

SEE HOW WE CAN BE THERE FOR YOU.



WE GIVE YOU THE COVERAGE YOU NEED. SO YOU CAN TAKE CARE OF WHAT'S IMPORTANT TO YOU.



This has been an unprecedented year for all of us. But through it all, federal employees have done all that they can to make sure we get through this together. For that, we want to say **thank you**.

After 60 years of participating in the Federal Employees Health Benefits (FEHB) Program, we want to assure you that we remain committed as ever to our members going into 2021.

We're working to make your healthcare experience as easy as possible so you can focus on your family's well-being. Now more than ever, your coverage shouldn't be something you have to worry about.

In our 60th year, we have not wavered in our commitment to federal employees, retirees and their families. That's why we're the number one choice in the FEHB and **over 99%** of our members choose to stay with us year after year.

We have plans designed to fit every need and budget.



**Standard
Option**



**Basic
Option**



**FEP Blue
Focus**

We'll use these icons for each of our Plans throughout this booklet.

With each of our plans, you'll receive:



Free preventive
care from
Preferred providers



Worldwide
coverage



Referral-free care
from specialists



Wellness rewards
and discounts

You can choose to cover:



**Yourself with
Self Only**



**You and one other eligible
family member with Self + 1**



**You and multiple
eligible family members
with Self & Family**

Understanding key items in this booklet

We know health insurance can be confusing at times, so we want to help you along the way. We're going to define some terms for you up front before you begin reading through this book.

What do we mean when we say "of our allowance"?

"Of our allowance" is our way of saying coinsurance. **Coinsurance** is a percentage of our payment to a provider for a service. So when we say, "15% of our allowance," it means you'll pay 15% of our negotiated rate with your provider.

If you pay a coinsurance, you usually have to meet a deductible first. The **deductible** is an annual amount you have to pay for services before we'll pay our portion.

What is the negotiated rate you pay my provider?

The **negotiated rate** we pay your provider varies by service and provider. If you want to know the estimated cost for a specific service and provider, call the customer service number on your member ID card or look it up at fepblue.org/contact.

What do we mean when we say "copayment" or "copay"?

A **copayment**, or "copay," is a set amount you pay your provider for a service. So when we say, "\$30 copay," you pay \$30 regardless of what we pay the provider.

What do we mean when we say "Preferred"?

We are a **Preferred Provider Organization or PPO**. That means we have a network of providers who accept our negotiated rate (allowance) as payment in full for their services. We call these our Preferred providers, facilities and/or pharmacies. You usually pay less if you go to one of these providers.

S **Standard Option members** can visit Preferred and Non-preferred providers. You'll pay a greater percentage of our allowance if you go to a Non-preferred provider (e.g., instead of 15% of our allowance, you pay 30% of the allowance. For Non-preferred providers, you may also need to pay the difference between what we pay and what the provider charges).

B **Basic Option and FEP Blue Focus members** can only use Preferred providers. If you go to a Non-preferred provider, you'll pay the full cost of your care. We do have a few exceptions (e.g., if you go to a Non-preferred ER in an emergency, we provide coverage).

We'll define other key terms as they come up throughout this booklet. You can also watch our Health Insurance 101 video at youtube.com/fepblue.

Let's compare

	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.

What you'll pay in premiums

Standard Option			
	Self Only (104)	Self + One (106)	Self & Family (105)
Non-Postal Premium (Bi-weekly)	\$123.45	\$280.81	\$300.12
Non-Postal Premium (Monthly)	\$267.48	\$608.43	\$650.26
Postal Premium (Bi-weekly Category 1)	\$120.09	\$273.62	\$292.31
Postal Premium (Bi-weekly Category 2)	\$110.03	\$252.06	\$268.89

