2018 STANDARD & BASIC OPTION
Blue Cross and Blue Shield Service Benefit Plan Summary
Get more out of life with a little help from your health plan.
Click here to see the 2018 rates >>
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benefit Plans</td>
<td>1</td>
</tr>
<tr>
<td>What’s New</td>
<td>3</td>
</tr>
<tr>
<td>Using Your Benefits</td>
<td>5</td>
</tr>
<tr>
<td>Pharmacy Benefits</td>
<td>7</td>
</tr>
<tr>
<td>Reward Programs</td>
<td>9</td>
</tr>
<tr>
<td>Wellness Programs</td>
<td>13</td>
</tr>
<tr>
<td>Coordinating Your Benefits</td>
<td>15</td>
</tr>
<tr>
<td>Resources For You</td>
<td>17</td>
</tr>
</tbody>
</table>
GET MORE OUT OF LIFE

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.

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**
- **Health and wellness programs and discounts**

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

<table>
<thead>
<tr>
<th><strong>SELF ONLY</strong></th>
<th>coverage just for you</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SELF + ONE</strong></td>
<td>coverage for you and one eligible family member, such as your spouse or a child</td>
</tr>
<tr>
<td><strong>SELF AND FAMILY</strong></td>
<td>coverage for you and multiple eligible family members, such as your spouse and child(ren)</td>
</tr>
</tbody>
</table>

If you’re a current member and you need to change your enrollment type, learn more at [fepblue.org/enrollment](http://fepblue.org/enrollment).

Learn about our coverage types

<table>
<thead>
<tr>
<th>Benefit</th>
<th><strong>Standard Option</strong></th>
<th><strong>Basic Option</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider care</td>
<td>In-network and out-of-network care</td>
<td>In-network care only, except in certain situations</td>
</tr>
<tr>
<td>How you pay for services</td>
<td>Mixture of copays and coinsurance amounts</td>
<td>Set copays for most services</td>
</tr>
<tr>
<td>Out-of-pocket maximum (PPO)</td>
<td><strong>Self Only: $5,000</strong>&lt;br&gt;<strong>Self + One and Self &amp; Family: $10,000</strong></td>
<td><strong>Self Only: $5,500</strong>&lt;br&gt;<strong>Self + One and Self &amp; Family: $11,000</strong></td>
</tr>
<tr>
<td>Annual deductible</td>
<td>$350 per individual&lt;br&gt;$700 per family</td>
<td>No deductible</td>
</tr>
</tbody>
</table>
## 2018 COMPARISON OF BENEFITS

### 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 on page 10.](#)

<table>
<thead>
<tr>
<th>Benefit Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wellness Incentive Program</td>
<td>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. <a href="#">Learn more on page 10.</a></td>
</tr>
<tr>
<td>Preventive Care Nothing</td>
<td>Nothing</td>
</tr>
<tr>
<td>Physician Care $25 for primary care $35 for specialists</td>
<td>$30 for primary care $40 for specialists</td>
</tr>
<tr>
<td>Lab and Diagnostic Services 15%* of our allowance</td>
<td>Nothing for lab tests, pathology services and EKGs $40* for diagnostic tests such as home sleep studies, EEGs, ultrasounds and X-rays $100* for angiography, bone density tests, CT scans, MRIs, PET scans, genetic testing, nuclear medicine and sleep studies in an office setting; $150* at a hospital</td>
</tr>
<tr>
<td>Hospital Care Inpatient: $350 per admission Outpatient: 15%* of our allowance</td>
<td>Inpatient: $175 per day; up to $875 per admission Outpatient: $100* per day per facility</td>
</tr>
<tr>
<td>Surgical Services 15%* of our allowance</td>
<td>$150* in an office setting $200* in a non-office setting</td>
</tr>
<tr>
<td>Maternity Care Nothing for delivery and pre- and postnatal care</td>
<td>$175 for inpatient care; nothing for outpatient care or pre- and postnatal physician care</td>
</tr>
<tr>
<td>Urgent Care Center $30 per visit</td>
<td>$35 per visit</td>
</tr>
<tr>
<td>Emergency Care 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>
</tbody>
</table>

### Prescription Drugs

See the 2018 Blue Cross and Blue Shield Service Benefit Plan brochure for information on supply and refill limits.

