Get more out of life with a little help from your health plan. Click here to see the 2019 rates >>
GET TO KNOW US A LITTLE BETTER

Thank you for taking time to learn more about the Blue Cross and Blue Shield Service Benefit Plan. For 58 years, we’ve been the number one health insurance choice for federal employees and their families. We hope this booklet shows you why.

WE HAVE THREE COVERAGE TYPES FOR YOU TO SELECT FROM:

- Standard Option
- Basic Option
- FEP Blue Focus

ALL OF OUR COVERAGE TYPES OFFER YOU THESE FEATURES:

- Free preventive care from Preferred providers
- Worldwide coverage
- No referrals required to visit specialists
- Wellness rewards and discounts

UNDER ALL THE COVERAGE TYPES YOU CAN ALSO CHOOSE FROM THREE LEVELS OF ENROLLMENT:

- Self Only: coverage just for you
- Self + One: coverage for you and one eligible family member, such as your spouse or a child
- Self & Family: coverage for you and multiple eligible family members, such as your spouse and child(ren)

ICON KEY

- **SO** Standard Option Benefit
- **BO** Basic Option Benefit
- **BF** FEP Blue Focus Benefit

Follow these icons throughout the book to identify which plans include which benefits. If a benefit is not labeled with an icon, it is available for all members.
We’re excited to offer a third plan with our existing Standard and Basic Option plans. It’s called FEP Blue Focus.

FEP Blue Focus covers your preventive essentials. These include:

- Fully covered preventive care (we’ll reward you if you get an annual checkup!)
- 10 doctor visits for $10 each
- Telehealth visits for $10 each (and your first two are free!)
- Low cost Preferred generic drugs

You’ll also get coverage for unexpected breaks, bumps and bruises you may get throughout the year. All this, while still getting access to the best things we have to offer, such as our large provider network and worldwide coverage.

There’s a lot that FEP Blue Focus covers, but there are some things it doesn’t cover. These include: routine dental services, Non-preferred drugs, skilled nursing facility care, hearing aids and long-term care. To see a complete list of exclusions, download the FEP Blue Focus brochure at fepblue.org/brochure.

We’ll include more information about FEP Blue Focus throughout this booklet. But to learn even more about this plan, visit fepblue.org/focus.
### LET’S COMPARE

<table>
<thead>
<tr>
<th></th>
<th>Standard Option</th>
<th>Basic Option</th>
<th>FEP Blue Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>In-Network Care</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Out-of-Network Care</strong></td>
<td>✓</td>
<td>X</td>
<td>X</td>
</tr>
<tr>
<td><strong>Preferred Drug Coverage</strong></td>
<td>✓</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td><strong>Non-preferred Drug Coverage</strong></td>
<td>✓</td>
<td>✓</td>
<td>X</td>
</tr>
<tr>
<td><strong>Access to Mail Service Pharmacy</strong></td>
<td>✓</td>
<td>X*</td>
<td>X</td>
</tr>
<tr>
<td><strong>Medicare Part B Reimbursement - $600</strong></td>
<td>X</td>
<td>✓</td>
<td>X</td>
</tr>
</tbody>
</table>

*Available if you have Medicare Part B primary.

### DEDUCTIBLE

<table>
<thead>
<tr>
<th></th>
<th>Standard Option</th>
<th>Basic Option</th>
<th>FEP Blue Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Only</strong></td>
<td>$350</td>
<td>$0</td>
<td>$500</td>
</tr>
<tr>
<td><strong>Self + One and Self &amp; Family</strong></td>
<td>$700</td>
<td>$0</td>
<td>$1,000</td>
</tr>
</tbody>
</table>

Deductible only applies to certain services.