Basic Option			
	Self Only (111)	Self + One (113)	Self & Family (112)
Non-Postal Premium (Bi-weekly)	\$78.60	\$189.17	\$201.27
Non-Postal Premium (Monthly)	\$170.31	\$409.87	\$436.08
Postal Premium (Bi-weekly Category 1)	\$75.46	\$181.98	\$193.46
Postal Premium (Bi-weekly Category 2)	\$65.24	\$160.42	\$170.04

FEP Blue Focus			
	Self Only (131)	Self + One (133)	Self & Family (132)
Non-Postal Premium (Bi-weekly)	\$53.14	\$114.25	\$125.67
Non-Postal Premium (Monthly)	\$115.15	\$247.55	\$272.29
Postal Premium (Bi-weekly Category 1)	\$51.02	\$109.68	\$120.65
Postal Premium (Bi-weekly Category 2)	\$44.11	\$94.83	\$104.31

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.

What you'll pay for common services at Preferred providers

Benefit	Standard Option	Basic Option	FEP Blue Focus
Primary care doctor	\$25 copay	\$30 copay ¹	\$10 per visit for your first 10 primary and/or specialty care visits ¹
Specialists	\$35 copay	\$40 copay ¹	
Virtual doctor visits by Teladoc®	\$0 first 2 visits \$10 all additional visits	\$0 first 2 visits \$15 all additional visits	\$0 first 2 visits \$10 all additional visits
Urgent care centers	\$30 copay	\$35 copay	\$25 copay
Maternity	\$0 copay	\$175 inpatient \$0 outpatient	\$0 for doctor's visits \$1,500 for facility care
Inpatient hospital	\$350 copay	\$175 per day; up to \$875 per admission	30% of our allowance*
Outpatient hospital	15% of our allowance*	\$100 per day per facility ¹	30% of our allowance [†]
Surgery	15% of our allowance*	\$150 in an office ¹ \$200 in a non-office setting ¹	30% of our allowance [†]
ER (accidental injury)	\$0 within 72 hours	\$175 per day per facility	\$0 within 72 hours
ER (medical emergency)	15% of our allowance*	\$175 per day per facility	30% of our allowance*
Lab work (such as blood tests)	15% of our allowance*	\$0 copay ¹	\$0 for first 10 specific lab tests**
Diagnostic services (such as sleep studies, X-rays, CT scans)	15% of our allowance*	Up to \$100 in an office ¹ Up to \$150 in a hospital ¹	30% of our allowance [†]
Chiropractic care	\$25 for up to 12 visits a year	\$30 for up to 20 visits a year	\$25 for up to 10 visits a year ²
Deductible	\$350 for Self Only \$700 for Self + One and Self & Family	No deductible	\$500 for Self Only \$1,000 for Self + One and Self & Family
Out-of-Pocket maximum (Preferred providers)	\$5,000 for Self Only \$10,000 for Self + One and Self & Family	\$5,500 for Self Only \$11,000 for Self + One and Self & Family	\$7,500 for Self Only \$15,000 for Self + One and Self & Family

If you have Medicare primary or receive care overseas, different cost share amounts may apply.

*Deductible applies.

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

[†]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.

²Up to 10 visits combined for chiropractic care and acupuncture.

What's new in 2021

Changes to all of our Plans S B F



We cover online or phone telemedicine visits you receive from your primary care providers or specialists who are outside of the contracted Teladoc network. You pay your standard primary care and specialist copays for most non-Teladoc telemedicine visits.



We're providing preventive care benefits for:

- Bowel preparation medications associated with colon cancer screenings (limited to your first prescription fill)
- Certain HIV medications (known as antiretroviral therapy) for members at risk for HIV



All chest X-rays will now be covered under your regular medical benefits. Previously, we covered one per calendar year for adults as part of your preventive benefits.






The Hypertension Management Program will be limited to the contract holder and spouse on your contract, 18 and older. If you are a Standard or Basic Option member, you must complete the Blue Health Assessment (BHA) to receive a free blood pressure monitor.





We made changes to our approved drug lists (formularies). You can download the updated drug lists at fepblue.org/whatsnew.