<table>
<thead>
<tr>
<th>Benefit</th>
<th>Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>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 Mail Service Pharmacy: Tier 1 (Generics): $15 copay Tier 2 (Preferred brand): $80 copay Tier 3 (Non-preferred brand): $125 copay Specialty Pharmacy: Tier 4 (Preferred specialty): $35 copay Tier 5 (Non-preferred specialty): $55 copay</td>
<td>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): $85 copay Tier 5 (Non-preferred specialty): $90 copay Mail Service Pharmacy: Not a benefit unless you have Medicare Part B primary Specialty Pharmacy: Tier 4 (Preferred specialty): $55 copay Tier 5 (Non-preferred specialty): $80 copay</td>
<td></td>
</tr>
<tr>
<td>Chiropractic Care</td>
<td>$25 copay per visit; up to 12 visits per year</td>
<td>$30 copay per visit; up to 20 visits per year</td>
</tr>
<tr>
<td>Dental Care</td>
<td>The difference between the fee schedule amount and the Maximum Allowable Charge (MAC)</td>
<td>$30 copay per evaluation; up to 2 per year</td>
</tr>
</tbody>
</table>

*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. Basic Option does not have a calendar year deductible. 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).
WHAT’S NEW

This year, we’re introducing exciting new ways to use your benefits on the go.

Download our fepblue app today!

fepblue is the official app of the Blue Cross and Blue Shield Federal Employee Program (FEP). With the app you can keep up with your benefits on the go, find Preferred providers, call the Nurse Line and more. And, it’s free!

Visit the App Store or Google Play and search for “fepblue” to download the app today.

You must have a MyBlue® account to access most of the app’s features. See page 9 to learn how to set up your MyBlue account.

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. You’ll also pay less than you would for traditional care in a doctor’s office.

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

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

Therapists are also available and will allow you to get ongoing support for stress, anxiety, depression, substance use disorder and more.

Learn more at fepblue.org/telehealth.

You can start using this benefit January 1, 2018!

What you’ll pay for telehealth

<table>
<thead>
<tr>
<th>Standard Option</th>
<th>Basic Option</th>
</tr>
</thead>
<tbody>
<tr>
<td>$10</td>
<td>$15</td>
</tr>
</tbody>
</table>

Always call 911 or go to your local emergency services in the event of an emergency.
2018 BENEFIT CHANGES

Medicare updates
• Basic Option members with Medicare Part A and B can receive up to $600 in a reimbursement account to pay their Medicare Part B premium. Learn more on page 16.

Wellness incentive updates
• You must be the contract holder or spouse, 18 or older, to earn incentive rewards. Learn more about the rewards program on pages 9 – 14.

Preventive updates
• Members of all ages can receive generic cholesterol-lowering drugs (known as statins).
• Members ages 50 to 59 can receive aspirin to prevent heart disease and colon cancer.
• We expanded benefits for colon cancer screenings to include DNA analysis of stool samples.

Provider/facility care updates
• We provide benefits for Skilled Nursing Facility (SNF) care for all Standard Option members, not just to Standard Option members with Medicare Part A primary.
• We cover vasectomies, in full, as part of our family planning benefits.

Pharmacy updates
• We reduced your out-of-pocket cost for generic and Preferred brand name asthma drugs and generic drugs used to lower high blood pressure. You must purchase the drugs at a Preferred retail pharmacy or through the Mail Service Pharmacy.
• The Specialty Pharmacy Program will be administered by AllianceRx Walgreens Prime. Learn more on page 7.
• We’ve expanded the Basic Option “Managed Not Covered” list to include additional non-covered drugs.
• If you buy a brand name drug instead of a generic, you may pay more out-of-pocket. Learn more on page 8.
• We increased the out-of-pocket cost for Non-preferred brand name drugs (Tier 3) for both the Retail and Mail Service Pharmacies.

This is not a full list of benefit changes. To see a complete list, download a copy of the 2018 Blue Cross and Blue Shield Service Benefit Plan brochure at fepblue.org/brochure.
Provider network

We are a Preferred Provider Organization (PPO). This means we have a network of Preferred providers who accept our payment (known as an allowance) as payment in full for their services. They also submit your claims for you.

HOW CAN I FIND A PREFERRED PROVIDER?