### OUT-OF-POCKET MAXIMUM (PREFERRED PROVIDERS)

<table>
<thead>
<tr>
<th></th>
<th>Standard Option</th>
<th>Basic Option</th>
<th>FEP Blue Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Self Only</strong></td>
<td>$5,000</td>
<td>$5,500</td>
<td>$6,500</td>
</tr>
<tr>
<td><strong>Self + One and Self &amp; Family</strong></td>
<td>$10,000</td>
<td>$11,000</td>
<td>$13,000</td>
</tr>
</tbody>
</table>

### WHAT YOU’LL PAY IN PREMIUMS

<table>
<thead>
<tr>
<th></th>
<th>Standard Option</th>
<th>Basic Option</th>
<th>FEP Blue Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Enrollment Code</strong></td>
<td>Bi-Weekly</td>
<td>Monthly</td>
<td>Bi-Weekly</td>
</tr>
<tr>
<td><strong>Self Only</strong></td>
<td>104</td>
<td>$112.23</td>
<td>$243.17</td>
</tr>
<tr>
<td><strong>Self + One</strong></td>
<td>106</td>
<td>$256.54</td>
<td>$555.83</td>
</tr>
<tr>
<td><strong>Self &amp; Family</strong></td>
<td>105</td>
<td>$268.21</td>
<td>$581.13</td>
</tr>
</tbody>
</table>

These rates don’t apply to all enrollees. If you are in a specific enrollment category, please contact the agency or Tribal employer that maintains your health benefits enrollment.

Visit [fepblue.org/compare](http://fepblue.org/compare) to view postal premiums.
## WHAT YOU’LL PAY FOR COMMON SERVICES AT PREFERRED PROVIDERS

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Standard Option</th>
<th>Basic Option</th>
<th>FEP Blue Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary care doctor</strong></td>
<td>$25 copay</td>
<td>$30 copay</td>
<td>$10 per visit for your first 10 primary and/or specialist visits</td>
</tr>
<tr>
<td><strong>Specialists</strong></td>
<td>$35 copay</td>
<td>$40 copay</td>
<td></td>
</tr>
<tr>
<td><strong>Virtual doctor visits</strong></td>
<td>$10 copay</td>
<td>$15 copay</td>
<td>$0 first 2 visits; $10 all additional visits</td>
</tr>
<tr>
<td><strong>Urgent care centers</strong></td>
<td>$30 copay</td>
<td>$35 copay</td>
<td>$25 copay</td>
</tr>
<tr>
<td><strong>Maternity</strong></td>
<td>$0 copay</td>
<td>$175 inpatient $0 outpatient</td>
<td>$0 pre-/postnatal care $1,500 for facility care</td>
</tr>
<tr>
<td><strong>Inpatient hospital</strong></td>
<td>$350 copay</td>
<td>$175 per day; up to $875 per admission</td>
<td>30% of our allowance*</td>
</tr>
<tr>
<td><strong>Outpatient hospital</strong></td>
<td>15% of our allowance*</td>
<td>$100 per day per facility²</td>
<td>30% of our allowance†</td>
</tr>
<tr>
<td><strong>Surgery</strong></td>
<td>15% of our allowance*</td>
<td>$150 in an office² $200 in a non-office setting²</td>
<td>30% of our allowance†</td>
</tr>
<tr>
<td><strong>ER – accidental injury</strong></td>
<td>$0 within 72 hours</td>
<td>$125 per day + cost of doctor care</td>
<td>$0 within 72 hours</td>
</tr>
<tr>
<td><strong>ER – medical emergency</strong></td>
<td>15% of our allowance*</td>
<td>$125 per day + cost of doctor care</td>
<td>30% of our allowance†</td>
</tr>
<tr>
<td><strong>Lab work</strong> (such as lab tests and EKGs)</td>
<td>15% of our allowance*</td>
<td>$0 copay²</td>
<td>30% of our allowance†</td>
</tr>
<tr>
<td><strong>Diagnostic services</strong> (such as sleep studies, X-rays, CT scans)</td>
<td>15% of our allowance*</td>
<td>Up to $100 in an office² Up to $150 in a hospital²</td>
<td>30% of our allowance†</td>
</tr>
<tr>
<td><strong>Chiropractic care</strong></td>
<td>$25 for up to 12 visits a year</td>
<td>$30 for up to 20 visits a year</td>
<td>$25 for up to 10 visits a year¹</td>
</tr>
</tbody>
</table>

*If you have Medicare primary, different cost share amounts may apply.

