

MEDICARE AT A GLANCE

2020 Blue Cross and Blue Shield Service Benefit Plan



**BlueCross
BlueShield**

Federal Employee Program.

fepblue.org

WHAT'S MEDICARE?

Medicare is a federal health insurance program for people 65 and older or people under 65 with certain disabilities. It has four different parts: Original Medicare (Part A and Part B), Part C and Part D.

A Medicare Part A is hospital insurance.

B Medicare Part B is doctor's insurance.

C Medicare Part C is a Medicare Advantage plan.

D Medicare Part D is prescription drug insurance.

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

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

 Prescription drug coverage

 Hearing aid coverage

 Routine foot care

 Acupuncture

 Dental care

 Overseas care

SERVICE BENEFIT PLAN AND MEDICARE

Standard Option • What you pay when you use Preferred providers

Benefit	Standard Option	Standard Option with Primary Medicare A & B
Primary care doctor	\$25 copay	Nothing
Specialists	\$35 copay	Nothing
Virtual doctor visits through Teladoc®	\$0 first 2 visits \$10 all additional visits	Nothing
Urgent care centers	\$30 copay	Nothing
Inpatient hospital	\$350 copay	Nothing
Outpatient hospital	15% of our allowance*	Nothing
Surgery	15% of our allowance*	Nothing
ER – accidental injury	\$0 within 72 hours	Nothing
ER – medical emergency	15% of our allowance*	Nothing
Lab work (such as blood tests)	15% of our allowance*	Nothing
Diagnostic services (such as sleep studies, X-rays, CT scans)	15% of our allowance*	Nothing
Chiropractic care	\$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 Standard Option, Basic Option and FEP Blue Focus. 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: \$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: \$50 copay Tier 5: \$70 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: \$50 copay Tier 5: \$70 copay
Deductible	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 (Preferred Providers)	Self Only: \$5,000 Self + One and Self & Family: \$10,000	Self Only: \$5,000 Self + One and Self & Family: \$10,000
Provider care	In-network and out-of-network care	In-network and out-of-network care

*Deductible applies.

Basic Option • What you pay when you use Preferred providers

Benefit	Basic Option	Basic Option with Primary Medicare A & B
Primary care doctor	\$30 copay	Nothing
Specialists	\$40 copay	Nothing
Virtual doctor visits through Teladoc®	\$0 first 2 visits \$15 all additional visits	Nothing
Urgent care centers	\$35 copay	Nothing
Inpatient hospital	\$175 per day; up to \$875 per admission	Nothing
Outpatient hospital	\$100 per day per facility ²	Nothing
Surgery	\$150 in an office ² \$200 in a non-office setting ²	Nothing
ER – accidental injury	\$125 per day per facility	Nothing
ER – medical emergency	\$125 per day per facility	Nothing
Lab work (such as blood tests)	\$0 copay ²	Nothing
Diagnostic services (such as sleep studies, X-rays, CT scans)	Up to \$100 in an office ² Up to \$150 in a hospital ²	Nothing
Chiropractic care	\$30 for up to 20 visits a year	Nothing for up to 20 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 Standard Option, Basic Option and FEP Blue Focus. 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: \$10 copay Tier 2: \$55 copay Tier 3: 60% of our allowance (\$75 minimum) Tier 4: \$65 copay Tier 5: \$90 copay Mail Service Pharmacy Available to members with Medicare Part B primary only. Visit fepblue.org for more information. Specialty Pharmacy Tier 4: \$70 copay Tier 5: \$95 copay	Preferred Retail Pharmacy Tier 1: \$10 copay Tier 2: \$50 copay Tier 3: 50% of our allowance (\$60 minimum) Tier 4: \$60 copay Tier 5: \$80 copay Mail Service Pharmacy Tier 1: \$20 copay Tier 2: \$100 copay Tier 3: \$125 copay Specialty Pharmacy Tier 4: \$65 copay Tier 5: \$85 copay
Deductible	None	None
Out-of-pocket maximum (Preferred Providers)	Self Only: \$5,500 Self + One and Self & Family: \$11,000	Self Only: \$5,500 Self + One and Self & Family: \$11,000
Provider care	In-network care only, except in certain situations like emergency care	In-network care only, except in certain situations like emergency care

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

FEP Blue Focus • What you pay when you use Preferred providers

Benefit	FEP Blue Focus	FEP Blue Focus with Primary Medicare A & B
Primary care doctor	\$10 per visit for your first 10 primary and/or specialty care visits	Nothing
Specialists		
Virtual doctor visits through Teladoc®	\$0 first 2 visits \$10 all additional visits	Nothing
Urgent care centers	\$25 copay	Nothing
Inpatient hospital	30% of our allowance*	Nothing
Outpatient hospital	30% of our allowance†	Nothing
Surgery	30% of our allowance†	Nothing
ER – accidental injury	\$0 within 72 hours	Nothing
ER – medical emergency	30% of our allowance*	Nothing
Lab work (such as blood tests)	\$0 for first 10 specific lab tests**	Nothing
Diagnostic services (such as sleep studies, X-rays, CT scans)	30% of our allowance*	Nothing
Chiropractic care	\$25 for up to 10 visits a year ¹	Nothing for up to 10 visits a year ¹
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 Standard Option, Basic Option and FEP Blue Focus. 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 .	<p>Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum)</p> <p>Mail Service Pharmacy Not a benefit.</p> <p>Specialty Pharmacy Tier 2: 40% of our allowance (\$350 maximum)</p>	<p>Preferred Retail Pharmacy Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 maximum)</p> <p>Mail Service Pharmacy Not a benefit.</p> <p>Specialty Pharmacy Tier 2: 40% of our allowance (\$350 maximum)</p>
Deductible	Self Only: \$500 Self + One and Self & Family: \$1,000	We waive your deductible when you have Medicare as your primary coverage
Out-of-pocket maximum (Preferred Providers)	Self Only: \$6,500 Self + One and Self & Family: \$13,000	Self Only: \$6,500 Self + One and Self & Family: \$13,000
Provider care	In-network care only, except in certain situations like emergency care	In-network care only, except in certain situations like emergency care

*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.

**Please see brochure for covered lab services.

2020 RATES: YOUR MONTHLY SHARE

	Standard Option		Basic Option		FEP Blue Focus	
	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM
Self Only	104	\$253.30	111	\$164.55	131	\$115.15
Self + One	106	\$578.83	113	\$386.99	133	\$247.55
Self & Family	105	\$621.27	112	\$414.31	132	\$272.29

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

MEDICARE REIMBURSEMENT ACCOUNT



New for 2020: if you have **Basic Option**, you can now get an **\$800** Medicare Reimbursement Account if you pay Medicare Part B premiums. Each member on your contract with Medicare Part A and Part B is eligible to earn \$800.

To earn the money, you'll need to submit a claim and provide proof that you pay Medicare Part B premiums.

We'll accept the following as proof of payment:

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

Learn more at fepblue.org/mra or call **1-888-706-2583** (Weekdays 8 a.m. to 8 p.m. Eastern time).



To see what's new for 2020, 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 (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.

The Blue Cross® and Blue Shield® words and symbols, Federal Employee Program® and FEP® are all trademarks owned by Blue Cross Blue Shield Association.

The Blue Cross and Blue Shield Service Benefit Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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

請撥打您ID卡上的客服號碼以尋求中文協助。

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