



More
Federal Employees
Choose Blue.

Blue is...

Coverage.
Security.
Choice.

Service Benefit Plan
Comparison
Standard Option
Basic Option

www.fepblue.org



BlueCross
BlueShield
Federal Employee Program

What’s More Valuable Than Your Health? Choose The Value of BLUE!

Your Choice of Options				
No Referrals Required		Standard Option		Basic Option
Covered Services		When You Use Preferred Providers, You Pay:		Preferred Providers Only, You Pay:
Support Your Healthy Choices	Adult Routine Physicals, Health Screenings, & Immunizations	\$20 primary care provider; \$30 specialist New for 2010—Complete the BHA—No copay for annual physical		\$25 primary care provider; \$35 specialist New for 2010—Complete the BHA—No copay for annual physical
	Well Child Care—physicals, health screenings, & immunizations (up to age 22)	You pay nothing		You pay nothing
	Prescription Drugs—Retail Preferred Pharmacies	You pay 20% co-insurance for generic You pay 30% co-insurance for brand name		\$10 generic, \$35 formulary brand name, 50% non-formulary brand name (\$45 minimum)
	Prescription Drugs—Mail Service Pharmacy	\$10 generic (waived for the first four generic prescriptions filled per calendar year) \$65 brand name (for the first 30 brand name prescriptions filled or refilled per calendar year, \$50 per brand name thereafter)		Mail Service Pharmacy not available
	Dental Care included in medical plan	Limited coverage for exams, cleanings (2 per year), fillings, X-rays, extractions (You pay balance)		\$20 per visit for periodic exams, cleaning & bitewings (2 per year); sealants up to age 16 (once per molar)
Special Benefits	Maternity	You pay nothing		\$150 hospital copayment You pay nothing for physician and outpatient services
	Accidental Injury	You pay nothing for accidental injury treatment within 72 hours of accident; receive treatment anywhere		\$75 Emergency room
	Chiropractic Care	\$20 for initial X-rays and spinal manipulations, 12 visits/year		\$25 for initial X-rays and spinal manipulations; 20 visits/year
If You Are Injured, Sick, or Need Treatment	Office Visits	\$20 primary care provider; \$30 specialist (see below for medical procedures, diagnostic tests, and X-rays provided during office visit)		\$25 primary care provider; \$35 specialist
	Mental Health & Substance Abuse Treatment	\$20 primary care provider; \$30 specialist (prior approval required)		\$25 primary care provider; \$35 specialist (prior approval required)
	Inpatient Hospital	\$200 per admission		\$150 per day, up to \$750 per admission
	Medical Procedures, Diagnostic Tests & X-rays when Billed by Physician	\$300 calendar year deductible per person; \$600 max per family No additional deductibles (for other services)	15% co-insurance	\$25 primary care provider; \$35 specialist; \$100 surgery (You pay nothing for diagnostic tests & X-rays)
	Outpatient Facilities Services, Diagnostic Tests & X-rays		15% co-insurance	\$75 per day per facility (You pay nothing for diagnostic tests & X-rays)
	Acupuncture (licensed)		35% co-insurance	Not available
Protection Against Overall Costs	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)		100% coverage begins after you incur \$5,000 out-of-pocket for covered services in a calendar year (excluding non-formulary drugs)

This is a summary of the features of the 2010 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 Note: 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.

Basic Option Note: Benefits are only available when you use providers that are in our Preferred Provider network.

And there’s more . . .

WalkingWorks®

Visit www.fepblue.org to start walking your way to better health with:

- Pedometer - offered at no charge
- Tracking tools

Blue Health Assessment (BHA)

Visit www.fepblue.org to take your online health assessment.

- Complete 15–20 minute questionnaire
- Tools to track and monitor your progress

Healthy Kids; Jump 4 Health

- A new program to help kids establish healthy habits and maintain a healthy weight
- Jump 4 Health Toolkit

Introducing Blue 365®

An online destination that gives you access to Savings & Discounts on a variety of products and services.

Blue Health Connection 24-Hour Nurse Line

Not feeling well in the middle of the night or at work? Need health advice? Call our **Blue Health Connection** 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

Call 1-888-258-3432, anytime.

For emergencies, always call 911 or your health care provider.

Internet Self-Service 24/7

Visit the Federal Employee Program website to:

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

Visit www.fepblue.org


2010 Rates & Options


Standard Option Rates*		Non-Postal Premium		Postal Premium
2010	Code	Biweekly Your Share	Monthly Your Share	Biweekly Your Share
Self Only	104	\$80.81	\$175.08	\$57.53
Self & Family	105	\$185.06	\$400.97	\$132.83

Basic Option Rates*		Non-Postal Premium		Postal Premium
2010	Code	Biweekly Your Share	Monthly Your Share	Biweekly Your Share
Self Only	111	\$46.50	\$100.76	\$26.97
Self & Family	112	\$108.91	\$235.98	\$63.17

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

Standard Option


BlueCross BlueShield
 Government-Wide Service Benefit Plan


PPO

Federal Employee Program


Member Name
IM Sample


Member ID
R30048850

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Enrollment Code **105** RxBIN **61415**
 Effective Date **01/01/2006** RxPCN **ABC1234567**
 RxGrp **65006500**

Basic Option


BlueCross BlueShield
 Government-Wide Service Benefit Plan


Basic

Federal Employee Program

Member Name
IM Sample

Member ID
R30048852

www.fepblue.org

Enrollment Code **112** RxBIN **610415**
 Effective Date **01/01/2006** RxPCN **ABC1234567**
 RxGrp **65006500**

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

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