*Deductible applies. See previous page for deductible information.

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

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

³Deductible applies. In addition, you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.
MAKING YOUR BENEFITS MORE ACCESSIBLE

Interactive Benefits Tool
With this tool, you’ll have your benefits information at your fingertips via the fepblue app or online through your MyBlue® account. If you want to know what your copay or coinsurance is for a particular service, all you’ll need to do is click on the benefit, and it will pop right up.

Existing members can use the tool today by clicking the “Benefits” button in the fepblue app or by logging in to MyBlue.

Know Before You Go
If you want to know your estimated cost for a service before you receive it, we’re introducing a new tool on the Provider Finder that will allow you to see that information. Learn more on page 12.

Pick the Right Plan for You
If you’ve ever wondered if you’re in the right plan, you can use our redesigned AskBlue tool! AskBlue will ask you a series of questions to help you pick the right plan. We completely redesigned the tool this year, so check it out at askblue.fepblue.org.

2019 STANDARD AND BASIC OPTION BENEFIT CHANGES

Virtual Doctor Visits
We added dermatology (treatment of skin, hair and nail issues) to your telehealth benefit. To use this service, you’ll need to complete a dermatology assessment and include images of your specific problem. You can do this online, by phone or via the Teladoc® app.

Once you submit your consult request, a doctor will respond to you with a diagnosis within two business days. Learn more about telehealth on page 22 or at fepblue.org/telehealth.

Preventive Care Services
- We provide fully covered pathology services received as part of your preventive colon cancer screenings (colonoscopies and sigmoidoscopies).
- We’re removing the ten-year limit for adult preventive care benefits for the Tdap vaccine.
We have a new partner who will manage our Overseas Benefit Program. This partner is GMMI, Inc.

Surgical Care

- Acupuncture services you receive at a facility will count toward your annual visit maximum. This excludes acupuncture you receive as anesthesia.
- We reduced the number of years you have to wait to receive bariatric surgery to treat morbid obesity. You now only need to wait one year after receiving this diagnosis.

Pharmacy

- We reduced your Preferred retail pharmacy cost share for generic (Tier 1) Metformin (diabetes medicine) and Preferred brand (Tier 2) diabetic medicines, test strips and supplies.
- We changed the Standard Option cost share for generic drugs to a flat copay ($7.50 for up to a 30-day supply).
- We increased the Basic Option cost share for Preferred brand name drugs (Tier 2) received at a Preferred retail pharmacy.
- We increased the cost share for Preferred brand name drugs (Tier 2) received through the Mail Service Pharmacy for both Standard and Basic Option.*
- We increased the cost share of Preferred (Tier 4) and Non-preferred (Tier 5) specialty drugs received through the Specialty Pharmacy Program for both Standard and Basic Option.
- We cover up to a 90-day supply of Naloxone and Narcan injectable and nasal spray in full. These are used to treat drug overdoses, particularly opioid overdoses.
- We expanded the list of drugs not covered on the Basic Option approved drug list (formulary). We refer to these drugs as “Managed Not Covered Drugs.”
- We expanded the list of drugs not covered on the Standard Option approved drug list (formulary). We refer to these drugs as “excluded.”

Learn more about the pharmacy program on page 7.

*Basic Option members must have Medicare Part B primary to use the Mail Service Pharmacy Program.

