



2017 MEDICARE AT A GLANCE

Blue Cross and Blue Shield
Service Benefit Plan Summary



**BlueCross
BlueShield**

Federal Employee Program.

fepblue.org

2017 MEDICARE COMPARISON OF BENEFITS

Standard Option

What you pay when you use Preferred providers

Benefit	Standard Option	Standard Option with Primary Medicare A & B
Wellness Incentive Program	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 .	
Preventive Care	You pay nothing	You pay nothing
Physician Care	\$25 for primary care \$35 for specialists	You pay nothing
Lab and Diagnostic Services	15%* of our allowance	You pay nothing
Hospital Care	Inpatient: \$350 per admission Outpatient: 15%* of our allowance	You pay nothing
Surgical Services	15%* of our allowance	You pay nothing
Urgent Care	\$30 for urgent care center	You pay nothing
Emergency Care	Accidental Injury: You pay nothing for outpatient services within 72 hours Medical Emergency: Regular benefits for physician and hospital care*	You pay nothing
Prescription Drugs <small>See the 2017 Blue Cross and Blue Shield Service Benefit Plan brochure for information on supply and refill limits</small>	Preferred Retail Pharmacy: Tier 1 (Generics): 20% of our allowance Tier 2 (Preferred brand): 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: Tier 1 (Generics): \$15 copay Tier 2 (Preferred brand): \$80 copay Tier 3 (Non-preferred brand): \$105 copay Specialty Pharmacy: Tier 4 (Preferred specialty): \$35 copay Tier 5 (Non-preferred specialty): \$55 copay	Preferred Retail Pharmacy: Tier 1 (Generics): 15% of our allowance Tier 2 (Preferred brand): 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: Tier 1 (Generics): \$10 copay Tier 2 (Preferred brand): \$80 copay Tier 3 (Non-preferred brand): \$105 copay Specialty Pharmacy: Tier 4 (Preferred specialty): \$35 copay Tier 5 (Non-preferred specialty): \$55 copay
Physical, Speech and Occupational Therapy	\$25 for primary care \$35 for specialists Limited to a combined 75 visits per person per year	You pay nothing for up to a combined 75 visits per person per year

* 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.

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.

2017 MEDICARE COMPARISON OF BENEFITS

Basic Option

What you pay when you use Preferred providers

Benefit	Basic Option	Basic Option with Primary Medicare A & B
Wellness Incentive Program	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 .	
Preventive Care	You pay nothing	You pay nothing
Physician Care	\$30 for primary care \$40 for specialists	You pay nothing
Lab and Diagnostic Services	You pay nothing ¹ for lab tests, pathology services and EKGs \$40¹ for diagnostic tests such as home sleep studies, EEGs, ultrasounds and X-rays \$100¹ for angiography, bone density tests, CT scans, MRIs, PET scans, genetic testing, nuclear medicine and sleep studies in an office setting; \$150¹ at a hospital	You pay nothing
Hospital Care	Inpatient: \$175 per day; up to \$875 per admission Outpatient: \$100¹ per day per facility	You pay nothing
Surgical Services	\$150¹ in an office setting \$200¹ in a non-office setting	You pay nothing
Urgent Care	\$35 for urgent care center	You pay nothing
Emergency Care	Accidental Injury and Medical Emergency: \$125 per day for emergency room care Regular benefits for physician care	You pay nothing
Prescription Drugs <small>See the 2017 Blue Cross and Blue Shield Service Benefit Plan brochure for information on supply and refill limits</small>	Preferred Retail Pharmacy: 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: Not a benefit Specialty Pharmacy: Tier 4 (Preferred specialty): \$55 copay Tier 5 (Non-preferred specialty): \$80 copay	Preferred Retail Pharmacy: Tier 1 (Generics): \$10 copay Tier 2 (Preferred brand): \$45 copay Tier 3 (Non-preferred brand): 50% of our allowance (\$55 minimum) Tier 4 (Preferred specialty): \$60 copay Tier 5 (Non-preferred specialty): \$80 copay Mail Service Pharmacy: Tier 1 (Generics): \$20 copay Tier 2 (Preferred brand): \$90 copay Tier 3 (Non-preferred brand): \$115 copay Specialty Pharmacy: Tier 4 (Preferred specialty): \$50 copay Tier 5 (Non-preferred specialty): \$70 copay
Physical, Speech and Occupational Therapy	\$30¹ for primary care \$40¹ for specialists Limited to a combined 50 visits per person per year	You pay nothing for up to a combined 50 visits per person per year

¹Under Basic Option you pay 30% of our allowance for agents, drugs and/or supplies you receive during your care.

Basic Option generally does not provide benefits when you use Non-preferred providers.

Compare Coverage Types

	Standard Option	Basic Option
	Enrollment codes: 104, 106 and 105	Enrollment codes: 111, 113 and 112
Network services	In-network and out-of-network care	In-network care only, except in certain situations like emergency care
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
Service Benefit Plan annual deductible	We waive your deductible when you have Medicare as your primary coverage	No deductible



To learn more about current Medicare benefits and premiums, visit medicare.gov or call **1-800-MEDICARE (1-800-633-4227)**.

For Medicare services available to Service Benefit Plan members, visit fepblue.org/medicare.

Service Benefit Plan Premiums

2017 Rates – Your Monthly Share

TYPE OF ENROLLMENT	STANDARD OPTION	TYPE OF ENROLLMENT	BASIC OPTION
Self Only (104)	\$229.64	Self Only (111)	\$154.32
Self + One (106)	\$521.67	Self + One (113)	\$356.72
Self & Family (105)	\$550.84	Self & Family (112)	\$376.12

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.

 **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 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.