You can find a Preferred provider by using our online directory at fepblue.org/provider or by downloading our app. You can search for doctors and facilities by name, specialty, provider type, location and more.

Traveling with your coverage

Your coverage works nationwide and overseas. If you’re overseas, you can use our online provider directory to find a provider. Or, you can call our Worldwide Assistance Center at 1-804-673-1678.

We work with an overseas vendor, AXA Assistance, to provide you with an overseas network of providers. These providers have a direct billing arrangement with AXA. This means they agree to accept our payment as payment in full and you do not need to submit a claim.

You’re not required to stay in-network when you’re overseas. If you visit a provider who doesn’t have a direct billing arrangement in place, you’ll pay the provider directly. Then, we’ll reimburse you based on your benefits.

See section 5(i) of the Service Benefit Plan brochure or fepblue.org/overseas for more information.
Using Standard Option benefits

Under Standard Option you usually pay a percentage of our full payment to the provider as your payment. This is known as coinsurance.

We always recommend that you use a Preferred provider because you’ll usually pay less. However, with Standard Option, you have out-of-network benefits. If you do go out-of-network, you pay a higher portion of our allowance plus the difference between what we pay and what the provider charges.

<table>
<thead>
<tr>
<th>Sample Service</th>
<th>Preferred Provider</th>
<th>Non-preferred Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s charge</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Our allowance</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>What you pay (a percentage of our allowance)</td>
<td>15% of our allowance = $15</td>
<td>35% of our allowance = $35</td>
</tr>
<tr>
<td>Difference between our allowance and the provider’s charge</td>
<td>You don’t have to pay = $0</td>
<td>You have to pay = $150</td>
</tr>
<tr>
<td>TOTAL OUT OF POCKET:</td>
<td>$15</td>
<td>$185</td>
</tr>
</tbody>
</table>

*If you haven’t met your deductible, you would pay our full allowance amount until you meet the deductible.

Using Basic Option benefits

Under Basic Option, you usually pay a set copay for your services, regardless of our allowance amount.

With Basic Option, you’ll pay all charges if you go out-of-network. There are a few exceptions, such as emergency and overseas care. See section 3 of the Service Benefit Plan brochure for a list of exceptions.

<table>
<thead>
<tr>
<th>Sample Service</th>
<th>Preferred Provider</th>
<th>Non-preferred Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor’s charge</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Our allowance</td>
<td>$100</td>
<td>$100</td>
</tr>
<tr>
<td>What you pay (your copay)</td>
<td>$40</td>
<td>ALL CHARGES</td>
</tr>
<tr>
<td>TOTAL OUT OF POCKET:</td>
<td>$40</td>
<td>$250</td>
</tr>
</tbody>
</table>

Getting approval for your care

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

See section 3 of the Service Benefit Plan brochure for more information.
PHARMACY PROGRAM

Retail Pharmacy Program – Open to all members

Our Retail Pharmacy Program is administered by CVS Caremark. As a member, you have access to over 65,000 Preferred retail pharmacies nationwide. If you use an out-of-network pharmacy, you’ll pay more.

Mail Service Pharmacy Program – Open to all Standard Option members and Basic Option members with Medicare Part B primary

Our Mail Service Pharmacy is administered by CVS Caremark. Eligible members can receive a 22- to 90-day medicine shipment through the mail. All prescriptions ship within two weeks, unless they must be shipped overnight.

Specialty Pharmacy Program – Open to members with complex health conditions

New for 2018: AllianceRx Walgreens Prime will administer the Specialty Pharmacy Program. The Specialty Pharmacy Program allows you to receive medicines used to treat complex conditions at a reasonable cost.

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.
UNDERSTANDING YOUR PHARMACY BENEFITS

Approved drug list
Both Standard and Basic Option have an approved drug list, called a formulary. The formulary is broken into tiers. How much you pay for your drug usually depends on what tier it is in.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Drugs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tier 1</td>
<td>Generic drugs</td>
</tr>
<tr>
<td>Tier 2</td>
<td>Preferred brand name drugs</td>
</tr>
<tr>
<td>Tier 3</td>
<td>Non-preferred brand name drugs</td>
</tr>
<tr>
<td>Tier 4</td>
<td>Preferred specialty drugs</td>
</tr>
<tr>
<td>Tier 5</td>
<td>Non-preferred specialty drugs</td>
</tr>
</tbody>
</table>

You can see the most up-to-date formulary lists at fepblue.org/formulary.