This is not a full list of benefit changes. To see a complete list, download the 2019 Standard and Basic Option brochure at fepblue.org/brochure.
Understanding how the pharmacy benefit works can save you time and money. Let’s start with the basics. We categorize our covered drugs into tiers. The amount you pay for a drug depends on the tier it is in.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drug Type</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| Tier 1 | Generics               | • Most affordable drug type  
|      |                         | • Equal to brand name counterparts in quality, performance and intended use     |
| Tier 2 | Preferred brand name   | • Brand name drugs that are as safe and effective as Non-preferred brand name drugs  
|      |                         | • Cheaper than Non-preferred brands but more expensive than generics          |
| Tier 3 | Non-preferred brand name | • Safe and effective  
|      |                         | • Have a high cost because there’s a generic or Preferred brand name alternative available |
| Tier 4 | Preferred specialty    | • Drugs used to treat complex health conditions (e.g., cancer treatment drugs)  
|      |                         | • These drugs usually have special shipping, storage or use instructions     |
|      |                         | • You pay less for these drugs than for Non-preferred specialty drugs         |
| Tier 5 | Non-preferred specialty | • You’ll pay more for these specialty drugs because there is a Preferred specialty available |

The tables on the following page show what you’ll pay for a 30-day supply of covered drugs. You could pay a different amount if you have Medicare Part B primary or if you’re filling more than a 30-day supply.
RETAIL PHARMACY PROGRAM

The Retail Pharmacy Program gives you access to over 65,000 Preferred retail pharmacies nationwide. When you visit one of these pharmacies, you only pay for your portion of the drug—we cover the rest. All you need to do is show your member ID card when you visit the pharmacy.

**Standard Option** members also have the option to visit Non-preferred retail pharmacies. If you have Standard Option and you visit one of these pharmacies, you will pay the full cost of the drug. We’ll then reimburse you our portion once you submit a claim.

**Basic Option** members must stay in-network. If you visit a Non-preferred pharmacy, you’ll pay the full cost of the drug.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$7.50 copay</td>
<td>$10 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>30% of our allowance</td>
<td>$55 copay</td>
</tr>
<tr>
<td>Tier 3</td>
<td>50% of our allowance</td>
<td>60% of our allowance ($75 min.)</td>
</tr>
<tr>
<td>Tier 4</td>
<td>30% of our allowance</td>
<td>$65 copay</td>
</tr>
<tr>
<td>Tier 5</td>
<td>30% of our allowance</td>
<td>$90 copay</td>
</tr>
</tbody>
</table>

MAIL SERVICE PHARMACY PROGRAM

The Mail Service Pharmacy Program allows you to get up to a 90-day supply of medicine sent to your location of choice (home, work, etc.). It’s useful for members who take long-term maintenance drugs.

This program is open to all **Standard Option** members and to **Basic Option members with Medicare Part B primary**.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$15 copay</td>
<td>Available to members with Medicare Part B primary only. Visit fepblue.org for more information.</td>
</tr>
<tr>
<td>Tier 2</td>
<td>$90 copay</td>
<td></td>
</tr>
<tr>
<td>Tier 3</td>
<td>$125 copay</td>
<td></td>
</tr>
</tbody>
</table>

SPECIALTY PHARMACY PROGRAM

If you have a complex health condition, such as cancer or multiple sclerosis, the Specialty Pharmacy Program allows you to receive your medicines at a reasonable cost. Through the program you can also receive support, such as access to an on-call pharmacist to help you as needed.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 4</td>
<td>$50 copay</td>
<td>$70 copay</td>
</tr>
<tr>
<td>Tier 5</td>
<td>$70 copay</td>
<td>$95 copay</td>
</tr>
</tbody>
</table>
Under this plan, there are two covered drug tiers. The amount you pay for your drug depends on the tier it’s in.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drug Type</th>
<th>Characteristics</th>
</tr>
</thead>
</table>
| Tier 1 | Preferred generics | • Most affordable drug type  
|        |           | • Equal to brand name counterparts in quality, performance and intended use |
| Tier 2 | Preferred brand name, Preferred generic specialty and Preferred brand name specialty | • Preferred brand: Brand name drugs that are safe and effective  
|        |           | • Specialty: Drugs used to treat complex health conditions (e.g., cancer treatment drugs) |

WHERE TO GET YOUR COVERED DRUGS

FEP Blue Focus members can purchase Tier 1 drugs at a Preferred retail pharmacy. You buy Tier 2 drugs at a Preferred retail pharmacy, or in some cases, through the Specialty Pharmacy Program. The table below shows what you’ll pay for a 30-day supply of covered drugs. You could pay a different amount if you’re filling more than a 30-day supply.