Changes to Standard and Basic Option S B

-  We increased the out-of-pocket cost for Tier 4 and 5 specialty drugs. See your prescription drug copays on **page 13 and 14**.
-  We increased the Basic Option copay for emergency room care to \$175. Previously, it was \$125.
-  We provide benefits for hearing aids up to \$2,500 every five years. Previously, we provided benefits every three years.

Changes to FEP Blue Focus F

-  We will provide benefits for continuous home hospice care at no out-of-pocket cost to you. Previously, you paid 30% of our allowance.
-  We increased the out-of-pocket (catastrophic) maximum to \$7,500 for Self Only and to \$15,000 for Self + One and Self & Family contracts. Previously, it was \$6,500 for Self Only and \$13,000 for Self + One and Self & Family.

This is not a full list of benefit changes. To see a full list, download a copy of the Standard Option and Basic Option and/or the FEP Blue Focus brochures at fepblue.org/brochure.



Using your benefits

Know what's covered

Your official statement of benefits are the Blue Cross and Blue Shield Service Benefit Plan brochures. There is one brochure for Standard and Basic Option (RI 71-005), and another one for FEP Blue Focus (RI 71-017). You can download both brochures at fepblue.org/brochure.

In addition to the PDF brochure, we have interactive, searchable versions of each brochure. You can access them on the same page as the PDF brochures.

What isn't covered

Your benefits provide coverage for **medically necessary** services. That means they're necessary to prevent or treat different conditions.

We do not cover non-medically necessary services. You can see a full list of non-covered services in Section 6 of the brochures.

Choose your providers

As the number one health insurance choice for federal employees, our Preferred network has you covered wherever you go. Nationwide, our network has over:



**96% of
hospitals**



**95% of
doctors**



**60,000 retail
pharmacies**

Members of all three of our plans have access to the same network of Preferred providers.

You can find a Preferred provider three different ways:



Online at
provider.fepblue.org.



Via the **fepblue** app.
Learn more on **page 15**.



By calling the customer
service number on your
member ID card.

You can also view all of the national customer service numbers at fepblue.org/contact.



New for 2021

You can now receive covered telemedicine services offered by doctors in our network. If you visit a non-Teladoc provider over the phone or by video, you will pay your regular cost share based on the service you're receiving.

Get care on your schedule

With telehealth services provided by Teladoc®, you can meet with a doctor 24/7 to get care for minor conditions by phone, video chat or Teladoc app. The typical wait time is just 10 minutes.



U.S.-based members who travel overseas can also receive Teladoc general medical services while they travel via the Teladoc app.

Your Teladoc benefit in the U.S. also offers appointment-based access to:



Mental (Behavioral) health and substance use disorder consults



Dermatology services



Nutritional counseling

Learn more about Teladoc at fepblue.org/telehealth or call 1-855-636-1579.

Your claims

When you visit Preferred providers in the U.S., you don't need to submit a claim for your service. Your provider will submit it on your behalf.

If you visit a non-Preferred provider, you'll need to submit a claim. To submit:

- Download the correct claim form at fepblue.org/forms or call the customer service number on your member ID card to have one mailed to you.
- Follow the instructions on the form and provide any necessary supporting documents.
- Mail the claim to the address included on the form.

Keeping your information private

We're committed to keeping your information secure. You can download a copy of our current privacy notice at fepblue.org/privacy.

Getting your care approved

In some situations, such as inpatient hospital stays, you need to get your care approved before you receive services. We review to ensure the services are medically necessary. This is called **precertification** or **prior approval**. You can see a full list of services that need to be approved in Section 3 of the Service Benefit Plan brochures. Learn more at fepblue.org/prior-approval.



Things to know about prior approval and precertification:

- In most cases, your treating doctor or facility will submit approval requests for you.
- You should always ask your doctor to confirm they've submitted the request.
- If you're receiving multiple treatments at once (i.e. **concurrent care**), we'll review all the services as well as the amount of time you need for your care.
- If you need assistance submitting an approval request, you can call the precertification or customer service number on your member ID card.
- If we deny the service, you can ask us in writing to review the decision. We outline this process in sections 3 and 8 of the brochures.

