claims from all three visits. Nutritional counseling is covered in full for both Basic and Standard Option members when you visit a Preferred provider.

That’s $100 you can earn for managing your diabetes in addition to the $50 you’ll receive when you complete the BHA for the first time in 2017.

DIABETIC METER PROGRAM (CALL 1-855-582-2024)

If you have diabetes, you can receive one glucose meter kit per calendar year at no cost to you. You must order your meter through the Pharmacy Program. Call the number above, weekdays from 9 a.m. to 7 p.m. Eastern time, to order your meter or learn more.
**Pregnancy Care Incentive Program – Earn $75 and a Pregnancy Care Box**

The Pregnancy Care Incentive Program provides support and incentives to eligible expecting mothers. Here’s how it works:

1. Complete the BHA.
2. Register for My Pregnancy Assistant on MyBlue to receive your Pregnancy Care Box.
3. Visit your doctor during the first three months (first trimester) of your pregnancy. We cover prenatal care in full when you visit a Preferred provider.
4. Mail, fax or upload us a copy of your doctor-signed medical record from your first trimester visit to earn $75. Acceptable medical records include a prenatal flow sheet, prenatal progress or visit notes, or an electronic medical record.

**Free Breast Pump Kit (Call 1-800-262-7890)**

All new moms can receive one free breast pump kit per calendar year. You can choose from a manual or electric Ameda breast pump, and each includes a supply of milk storage bags. If you choose to buy your own breast pump, you can still receive the free supply of milk storage bags.

You must order your breast pump kit through the Pharmacy Program at the number above.
SPENDING YOUR REWARD DOLLARS

You can use your MyBlue Wellness Card at stores that sell qualified medical expenses, such as your local CVS Pharmacy, or to pay for your out-of-pocket expenses at a doctor’s office or a different healthcare facility.

The Internal Revenue Service (IRS) determines what items are qualified medical expenses. These include, but are not limited to:

- Doctor’s office copays
- Prescription drug copays
- Dental treatments
- Laboratory fees
- Eyeglasses and contact lenses

Hold on to your receipts when you purchase an item with your MyBlue Wellness Card. We may ask you to send it to us, so that we can verify that the expense is a qualified medical expense.
**ADDITIONAL WELLNESS PROGRAMS**

**Tobacco Cessation Incentive Program – Receive free tobacco cessation products**

Get the support you need to quit smoking with the Tobacco Cessation Incentive Program.

1. Take the BHA and indicate that you smoke.
2. Set a Quit Tobacco goal and then create a Quit Plan with the Online Health Coach.
3. Get a prescription from your doctor for prescription or over-the-counter (OTC) tobacco cessation products.
4. Pick up your free tobacco cessation products at a Preferred retail pharmacy or through the Mail Service Pharmacy.

**Hypertension Management Program – Receive a free blood pressure monitor**

Know your blood pressure numbers with the Hypertension Management Program.

1. Take the BHA and answer “yes” to the question, “Has your doctor ever diagnosed you with high blood pressure?”
2. If you have a claim to support that you have high blood pressure, we’ll send you a letter explaining your eligibility for this program.
3. Have your provider fill out the provider information on the letter and return to us.
4. Receive your blood pressure monitor. You’re eligible every two years.

**Talk to a registered nurse 24/7 (call 1-888-258-3432)**

If you have a health-related question and you want advice, you can contact a registered nurse through the 24/7 Nurse Line. The nurses are available every day, all day.

There are three ways you can contact a nurse:

1. Call **1-888-258-3432**.
2. Chat with a nurse on MyBlue.
3. Send a secure message to a nurse on MyBlue.

**REMEMBER**

You should always call 911 or go to your local emergency services in the event of an emergency.
ADDITIONAL RESOURCES AVAILABLE TO YOU

Your member ID card is mobile
Your member ID card allows you to use your benefits no matter where you are. It also includes important numbers, such as your local BCBS company’s customer service number. If you ever need to order a new ID card, you can request a new card by logging into your MyBlue account.

On MyBlue, you can also access a mobile version of your ID card. Your mobile ID card can be used the same way as your plastic card. Any adult member on your contract has access to a mobile ID card once they create a MyBlue account.

Personal Health Record
The Personal Health Record (PHR) helps you keep track of your medical history. Each time you visit a healthcare provider, your PHR can be updated with notes from your visit. You can also make updates to your PHR using your MyBlue account. You can either input the updates manually or sync your fitness device to your account to update your PHR automatically.

AskBlue for Federal Employees
Need help deciding which coverage and/or enrollment type is best for you and your family? Visit askblue.fepblue.org to use our online product comparison tool.

FIND OUT MORE
Want to learn more about our Plan? Visit our website at fepblue.org.
To speak to a representative, call our National Information Center at 1-800-411-BLUE (2583). The Center opens October 31, 2016, and is available weekdays (excluding holidays) from 8 a.m. to 8 p.m. Eastern time.
Discount Drug Program

The Discount Drug Program gives you a discount on specific prescription drugs not covered by our Plan. You’ll receive on average a 20% discount on prescriptions eligible for this program. To receive the discount, you show your member ID card at a participating retail pharmacy. You’ll then pay your pharmacist the cost of the drug minus the discount amount.