<table>
<thead>
<tr>
<th>Tier</th>
<th>FEP Blue Focus</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>$5 copay</td>
</tr>
<tr>
<td>Tier 2</td>
<td>40% of our allowance ($350 max.)</td>
</tr>
</tbody>
</table>
PRIOR APPROVAL AND QUANTITY LIMITS

Your safety is our number one priority. That’s why we have measures in place to make sure you use your drugs safely and they’re prescribed properly.

Quantity limits
We will only cover up to a specific amount of certain drugs. These limits align with U.S. medical standards.

Prior approval
We need to review and approve some drugs before you can buy them. We use the review to ensure your use of the drug is appropriate for your condition.

NON-COVERED DRUGS

There are certain drugs approved by the U.S. Food and Drug Administration (FDA) that we don’t cover. We call these drugs “excluded” or “Managed Not Covered.” These drugs all have Preferred alternatives that you can use.

FEP Blue Focus has a limited (or closed) formulary. This means that it only covers Preferred drugs. If you buy a drug that is not on the formulary, you will pay full price.

We also have initiatives that help members who struggle with drug misuse. Learn more about our drug safety programs at fepblue.org/pharmacy.
USING YOUR BENEFITS

CHOOSE YOUR PROVIDERS

One of the great things about Blue is how large our Preferred provider network is. Our Preferred network is the same across all three of our plans.

In our nationwide Preferred network we have:

- **96%** of hospitals
- **95%** of doctors
- **65,000** pharmacies

WHAT’S THE DIFFERENCE BETWEEN PREFERRED, PARTICIPATING/MEMBER AND NON-PREFERRED PROVIDERS?

**Preferred (in-network) providers**

Preferred providers have contracts with us that limit the amount they can charge you. They accept what we pay them (our allowance) as payment in full. You’re only responsible for paying your cost share and we pay the rest.

**Participating providers**

In some local areas, you may also have Participating providers (for facilities, they’re known as Member facilities). These providers also have contracts with us but not at the same rate as Preferred providers. You pay more to visit these providers than you pay at Preferred providers.

**Non-preferred (out-of-network) providers**

Non-preferred providers do not have contracts with us to limit what they charge you. They don’t accept our allowance. If you visit one of these providers, you’ll have to pay your cost share amount plus the difference between what we pay the provider and their total billed charge.

If you have Basic Option or FEP Blue Focus, we’ll only cover services from Participating and Non-preferred providers in certain situations, such as an emergency or if you’re overseas. You can see a full list of exceptions in Section 3 of your brochure.
UNDERSTANDING YOUR OUT-OF-POCKET COSTS

Your out-of-pocket cost is known as your cost share. Your cost share can be made up of a copay (copayment), coinsurance and/or a deductible.

Copay
A copay is a set amount you pay for a service (e.g., $25 for urgent care). The copay doesn’t vary by provider location but can vary by provider type. For example, if you go to a Preferred urgent care center in one city and then go to a different one in another city, you’ll still pay the same amount.

Coinsurance
Coinsurance is a percentage of the amount paid (allowance) to your provider for your service. You pay your percentage (e.g., 15% of our allowance), and we’ll pay the rest (e.g., 85%). The allowance amount we pay varies by provider.

Deductible
A deductible is the amount you must pay before we’ll start paying for certain services. Standard Option and FEP Blue Focus have a deductible for some services. Basic Option does not.

KNOW YOUR OUT-OF-POCKET COST BEFORE YOU GO

Ever wanted to know how much a service is going to cost you before you get it? We recently updated our provider finder, so you can search for certain treatments and get estimates for how much they will cost you.* You’ll be able to select a provider and see how much your service will cost at that particular provider. This feature will be available for all Standard and Basic Option members beginning in Fall 2018. FEP Blue Focus members will be able to use it in early 2019.