Using your benefits outside of the U.S.

Through our partnership with GMMI, you can use your Service Benefit Plan coverage when you live or travel overseas. Learn more about overseas benefits at fepblue.org/overseas or call **1-804-673-1678**.

Stay up to date with your coverage

Keeping up to date with your coverage is easy. We encourage you to:



Download the
fepblue app.



Visit fepblue.org
regularly.



Sign up for BlueNews
emails at
fepblue.org/news.



Follow us on social
media [@fepblue](https://twitter.com/fepblue).



Sign up for a
MyBlue account.



Pharmacy benefits

We organize our covered drugs into **tiers**. The amount you pay for your drug depends on its tier. In general, the lower the drug tier, the more cost effective the drug.

This list of covered drugs is called a **formulary**. The formulary will also list any FDA-approved drugs our plans don't cover. If you purchase a non-covered drug, you pay the full cost of the medicine.

Each of our plans—Standard Option, Basic Option and FEP Blue Focus—have unique formularies. We encourage you to check the formulary to make sure your drug is covered. You can access the formularies on our website at fepblue.org/formulary or by calling **1-800-624-5060**.

Standard and Basic Option drug tiers S B

Standard and Basic Option have five drug tiers.

Standard & Basic Option		
Tier	Drug Type	Characteristics
Tier 1	Generics	<ul style="list-style-type: none">• Most affordable drug type• Equal to brand name counterparts in quality, performance and intended use
Tier 2	Preferred brand name	<ul style="list-style-type: none">• Brand name drugs that are as safe and effective as Non-preferred brand name drugs• Cheaper than Non-preferred brand name drugs but more expensive than generics
Tier 3	Non-preferred brand name	<ul style="list-style-type: none">• Safe and effective• Have a high cost because there's a generic or Preferred brand name alternative available
Tier 4	Preferred specialty	<ul style="list-style-type: none">• Drugs used to treat complex health conditions (e.g., cancer treatment drugs)• These drugs usually have special shipping, storage or use instructions• You pay less for these drugs than for Non-preferred specialty drugs
Tier 5	Non-preferred specialty	<ul style="list-style-type: none">• You'll pay more for these specialty drugs because there is a Preferred specialty available

FEP Blue Focus drug tiers F

FEP Blue Focus only has two drug tiers.

FEP Blue Focus		
Tier	Drug Type	Characteristics
Tier 1	Preferred generics	<ul style="list-style-type: none">• Most affordable drug type• Equal to brand name counterparts in quality, performance and intended use
Tier 2	Preferred brand name, Preferred generic specialty and Preferred brand name specialty	<ul style="list-style-type: none">• Preferred brand: Brand name drugs that are safe and effective• Specialty: Drugs used to treat complex health conditions (e.g., cancer treatment drugs)



Prescription Drug Cost Tool

Check drug costs 24/7 using our Prescription Drug Cost Tool. You can see if your drug is covered under your selected plan and compare the cost of covered drugs for all three plans. Use it today at fepblue.org/rx.

Drug safety

Your safety is our number one priority. We have measures in place to ensure your drugs are used and prescribed properly.

- For certain drugs, we will only cover up to a specific amount. This is known as a **quantity limit**.
- We need to review and approve some drugs before you can buy them. We review to make sure your use of the drug is appropriate for your condition. This is called **prior approval**.

We indicate all drugs that have a quantity limit or require prior approval in our formularies.

Pharmacy programs

Retail Pharmacy Program

All members—Standard Option, Basic Option and FEP Blue Focus—have access to over 60,000 Preferred (or in-network) retail pharmacies through the Retail Pharmacy Program.

Basic Option and FEP Blue Focus members must use Preferred pharmacies, otherwise you'll pay the full cost of the drug. Standard Option members have the option of visiting pharmacies outside the network.