There are many drugs included in this program, such as certain weight loss drugs. You can see a full list of participating drugs and retail pharmacies at fepblue.org/pharmacy.

Vision Care Affinity Program

You can receive discounts on vision services, such as eye exams, frames and contacts at Davis Vision network providers. You can also receive up to 25% off (5% off on sales pricing) on laser vision correction. Learn more at fepblue.org/vcap.

Health club discounts

We have a program that gives you access to a network of almost 9,000 health clubs in the U.S. Once you’re enrolled, you can visit any of these health clubs as often as you want—you’re not limited to one facility. Depending on where you live, you may have access to name brand locations or local brands.

Your membership will cost $25 to enroll, and then you’ll pay a $25 fee each month. When you first enroll, you have to stay enrolled for at least three months.

You can enroll in the program by visiting fepblue.org/healthclub.

Blue365®

Blue365 is a discount program that’s only available to BCBS members. Each month, we’ll offer you exclusive health and wellness deals. Discounts are available for:

- Financial health programs
- Fitness programs
- Nutrition programs
- Lifestyle programs
- Personal care programs
- Wellness programs

By signing up to receive emails from Blue365, you can get new deal alerts sent directly to you. Learn more at fepblue.org/blue365.

*These benefits are neither offered or guaranteed under contract with the Federal Employees Health Benefits Program, but are made available to all enrollees and family members who become members of the Service Benefit Plan.*
Your local Blue Cross and Blue Shield (BCBS) company offers you care management programs. Care management can benefit members with long-term, complex or life-threatening illnesses. There is no additional cost for care management—it’s included as part of your benefits.

If you are someone who could benefit from care management, someone from your local BCBS company will contact you with details about the program. You can decide if you want to participate.

You may also be eligible to contact your local BCBS company’s care management department to request care management services for yourself or one of your covered dependents.

WHAT IS CARE MANAGEMENT?

When you enroll in a care management program, you’ll work with a personal care manager. Your care manager will be a licensed health professional who is familiar with your Service Benefit Plan benefits. Together with you and your healthcare team (doctors, caregivers, family members, etc.), your care manager will work to help you to effectively manage your condition and get the most out of your benefits.

Your care manager can also provide you with resources and tools to help you manage your health and well-being.

HOW CAN I LEARN MORE?

You can contact your local BCBS company at the customer service number on the back of your member ID card to speak to a care manager to learn more about the programs available in your area. You can also visit fepblue.org/caremanagement.
COORDINATING YOUR BENEFITS
WITH OTHER BENEFIT PROGRAMS

If you or one of your covered family members have medical insurance benefits through a different group health insurance program in addition to your Service Benefit Plan coverage, we’ll coordinate your Service Benefit Plan benefits with your other group health insurance coverage.

When our Plan works with your other plan, one of us will be the primary payer (which means that plan pays first) and the other plan will be the secondary payer (it pays second). The primary and secondary payer are usually determined by your working status, such as if you are retired or actively working, or if you are the contract holder or a dependent on your health insurance contract. Visit fepblue.org/coordinationofbenefits to learn more.

Coordinating with Medicare benefits
When you turn 65 or if you have certain disabilities, you have the choice to enroll in Medicare. When Medicare Parts A and B are your primary payers, we’ll waive many of your out-of-pocket costs for covered medical services. You’ll also continue to receive pharmacy benefits, which Medicare Part A and B don’t cover.

To learn more about combining your Service Benefit Plan coverage with Medicare, visit fepblue.org/medicare.

Coordinating with supplemental dental and/or vision coverage
The Federal Employees Dental and Vision Insurance Program (FEDVIP) offers federal employees and their dependents dental and/or vision coverage to supplement the benefits in their medical insurance plan. If you choose to enroll in supplemental dental or vision insurance coverage, we will pay our benefits first and your FEDVIP coverage will pay its benefits second.

You can learn more about FEDVIP at opm.gov/dental.
## 2017 RATE INFORMATION

<table>
<thead>
<tr>
<th>Standard Option Rates – Your Share</th>
<th>Non-Postal Premium</th>
<th>Postal Premium</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TYPE OF ENROLLMENT</strong></td>
<td>BIWEEKLY</td>
<td>MONTHLY</td>
</tr>
<tr>
<td>Self Only (104)</td>
<td>$105.99</td>
<td>$229.64</td>
</tr>
<tr>
<td>Self + One (106)</td>
<td>$240.77</td>
<td>$521.67</td>
</tr>
<tr>
<td>Self &amp; Family (105)</td>
<td>$254.23</td>
<td>$550.84</td>
</tr>
</tbody>
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<td>BIWEEKLY</td>
<td>MONTHLY</td>
</tr>
<tr>
<td>Self Only (111)</td>
<td>$71.22</td>
<td>$154.32</td>
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<tr>
<td>Self + One (113)</td>
<td>$164.64</td>
<td>$356.72</td>
</tr>
<tr>
<td>Self &amp; Family (112)</td>
<td>$173.59</td>
<td>$376.12</td>
</tr>
</tbody>
</table>

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

Visit [fepblue.org](http://fepblue.org) today. Discover everything Blue Cross and Blue Shield has to offer.

**FOLLOW FEPBLUE ONLINE**

This is a summary of the features of the 2017 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. Know your privacy rights. Visit fepblue.org/privacynotice to see our Notice of Privacy Practices.