*This tool lists the average cost of specific treatments. It currently doesn’t list the cost of all treatments.

YOU CAN FIND A PROVIDER THREE DIFFERENT WAYS:

Online at provider.fepblue.org.

Via the fepblue app. Download it today on the App Store or Google Play.

By calling your local customer service number. The number is on the back of your member ID card. You can also find the number at fepblue.org/contact.
WHAT IS AN OUT-OF-POCKET MAXIMUM?

Your out-of-pocket maximum is the total amount you can spend in a year on medical services. It protects you from expensive or catastrophic medical events.

For example, the Standard Option individual out-of-pocket maximum is $5,000 for covered services provided by Preferred providers. The most you would pay during the year on medical bills is $5,000 for covered services. Once you reach that amount, we pay your bills for covered services in full for the rest of the year.

Note: Not all services contribute to your out-of-pocket maximum. Refer to the brochure for more information.

SUBMITTING CLAIMS

When you visit a Preferred provider, you don’t need to submit a claim. Your provider will submit your claim for you. If you visit a Non-preferred provider or if you’re receiving care overseas, you will need to submit a claim.

If you need to submit a claim, you can download the appropriate claim form at fepblue.org/forms. You can also call the customer service number on the back of your member ID card. Once you have the correct form, follow the instructions to submit the claim.

TRAVEL WITH YOUR COVERAGE

No matter where you are—in the U.S. or overseas—you can use your Blue Cross Blue Shield coverage. If you’re traveling within the U.S., your benefits work the same way no matter which state or U.S. territory you’re in. All you need to do is show your member ID card, and you’ll receive care.

Want to use your benefits overseas? We’ve partnered with GMMI, Inc. to provide you with care outside the U.S.

Learn more about overseas coverage or locate an overseas provider at fepblue.org/overseas. You can also call our Overseas Assistance Center at 1-804-673-1678.
GETTING YOUR CARE APPROVED

In some situations, such as inpatient hospital stays, you will need to get your care approved before you receive services. This is called prior approval or precertification. Your provider will usually submit your approval requests on your behalf.

During the approval process, we’ll review to make sure the service is medically necessary. If you need to receive multiple treatments (known as concurrent care), we’ll also review the requested amount of time and/or services you’ll need to complete your care.

In the event that we don’t approve your prior approval or precertification request, you can ask us in writing to review our decision. Learn more about this process in sections 3 and 8 of the Service Benefit Plan brochures.

KEEPING YOUR INFORMATION PRIVATE

The security of your information is important to us. We will not release your information to anyone other than you without your permission. If you would like to designate a person to act on your behalf for your medical care (known as an authorized representative), you must let us know in writing.

ACCESS YOUR BROCHURE

The Blue Cross and Blue Shield Service Benefit Plan brochures for Standard and Basic Option and FEP Blue Focus are your official statement of benefits.

Download the brochures today at fepblue.org/brochure.

To see our full privacy notice, go to fepblue.org/privacynotice.
KEEP UP WITH YOUR BENEFITS ON THE GO

Keeping up with your benefits no matter where you are is important. That’s why we offer you the tools and resources you need to keep up with your benefits on the go.

GETTING STARTED WITH THE APP

fepblue is our official mobile app. With the app you can access your benefits from anywhere.

- Keep track of your out-of-pocket costs
- View your claims information
- Find Preferred providers
- View your digital member ID card
- Access the Nurse Line and virtual doctor visits
- Use our Interactive Benefits Tool

You must have a MyBlue account to access most of the app’s features.

Visit the App Store or Google Play and search for “fepblue” to download the app today.
SIGN UP FOR MYBLUE®

The first step in accessing all that the fepblue app has to offer is registering for a MyBlue account. MyBlue is our secure, members only website.