All cost shares in this section are for a 30-day supply. Members may pay more for larger supply quantities.

Standard and Basic Option Retail Pharmacy Cost Shares S B

Tier	Standard Option	Basic Option
Tier 1	\$7.50 copay	\$10 copay
Tier 2	30% of our allowance	\$55 copay
Tier 3	50% of our allowance	60% of our allowance (\$75 min.)
Tier 4	30% of our allowance	\$65 copay
Tier 5	30% of our allowance	\$90 copay

FEP Blue Focus Retail Pharmacy Cost Shares F

Tier	FEP Blue Focus
Tier 1	\$5 copay
Tier 2	40% of our allowance (\$350 max.)



Mail Service Pharmacy Program

The Mail Service Pharmacy Program is available to all Standard Option members. It's also available to Basic Option members with Medicare Part B primary. It's not available to FEP Blue Focus members.

This program allows you to get up to a 90-day supply of your medicine sent directly to your home. It's good for people who take long-term maintenance drugs.

Standard and Basic Option Mail Service Pharmacy Cost Shares S B

Tier	Standard Option	Basic Option
Tier 1	\$15 copay	Available to members with Medicare Part B primary only. Visit fepblue.org/pharmacy for more information.
Tier 2	\$90 copay	
Tier 3	\$125 copay	

Specialty Pharmacy Program

The Specialty Pharmacy is available to members of all three of our plans.

Specialty drugs are for people who have complex health conditions, such as cancer. The Specialty Pharmacy Program lets you receive these medicines at a reasonable cost. You can also receive support from an on-call pharmacist as needed.

Standard and Basic Option Specialty Pharmacy Cost Shares S B

Tier	Standard Option	Basic Option
Tier 4	\$65 copay	\$85 copay
Tier 5	\$85 copay	\$110 copay

FEP Blue Focus Specialty Pharmacy Cost Shares F

Tier	FEP Blue Focus
Tier 2	40% of our allowance (\$350 max.)

Take your benefits on the go

We have tools and resources to help you keep up with your benefits no matter where you are.

Download the *feblue* app

With the *feblue* app, you have access to your benefits in the palm of your hand.



Keep track of
out-of-pocket costs



View claims
information



Find Preferred
providers



Use your digital
member ID card



Access the
24/7 Nurse Line
and Teladoc



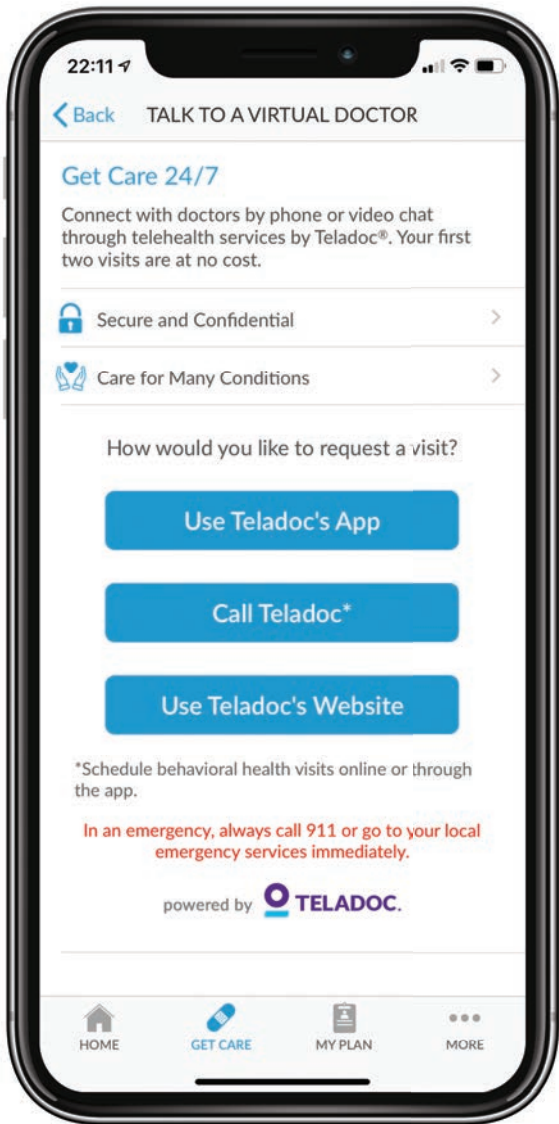
Receive messages
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Message Center



