



2012

Who Knew? *Better with BLUE.*

Service Benefit Plan Comparison

Basic Option

Standard Option



www.fepblue.org

Put the power of BLUE to work for you.

No Referrals Required		Standard Option	
Covered Services		When You Use Preferred Providers, You Pay:	
<p>For a Healthier You</p> <p>NEW New for 2012—MyBlue Wellness Card Earn up to \$50 health care debit card when completing the Blue Health Assessment and other online coaching sessions. Diabetic members can earn up to \$75 additional incentive for competing diabetic-specific activities.</p>	Adult Routine Physicals, Well Child Care, Health Screenings & Immunizations	Free You pay nothing for covered services	
	<p>Prescription Drugs</p> <p>Tier 1 - generic Tier 2 - preferred brand name Tier 3 - non-preferred brand name Tier 4 - specialty drugs</p>	<p>All prescriptions covered up to a 90-day supply Nothing for first 4 prescription fills/refills when you switch from certain brand name drugs to specific generic drugs</p> <p>Retail Pharmacy 20% coinsurance generic 30% coinsurance preferred brand name/specialty drugs 45% coinsurance non-preferred brand name</p> <p>Mail Service \$15 copayment generic \$70 copayment preferred brand name \$95 copayment non-preferred brand name</p> <p>Specialty Pharmacy Program Only \$80 copayment specialty drugs</p>	
	Dental Care included in medical plan	Limited coverage for exams, cleanings (2 per year), fillings, X-rays, extractions (You pay balance)	
<p>If You Are Injured, Sick, or Need Treatment</p>	Maternity	You pay nothing	
	<p>Emergency Services</p> <p>Accidental Injury</p>	100% coverage for Accidental Injury for services within 72 hours; regular benefits thereafter	
	Medical Emergency	Regular benefits for physician and hospital	
	Chiropractic/Osteopathic Care	\$20 for initial X-rays and manipulative treatment, 12 visits/year	
	Office Visits	\$20 primary care provider; \$30 specialist (see below for medical procedures, diagnostic tests, and X-rays provided during office visit)	
	Mental Health & Substance Abuse Treatment	\$20 per visit	
	Inpatient Hospital	\$250 per admission (precertification is required)	
	Medical Procedures, Diagnostic Tests & X-rays when Billed by Physician	\$350 calendar year deductible per person; \$700 max per family	15% co-insurance
Outpatient Facilities Services, Diagnostic Tests & X-rays	No additional deductibles (for other services)	15% co-insurance	
<p>Protection Against Overall Costs</p>	Catastrophic Protection Benefit	100% coverage begins after you incur \$5,000 out-of-pocket for covered services in a calendar year (excludes calendar year deductible)	

This is a summary of the features of the 2012 Blue Cross Blue Shield Service Benefit Plan when you use Preferred Providers. 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.

Standard Option allows you to use both Preferred and Non-Preferred Providers. However, your out-of-pocket expenses are significantly more if you use Non-Preferred Providers.

For Basic Option, benefits are only available when you use providers that are in our Preferred Provider network.

Basic Option
Preferred Providers Only, You Pay:
Free You pay nothing for covered services
All prescription drugs covered up to a 34-day supply ~ No Mail Service ~ Retail Pharmacy Only \$10 copayment generic \$40 copayment preferred brand name 50% coinsurance non-preferred brand name (\$50 minimum) \$50 copayment Specialty Drugs (34-day supply) \$150 copayment Specialty Drugs (90-day supply) Specialty Pharmacy Program Only \$40 copayment specialty drugs (34-day supply) \$120 copayment specialty drugs (90-day supply)
\$25 per visit for periodic exams, cleaning & bitewings (2 per year); sealants up to age 16 (once per molar)
\$150 hospital copayment You pay nothing for physician and outpatient services
\$125 Emergency Room; \$50 Urgent Care Same as for Accidental Injury
\$25 for initial X-rays and manipulative treatment; 20 visits/year
\$25 primary care provider; \$35 specialist
\$25 per office visit
\$150 per day, up to \$750 per admission (precertification is required)
\$25 primary care; \$35 specialist; \$150 surgery \$0 lab tests, pathology services, EKGs \$25 for X-rays, EEGs \$75 genetic testing, high tech imaging, sleep studies, bone density 30% for agents, drugs, and supplies
\$75 per day per facility \$0 lab tests, pathology services, EKGs \$25 for X-rays, EEGs \$75 genetic testing, high tech imaging, sleep studies, bone density 30% for agents, drugs and supplies
100% coverage begins after you incur \$5,000 out-of-pocket for covered services in a calendar year (excluding non-preferred brand drugs)

A lot of information at your fingertips!

Blue Health Assessment (BHA)—Now is the time to complete your BHA—for good health and MyBlue Wellness Incentive

Blue Health Connection

Registering is as easy as 1-2-3! Visit www.fepblue.org

- **WalkingWorks**—Start walking your way to better health!
- **MyBlue Personal Health Record**—retrieve and save automatically updated health related records.
- **MyBlue Benefit Statement**—Quarterly summary of covered benefits, total out of pocket costs, and finalized pharmacy and medical claims.
- **Healthy Families**—Suite of programs for families with children and teens age 2 to 18.
- **Want to Quit Smoking?** Complete the initial consultation of Breathe coaching session and you will earn additional smoking cessation benefits.
- **Audio Health Library**—1000 health related articles.
- **24-Hour Nurse Line**—Not feeling well in the middle of the night or at work? Need health advice? Call **1-888-258-3432** anytime and speak to a registered nurse. Our nurses will help you:
 - assess your symptoms and concerns
 - make informed decisions
 - start feeling better with self-care instructions

Member Self-Service 24/7

Visit www.fepblue.org to:

- Locate Preferred Providers (including driving directions)
- Request a new ID card
- Change your mailing address
- Obtain claims and benefits information


2012 Rates & Options

Standard Option Rates ¹		Non-Postal Premium		Postal Premium	
2012	Code	Biweekly Your Share	Monthly Your Share	Biweekly Your Share	
				Category 1	Category 2
Self Only	104	\$85.58	\$185.42	\$64.95	\$62.37
Self & Family	105	\$198.48	\$430.04	\$152.44	\$146.68

Basic Option Rates ¹		Non-Postal Premium		Postal Premium	
2012	Code	Biweekly Your Share	Monthly Your Share	Biweekly Your Share	
				Category 1	Category 2
Self Only	111	\$56.25	\$121.88	\$37.13	\$34.88
Self & Family	112	\$131.73	\$285.42	\$86.95	\$81.68

1. These rates do not apply to all enrolled. If you are in a special enrollment category, please refer to your special FEHBP Guide or contact the agency which maintains your health benefits enrollment.

Standard Option



BlueCross BlueShield
Government-Wide Service Benefit Plan


Federal Employee Program

Member Name: **I M Sample**
Member ID: **R99999999**


Enrollment Code: **104**
Effective Date: **01/01/2011**

RxIIN: **610239**
RxPCN: **FEPRX**
RxGrp: **65006500**

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*Local Massachusetts Dedicated Member Service Center
Call us at 1-800-433-7766*



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