Here’s how to register:

1. Hit the “Sign Up!” button on the fepblue app or visit fepblue.org/signup from your computer.

2. You’ll need your member ID card and a PIN to register. To receive your PIN, call 1-800-411-BLUE (2583) and select the MyBlue Contact Center option from 8 a.m. to 8 p.m. Eastern time, 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.
GET A PHYSICAL. GET REWARDED.

Visiting your doctor for an annual checkup is an important part of maintaining your overall health. During your visit, your doctor will provide you with any recommended preventive screenings, vaccines and services. These can keep you on the path to good health.

We’ll reward FEP Blue Focus members who get their annual physical. Once we receive a claim showing you had your annual checkup, you’ll be able to select a wellness incentive, such as a four-month free gym membership.

You must be the contract holder or spouse on your Plan, 18 or older, to earn incentive rewards.

The rewards you can select vary by location. Some are limited to specific areas of the U.S., and none are available outside the U.S. Learn more at fepblue.org/focus.

We encourage you to consider possible tax implications of your rewards as part of this program, and to consult your tax, legal or accounting advisors for additional information.
REWARD PROGRAMS  STANDARD AND BASIC OPTION

Having a partner to help you reach your health and wellness goals can make a difference. That’s why we offer you tools and programs to support you on your wellness journey. Learn more at fepblue.org/incentives.

BLUE HEALTH ASSESSMENT (BHA) – EARN $50

The BHA is the starting point to help you achieve your health and wellness goals.

1. Answer simple questions about your health.
2. Receive a health score and personalized action plan that you can share with your doctor.
3. Earn $50 the first time you complete the BHA in 2019.

ONLINE HEALTH COACH (OHC) – EARN UP TO $120

The Online Health Coach encourages you to complete manageable activities each day to help you achieve your health goals. You’ll earn $40 for each eligible goal you complete, up to three. Completing three goals means you’ll earn $120.

To earn rewards, you can set goals related to wellness or to managing specific conditions:

WELLNESS GOALS
Reducing stress • Losing weight
• Exercising more
• Feeling happier • Eating better

CONDITION GOALS
Asthma • Heart Disease • Heart Failure
• Chronic Obstructive Pulmonary Disease (COPD)

If you have a fitness tracker, don’t forget to sync it to your MyBlue account. Syncing your device to your account can keep you on track with some of your Online Health Coach goals.

You must be the contract holder or spouse on your Plan, 18 or older, to earn incentive rewards.
PREGNANCY CARE INCENTIVE PROGRAM – EARN A PREGNANCY CARE BOX AND $75
Pregnant members can earn rewards for early and ongoing prenatal care. Learn more at fepblue.org/maternity.

BREAST PUMP KIT BENEFIT
You can receive a free manual or electric Ameda breast pump kit each year through the Pharmacy Program. Each kit also includes a supply of milk storage bags. If you choose to buy your own pump, you can still receive the free supply of storage bags. Call 1-800-262-7890.

DIABETES MANAGEMENT INCENTIVE PROGRAM – EARN UP TO $100
Earn up to $100 for taking steps to keep your A1c levels under control. Learn more at fepblue.org/diabetes.

DIABETIC METER PROGRAM
If you have diabetes, you can receive a free glucose meter kit through the Pharmacy Program. Call 1-855-582-2024 weekdays between 9 a.m. and 7 p.m. Eastern time to order the meter.

DISCOUNT DRUG PROGRAM
The Discount Drug Program gives you up to a 20% discount on specific prescription drugs not covered by our Plan. To receive the discount, show your member ID card at a participating retail pharmacy. You’ll pay the pharmacist the cost of the drug minus the discount. See a list of eligible drugs at fepblue.org/pharmacy.
SPENDING YOUR REWARD DOLLARS

MYBLUE WELLNESS CARD

When you participate in our incentive programs offered to Standard and Basic Option members, you’ll 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 BHA. As you complete additional activities, such as your Online Health Coach goals, we’ll add funds you earn to your existing Card. Make sure you hold on to it from year to year because the funds don’t expire as long as you stay a member of the Service Benefit Plan.