Receive important
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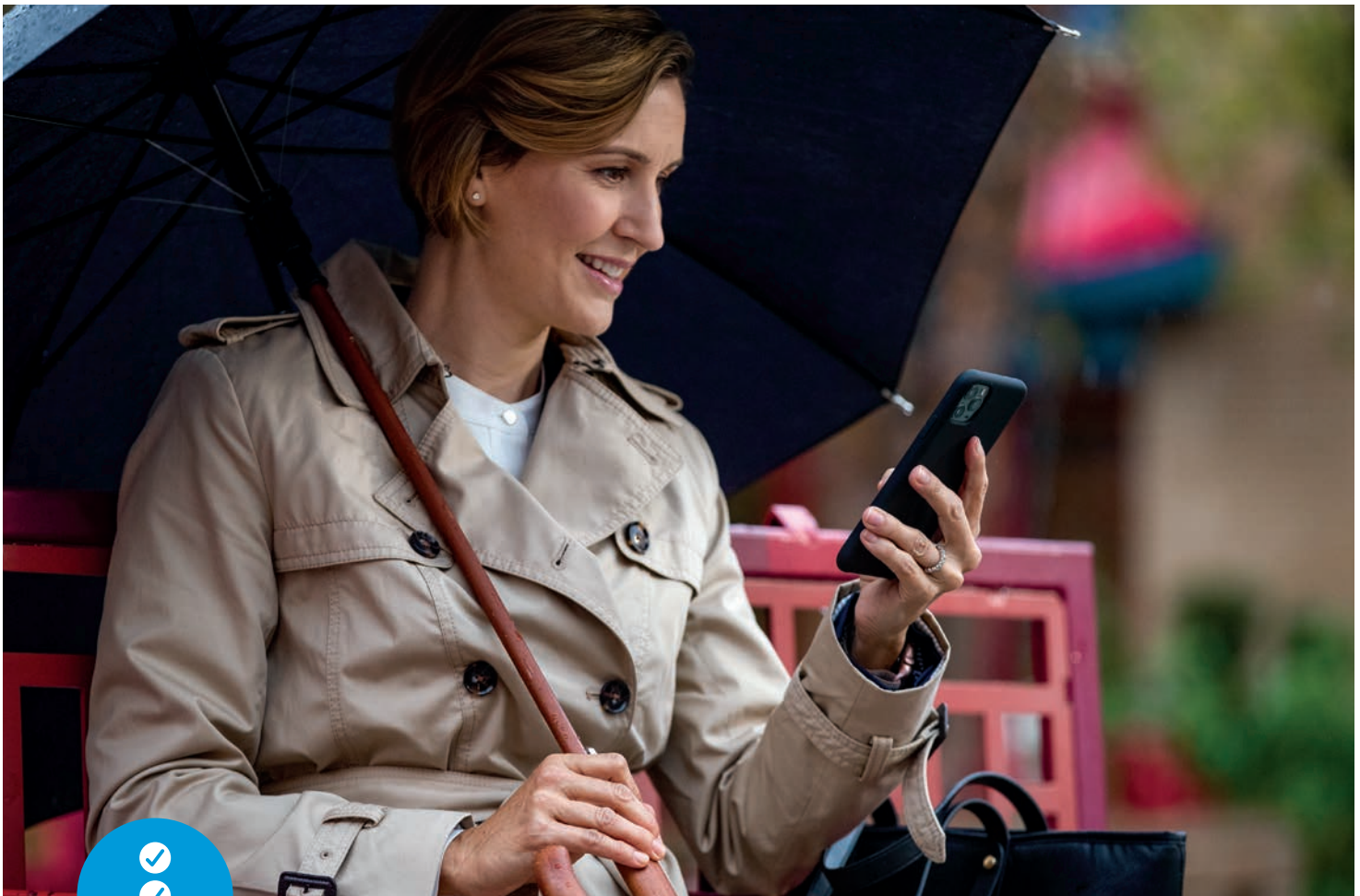


