

2023 MEDICARE AT A GLANCE

Blue Cross and Blue Shield Service Benefit Plan



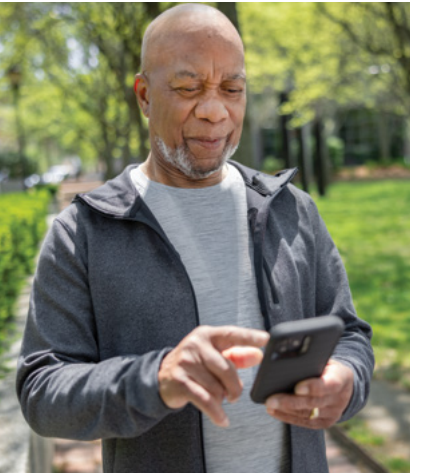
WE CAN BE THERE FOR WHAT'S NEXT

fepblue.org



Service Benefit Plan and Medicare

Benefit	FEP Blue Focus	FEP Blue Focus with Medicare Part A & B Primary	Basic Option	Basic Option with Medicare Part A & B Primary	Standard Option	Standard Option with Medicare Part A & B Primary
Primary care doctor	\$10 per visit for your first 10 primary and/or specialty care visits ²	Nothing	\$30 copay ²	Nothing	\$25 copay	Nothing
Specialists			\$40 copay ²	Nothing	\$35 copay	Nothing
Mental health visits			\$30 copay ²	Nothing	\$25 copay	Nothing
Virtual doctor visits through Teladoc®	\$0 first 2 visits and all nutrition visits \$10 all additional visits	Nothing	\$0 first 2 visits and all nutrition visits \$15 all additional visits	Nothing	\$0 first 2 visits and all nutrition visits \$10 all additional visits	Nothing
Urgent care centers	\$25 copay	Nothing	\$35 copay	Nothing	\$30 copay	Nothing
Inpatient hospital	30% of our allowance*	Nothing	\$250 per day; up to \$1,500 per admission	Nothing	\$350 copay	Nothing
Outpatient hospital	30% of our allowance [†]	Nothing	\$150 per day per facility ²	Nothing	15% of our allowance*	Nothing
Surgery	30% of our allowance [†]	Nothing	\$150 per surgeon in an office ² \$200 per surgeon in other settings ²	Nothing	15% of our allowance*	Nothing
ER (accidental injury)	\$0 within 72 hours	Nothing	\$250 per day per facility	Nothing	\$0 within 72 hours	Nothing
ER (medical emergency)	30% of our allowance*	Nothing	\$250 per day per facility	Nothing	15% of our allowance*	Nothing
Lab work <i>(such as blood tests)</i>	\$0 for first 10 specific lab tests**	Nothing	15% of our allowance ²	Nothing	15% of our allowance*	Nothing
Diagnostic services <i>(such as sleep studies, X-rays, CT scans)</i>	30% of our allowance*	Nothing	Up to \$100 in an office ² Up to \$200 in a hospital ²	Nothing	15% of our allowance*	Nothing
Chiropractic care	\$25 for up to 10 visits a year ¹	Nothing for up to 10 visits a year ¹	\$30 for up to 20 visits a year	Nothing for up to 20 visits a year	\$25 for up to 12 visits a year	Nothing for up to 12 visits a year
Prescription drugs All cost shares show what you would pay for a 30-day supply. Your cost share could be different for a larger supply. The tier your drug falls in can vary between FEP Blue Focus, Basic Option and Standard Option. Please look at our approved drug lists (formularies) prior to selecting a plan to make sure we cover your drug in that plan. You can view the drug lists at fepblue.org .	Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum) Mail Service Pharmacy Not a benefit Specialty Pharmacy Tier 2: 40% of our allowance (\$350 maximum)	Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum) Mail Service Pharmacy Not a benefit Specialty Pharmacy Tier 2: 40% of our allowance (\$350 maximum)	Preferred Retail Pharmacy Tier 1: \$15 copay Tier 2: \$60 copay Tier 3: 60% of our allowance (\$90 minimum) Tier 4: \$85 copay Tier 5: \$110 copay Mail Service Pharmacy Available to members with Medicare Part B primary only. Visit fepblue.org for more information. Specialty Pharmacy Tier 4: \$85 copay Tier 5: \$110 copay	Preferred Retail Pharmacy Tier 1: \$10 copay Tier 2: \$50 copay Tier 3: 50% of our allowance (\$60 minimum) Tier 4: \$80 copay Tier 5: \$100 copay Mail Service Pharmacy Tier 1: \$20 copay Tier 2: \$100 copay Tier 3: \$125 copay Specialty Pharmacy Tier 4: \$80 copay Tier 5: \$100 copay	Preferred Retail Pharmacy Tier 1: \$7.50 copay Tier 2: 30% of our allowance Tier 3: 50% of our allowance Tier 4: 30% of our allowance Tier 5: 30% of our allowance Mail Service Pharmacy Tier 1: \$15 copay Tier 2: \$90 copay Tier 3: \$125 copay Specialty Pharmacy Tier 4: \$65 copay Tier 5: \$85 copay	Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 30% of our allowance Tier 3: 50% of our allowance Tier 4: 30% of our allowance Tier 5: 30% of our allowance Mail Service Pharmacy Tier 1: \$10 copay Tier 2: \$90 copay Tier 3: \$125 copay Specialty Pharmacy Tier 4: \$65 copay Tier 5: \$85 copay
Deductible	Self Only: \$500 Self + One and Self & Family: \$1,000	We waive your deductible when you have Medicare as your primary coverage	None	None	Self Only: \$350 Self + One and Self & Family: \$700	We waive your deductible when you have Medicare as your primary coverage
Out-of-pocket maximum <i>(Preferred providers)</i>	Self Only: \$8,500 Self + One and Self & Family: \$17,000	Self Only: \$8,500 Self + One and Self & Family: \$17,000	Self Only: \$6,500 Self + One and Self & Family: \$13,000	Self Only: \$6,500 Self + One and Self & Family: \$13,000	Self Only: \$6,000 Self + One and Self & Family: \$12,000	Self Only: \$6,000 Self + One and Self & Family: \$12,000



Medicare Reimbursement Account

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


Call **1-888-706-2583** (Weekdays 8 a.m. to 8 p.m. Eastern time) to learn more or visit fepblue.org/mra.

*Deductible applies.
¹Up to 10 visits combined for chiropractic care and acupuncture.
[†]Deductible applies. In addition, you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.
²You pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.
 **Please see brochure for covered lab services.

2023 Monthly Premiums

	FEP Blue Focus	Basic Option	Standard Option
Self Only	\$117.46	\$187.78	\$308.53
Enrollment Code	131	111	104
Self + One	\$252.51	\$472.12	\$690.84
Enrollment Code	133	113	106
Self & Family	\$277.75	\$515.48	\$753.77
Enrollment Code	132	112	105

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.


 To see what's new for 2023, visit fepblue.org/whatsnew.


Current Medicare benefits and premiums

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


Medicare services available to Service Benefit Plan members

 fepblue.org/medicare

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

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

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

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

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This is a summary of the features of the Blue Cross and Blue Shield Service Benefit Plan. Before making a final decision, please read the Plan's Federal brochures (FEP Blue Standard and FEP Blue Basic: RI 71-005; FEP Blue Focus: RI 71-017). All benefits are subject to the definitions, limitations and exclusions set forth in the Federal brochures.

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