You can check the balance of your MyBlue Wellness Card at any time on MyBlue or the fepblue app.

WHAT IS A QUALIFIED MEDICAL EXPENSE?

Qualified medical expenses are items you can buy to help ease or prevent an illness or some other medical event. The Internal Revenue Service (IRS) determines what qualifies as a medical expense. Here are a few:

- Acupuncture
- Dental treatments
- Doctors’ office copays
- Eye exams and eye wear
- Lab fees
- Physical exams
- Prescription drugs
- Weight loss programs
- Wheelchairs

Hold on to your receipts when you purchase an item with your MyBlue Wellness Card. We may ask you to send it to us. For some retailers, we need to verify that the expense is a qualified medical expense.
WELLNESS PROGRAMS AND TOOLS

TOBACCO CESATION INCENTIVE PROGRAM – EARN TOBACCO CESATION DRUGS
If you’re ready to quit, we can help. Learn more at fepblue.org/tobacco.

HYPERTENSION MANAGEMENT PROGRAM – EARN A BLOOD PRESSURE MONITOR
If you have high blood pressure, it’s important to know your blood pressure numbers. Get a blood pressure monitor to track your numbers at home. Learn more at fepblue.org/highbloodpressure.

CARE MANAGEMENT
Care management can help members with long-term, complex or life-threatening illnesses. There is no additional cost for care management, and you can choose to enroll or leave the program at any time.

Each local Blue Cross and Blue Shield company offers local care management services to members. When you enroll in the program, you’ll work with a local healthcare professional who knows your benefits. Your care manager can help you identify resources that can help you manage your condition effectively. Learn more at fepblue.org/caremanagement.

BLUE365®
Blue365 is a discount program that’s only available to BCBS members. Each month, you’ll get access to exclusive health and wellness deals ranging from discounts that support financial health to nutrition. If you sign up to receive emails from Blue365, you’ll get the deals sent directly to your inbox each month. Learn more at fepblue.org/blue365.

HEALTH CLUB DISCOUNTS
You can visit over 10,000 health clubs nationwide through our health club discount program. You can access any of these clubs as often as you want, and you’re not limited to one club. The membership costs $29 to enroll, and then you pay a $29 fee each month. You must enroll for at least three months. Learn more at fepblue.org/healthclub.
GET CARE ON YOUR SCHEDULE

24/7 VIRTUAL DOCTOR VISITS

With telehealth services provided by Teladoc®, you have 24/7 access to a doctor by phone or video. The median wait time is just 10 minutes. *Note: Depending on which product you choose, a copay may apply. See page 4.*

These board-certified doctors can treat:

- Cold and flu symptoms
- Sprains and strains
- Headaches and migraines
- Skin and nail issues
- More!

You can also speak to a mental (behavioral) health provider for support with conditions, such as stress, depression, substance use disorder and more. Mental health providers are available from 7 a.m. to 9 p.m. local time, seven days a week.

Learn more at [fepblue.org/telehealth](http://fepblue.org/telehealth) or call 1-855-636-1579.

NURSE LINE – SPEAK TO A REGISTERED NURSE 24/7

If you need health advice, you can talk to a nurse for free any time, day or night. There are three ways you can speak to a nurse:

- Call 1-888-258-3432.
- Email through your MyBlue account.
- Chat through your MyBlue account.

Always call 911 or go to your local emergency services in the event of an emergency.
VISIT FEPBLUE.ORG to discover everything Blue Cross and Blue Shield has to offer.

National Information Center
The National Information Center is available by phone to answer all of your benefit questions. Call 1-800-411-BLUE (2583) from 8 a.m. to 8 p.m. Eastern time, Monday through Friday.

Telehealth Services
1-855-636-1579

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

SEE WHAT’S NEW FOR 2019
Staying up to date on the changes and updates to our coverage is the best way to make an informed decision about your healthcare. Visit fepblue.org/whatsnew to see everything that’s new for Blue.

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 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.

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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.