BlueCross BlueShield
Federal Employee Program

2022 BENEFITS AT A GLANCE

Let's compare plans:

S Standard Option

B Basic Option

F FEP Blue Focus

	S	B	F
In-Network Care	✓	✓	✓
Out-of-Network Care	✓	✗	✗
Preferred Drug Coverage	✓	✓	✓
Non-preferred Drug Coverage	✓	✓	✗
Access to Mail Service Pharmacy	✓	✗*	✗
Medicare Part B Reimbursement — $800	✗	✓	✗

*Available if you have Medicare Part B primary.

For more detailed benefit and cost information, visit fepblue.org.

What you'll pay for common services at Preferred providers

Benefit	Standard Option	Basic Option
Primary care doctor	$25 copay	$30 copay[1]
Specialists	$35 copay	$40 copay[1]
Virtual doctor visits through Teladoc®	$0 first 2 visits $10 all additional visits	$0 first 2 visits $15 all additional visit
Urgent care centers	$30 copay	$35 copay
Maternity	$0 copay	$175 inpatient $0 outpatient
Inpatient hospital	$350 copay	$175 per day; up to $8 admission
Outpatient hospital	15% of our allowance*	$100 per day per facil
Surgery	15% of our allowance*	$150 in an office[1] $200 in a non-office s
ER *(accidental injury)*	$0 within 72 hours	$175 per day per facilit
ER *(medical emergency)*	15% of our allowance*	$175 per day per facilit
Lab work *(such as blood tests)*	15% of our allowance*	$0 copay[1]
Diagnostic services *(such as sleep studies, X-rays, CT scans)*	15% of our allowance*	Up to $100 in an offic Up to $150 in a hospit
Chiropractic care	$25 for up to 12 visits a year	$30 for up to 20 visits

If you have Medicare prim

[1]You pay 30% of our allo

[1]Deductible applies. In addition, you pay 30% of our allo

Pharmacy benefits

What you pay for up to a 30-day supply

	Standard Option	Basic Option	
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	**Tier 1:** **$10** copay **Tier 2:** **$55** copay **Tier 3:** **60%** of our allowance ($75 minimum) **Tier 4:** **$85** copay **Tier 5:** **$110** copay	**Tier 1:** **Tier 2:**
Mail Service Pharmacy	**Tier 1:** **$15** copay **Tier 2:** **$90** copay **Tier 3:** **$125** copay	Available to members with Medicare Part B primary only *Visit **fepblue.org** for more information*	No be
Specialty Pharmacy	**Tier 4:** **$65** copay **Tier 5:** **$85** copay	**Tier 4:** **$85** copay **Tier 5:** **$110** copay	**Tier 2:**

*Note: 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 **fep***

Different cost share amounts may apply if you have Medicare primary coverage.

Deductibles, out-of-pocket maximums and premiums

	Standard Option	Basic Option	
Deductible	**$350** for Self Only **$700** for Self + One and Self & Family	**No deductible**	**$500 f** **$1,000**
Out-of-Pocket Maximum	**$6,000** for Self Only **$12,000** for Self + One and Self & Family	**$6,500** for Self Only **$13,000** for Self + One and Self & Family	**$8,50(** **$17,00**

	Standard Option			Basic Option			
	Self Only (104)	Self + One (106)	Self & Family (105)	Self Only (111)	Self + One (113)	Self & Family (112)	Self (13
Bi-weekly Premium	$127.47	$289.61	$314.11	$80.18	$196.13	$212.29	$53
Monthly Premium	$276.19	$627.49	$680.57	$173.73	$424.95	$459.96	$11!

314.11
- 289.61
24.50

range for self - $24.50 - $127.47

Average - $75.98

These rates don't apply to all enrollees. If you are in a specific enrollment category, please contact the agency or Tribal employer that maintains your health benefits enrollment.