Save with generics
Generic drugs are almost always cheaper than brand name drugs. The FDA approves all generic drugs. They must be equivalent to their brand name counterparts.

New for 2018: If your brand name prescription has a generic equivalent, you’ll pay more if you choose to use the brand name drug. You’ll pay the brand name cost share plus the difference between the cost of the brand name and the generic drug. The exception is if your provider tells you that you can only take the brand name. In this instance, you will not have to pay the difference between the cost of the two drugs.

GENERIC INCENTIVE PROGRAM
Standard Option members who currently use a brand name drug on the Generic Incentive Program list can get their first four prescription fills or refills for free. You must switch from the brand name drug to a generic equivalent to receive this benefit. You must also fill the prescription at a Preferred retail pharmacy or through the Mail Service Pharmacy. Learn more at fepblue.org/pharmacy.

Non-covered drugs
We do not cover certain U.S. Food and Drug Administration (FDA) drugs on our Standard or Basic Option formularies. These drugs are known as excluded or “Managed Not Covered.” All excluded drugs or drugs on the Managed Not Covered list have Preferred alternative options that you can use.

Drug safety
The safety of our members is our number one priority. We use quantity limits and prior approval to make sure that drugs are used safely and appropriately.

Quantity limits mean that we will only cover up to a certain amount of specific drugs. Prior approval means that you’ll need to get some drugs approved by us first before you can purchase them. You can see a current list of drugs on the prior approval list at fepblue.org/pharmacy.
REWARD PROGRAMS

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.

Getting started with MyBlue®

The first step to earning your wellness rewards, is registering for a MyBlue account at fepblue.org/signup. MyBlue is our secure, members-only website where you can:

- Keep track of your out-of-pocket costs
- View your claims history
- Stay up to date with your Personal Health Record
- Request additional member ID cards
- Access health and wellness tools
- And more

Once you set up your account, you can access MyBlue at any time using our fepblue app or on your computer at fepblue.org/myblue.

MyBlue Wellness Card

When you participate in our incentive programs, 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.

After you receive your Card, 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 by logging in to your MyBlue account.

*Note: You must be the contract holder or spouse, 18 or older, on your Plan to earn incentive rewards.
EARNING REWARDS

Blue Health Assessment (BHA) – Earn $50
The 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.
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 2018.

Online Health Coach – 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. 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:

<table>
<thead>
<tr>
<th>Wellness Goals</th>
<th>Condition Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Reducing stress</td>
<td>• Asthma</td>
</tr>
<tr>
<td>• Losing weight</td>
<td>• Heart Disease</td>
</tr>
<tr>
<td>• Exercising more</td>
<td>• Heart Failure</td>
</tr>
<tr>
<td>• Feeling happier</td>
<td>• Chronic Obstructive Pulmonary Disease (COPD)</td>
</tr>
</tbody>
</table>

New for 2018: Beginning January 1, 2018, our condition management goals will have a new look and will take less time to complete. With the updated goals, you’ll be able to track daily tasks, such as taking your medicines or keeping track of what you eat during the day. You’ll also track more long-term, one-time tasks, such as setting your asthma action plan or getting your annual flu shot. After three months of consistently tracking tasks, you’ll earn your reward. Learn more at fepblue.org/ohc.

FITNESS TRACKER CENTER
You can sync an eligible activity tracker to your MyBlue account. Adding a tracker to your account can allow you to complete some of your Online Health Coach goals more easily. Learn more at fepblue.org/fit.
ADDITIONAL REWARD PROGRAMS

Pregnancy Care Incentive Program – **Earn a Pregnancy Care Box and $75**

If you are pregnant, earn rewards for early and ongoing prenatal care.

Here’s how:

1. Take the BHA and request a Pregnancy Care Box.
2. Visit your doctor during the first three months of your pregnancy.
3. Send us a copy of your doctor-signed medical record. Acceptable medical records include a prenatal flow sheet, prenatal progress or visit notes or an electronic medical record. **After we verify your visit – earn $75.**

Learn more at [fepblue.org/maternity](http://fepblue.org/maternity).

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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.

Here’s how:

1. Take the BHA and indicate that you have Type 1 or Type 2 diabetes.


3. Submit your A1c test result from the second half of the year (July 1 – Dec. 31, 2018). Your A1c results must be below 8% – earn $75.

If your second A1c test is 8% or above, you can still earn the additional $75 by attending three nutritional counseling visits during the year. Nutritional counseling can help you learn how to eat better to help you keep your diabetes in check. 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.

Spending your reward dollars

You can use your MyBlue Wellness Card on qualified medical expenses. The Internal Revenue Service (IRS) determines what items are qualified medical expenses. Here are a few:

- Acupuncture
- Eye exams and eye-wear
- Prescription Rx
- Dental treatment
- Lab fees
- Weight-loss programs
- Doctor’s office copays
- Physical examinations
- 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.
Tobacco Cessation Incentive Program – earn free tobacco cessation drugs
If you’re ready to quit, we can help.

Here’s how:

1. **Take the BHA** and indicate that you smoke.
2. **Set a Quit Tobacco goal and Quit Plan** with the Online Health Coach.
3. **Get a prescription** from your doctor for prescription and/or over-the-counter tobacco cessation drugs.
4. **Visit a Preferred retail pharmacy** to fill your prescription.

Hypertension Management Program – earn a free 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.

Here’s how:

1. **Take the BHA** and indicate you have high blood pressure.
2. **Submit a claim** to support that you have high blood pressure. Once we receive the claim, we’ll send you a letter with a form to take to a local provider.
3. **Visit your doctor or a local retail clinic** to get your cuff size for your blood pressure monitor.
4. **Return the form** to us to receive your monitor. You’re eligible for this program every two years.

Nurse Line – speak to a registered nurse 24/7
If you need health advice, you can talk to a nurse 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.*
Health club discounts
You can visit over 9,500 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.

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 personally 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.

Vision Care Affinity Program
You can receive discounts on vision care services, such as eye exams, frames and contact lenses. You must use 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.
You can have coverage through other group health insurance programs in addition to your Service Benefit Plan coverage. If you do, we’ll coordinate your Service Benefit Plan benefits with your other health plan.

When you have more than one group health plan, one will be the primary payer (it pays first) and the other will be secondary (it pays second). This is usually determined by:

- If you are actively working or if you are retired
- If you are the contract holder or a dependent on your plans

Learn more at fepblue.org/coordinationofbenefits.

Two of the largest health benefit programs we coordinate with are the Federal Employees Dental and Vision Insurance Program (FEDVIP) and Medicare.

Coordinating with FEDVIP

FEDVIP offers eligible federal employees, retirees and their dependents dental and/or vision coverage. This coverage is separate from the coverage provided in your medical insurance program—you’ll pay a separate premium and have a separate provider network.

If you choose to enroll in a dental or vision plan, we will pay our benefits first and your FEDVIP plan(s) will pay second.

Learn more about dental coverage at opm.gov/dental and vision coverage at opm.gov/vision.
Coordinating with 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.

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, such as prescription drug coverage and overseas care. Learn more at fepblue.org/medicare.

New for 2018:
Medicare reimbursement

Basic Option members enrolled in Medicare Part A and B can sign up for a Medicare reimbursement account.
You can earn $600 to pay for your Medicare Part B premium.
Each member on your contract who is enrolled in Part A and B is eligible for the $600.
Learn more at fepblue.org/mra.
RESOURCES FOR YOU

Learn more about the Service Benefit Plan at [fepblue.org](http://fepblue.org).

<table>
<thead>
<tr>
<th>Service</th>
<th>Website</th>
<th>Phone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>What’s New for 2018</td>
<td><a href="http://fepblue.org/whatsnew">fepblue.org/whatsnew</a></td>
<td>1-800-411-BLUE</td>
</tr>
<tr>
<td>Service Benefit Plan Brochure</td>
<td><a href="http://fepblue.org/brochure">fepblue.org/brochure</a></td>
<td>1-800-411-BLUE</td>
</tr>
<tr>
<td>Provider Directory</td>
<td><a href="http://fepblue.org/provider">fepblue.org/provider</a></td>
<td>Call the number on the back of your member ID card</td>
</tr>
<tr>
<td>MyBlue®</td>
<td><a href="http://fepblue.org/myblue">fepblue.org/myblue</a></td>
<td>Call the number on the back of your member ID card</td>
</tr>
<tr>
<td>Reward Programs</td>
<td><a href="http://fepblue.org/incentives">fepblue.org/incentives</a></td>
<td>1-888-258-3432</td>
</tr>
<tr>
<td>24/7 Nurse Line</td>
<td><a href="http://fepblue.org/nurseline">fepblue.org/nurseline</a></td>
<td>1-888-258-3432</td>
</tr>
</tbody>
</table>
| Pharmacy Program                             | [fepblue.org/pharmacy](http://fepblue.org/pharmacy) | [Retail: 1-800-624-5060](http://1-800-624-5060)  
[Mail: 1-800-262-7890](http://1-800-262-7890)  
[Specialty: 1-888-346-3731](http://1-888-346-3731) |
| Medicare                                     | [fepblue.org/medicare](http://fepblue.org/medicare) | Call the number on the back of your member ID card |
| Overseas Information                         | [fepblue.org/overseas](http://fepblue.org/overseas) | 1-804-673-1678         |
| Customer Service                             | [fepblue.org/contact](http://fepblue.org/contact) | Call the number on the back of your member ID card |
| Telehealth Service                           | [fepblue.org/telehealth](http://fepblue.org/telehealth) | 1-855-636-1579*        |


**AskBlue for Federal Employees**

AskBlue is our interactive site that can help you decide which of our two coverage types may be the best fit for you. Visit [askblue.fepblue.org](http://askblue.fepblue.org) to use the tool today.

**Call the National Information Center**

The National Information Center is available to answer all of your benefit questions. The Center is available weekdays (excluding holidays) from 8 a.m. to 8 p.m. Eastern time.
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)


Language assistance

Para obtener asistencia en español, llame al servicio de atención al cliente al número que aparece en su tarjeta de identificación.

To obtain assistance in English, call the customer service number on your card.

Gọi số dịch vụ khách hàng để được hỗ trợ bằng tiếng Việt.

Para obtener asistencia en portugués, llame al número de servicio al cliente en su tarjeta de identificación.

Japanese Language

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もお問い合わせください。

For assistance in Italian, please call the customer service number on your ID card.

Resources for You
## 2018 RATE INFORMATION

### Standard Option Rates – Your Share

<table>
<thead>
<tr>
<th>TYPE OF ENROLLMENT</th>
<th>BIWEEKLY</th>
<th>MONTHLY</th>
<th>BIWEEKLY Category 1</th>
<th>BIWEEKLY Category 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only (104)</td>
<td>$113.16</td>
<td>$245.18</td>
<td>$106.79</td>
<td>$100.43</td>
</tr>
<tr>
<td>Self + One (106)</td>
<td>$257.81</td>
<td>$558.59</td>
<td>$244.17</td>
<td>$230.53</td>
</tr>
<tr>
<td>Self &amp; Family (105)</td>
<td>$271.95</td>
<td>$589.23</td>
<td>$257.46</td>
<td>$242.97</td>
</tr>
</tbody>
</table>

### Basic Option Rates – Your Share

<table>
<thead>
<tr>
<th>TYPE OF ENROLLMENT</th>
<th>BIWEEKLY</th>
<th>MONTHLY</th>
<th>BIWEEKLY Category 1</th>
<th>BIWEEKLY Category 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self Only (111)</td>
<td>$73.72</td>
<td>$159.74</td>
<td>$67.09</td>
<td>$61.19</td>
</tr>
<tr>
<td>Self + One (113)</td>
<td>$171.84</td>
<td>$372.32</td>
<td>$158.20</td>
<td>$144.56</td>
</tr>
<tr>
<td>Self &amp; Family (112)</td>
<td>$180.98</td>
<td>$392.12</td>
<td>$166.49</td>
<td>$152.00</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 TODAY

AND DISCOVER EVERYTHING BLUE CROSS AND BLUE SHIELD HAS TO OFFER

- 2018 Benefits Information
- Health Tools and Wellness Programs
- Preferred Provider Directory
- Our New fepblue Mobile App

### Contact Information

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

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

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

- **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.

Know your privacy rights. Visit fepblue.org/privacynotice to see our Notice of Privacy Practices.