Use our Interactive
Benefits Tool



You must have a MyBlue® account to access most of the app's features. Visit the App Store or Google Play to download the *feblue* app today.





Getting started with MyBlue®

MyBlue is our members-only site that gives you access to your personalized information in a secure application. You'll need a MyBlue account to use most of the **fepblue** app's features or to manage your benefits using a computer.

To register:

- 1 Visit fepblue.org/signup.
- 2 Call **1-800-411-BLUE** (2583) and select the prompt for assistance setting up a MyBlue account. A representative will provide you with a unique PIN number.
- 3 Complete the registration fields on the signup page.
- 4 Log in with your new username and password.

Routine Annual Physical Incentive Program F

It's important that you visit your doctor every year for an annual checkup. That's why we'll reward FEP Blue Focus members who get their annual physical.* To earn the reward:

- 1 Go to a Preferred provider for your annual checkup.
- 2 Your doctor will submit a claim for your visit.
- 3 Once we receive your claim, we'll send you an email or provide you with a message on your Explanation of Benefits (EOB). This message will provide instructions on how to receive your reward.
- 4 Follow the instructions to log in to your MyBlue account and select your reward.

Here are the rewards you can choose from**



Molecular Fitness

Get a personalized diet and exercise plan based on your genetics



Fitness Your Way by Tivity Health

Receive a four month, no cost gym membership



Sun Basket

Get a two-week meal kit delivery service



FitBit

Choose from a variety of Fitbit devices

**You must be the contract holder or spouse, 18 or older, on an FEP Blue Focus plan to earn this reward.*

***The rewards you can choose from vary by location. Some are limited to specific areas of the U.S. and none are available outside of the U.S.*

We encourage you to consider the possible tax implications of your rewards as part of this program, and to consult your tax legal or accounting advisors for additional information.



Wellness Incentive Program



We want to partner with you to help you reach your health and wellness goals. That's why we offer tools and incentives to help you along your journey.

Get a Healthy Action Plan

The Blue Health Assessment is an online questionnaire that gives you a personalized action plan to help you reach your goals. To get started:

- 1 Answer simple questions about your health
- 2 Receive a health score and personalized plan you can discuss with your doctor
- 3 Earn **\$50** the first time you complete the BHA in 2021*

Reaching Your Goals Together

The Online Health Coach (OHC) encourages you to complete manageable activities each day to reach your health goals. You'll earn **\$40** for each goal you complete, up to three, for a total of **\$120**.*

Goals you can complete to earn your reward:

Wellness goals



Reducing stress



Losing weight



Exercising more



Feeling happier



Eating better

Condition goals



Asthma



Heart disease



Heart failure



Hypertension



Chronic obstructive pulmonary disease (COPD)

You must be the contract holder or spouse, 18 or older, on a Standard or Basic Option plan to earn incentive rewards.

More Healthy Incentives

Pregnancy Care Incentive Program

Earn a Pregnancy Care Box and \$75

Pregnant members can earn rewards for early and ongoing prenatal care. Learn more at fepblue.org/maternity.

Breast Pump Kit Benefit

Members who are pregnant or nursing can receive a free manual or electric Ameda breast pump kit each year through the Pharmacy Program. Each kit also includes a supply of milk storage bags. If you choose to buy your own pump, you can still receive the free supply of storage bags. Call **1-800-262-7890**.

Diabetes Management Incentive Program

Earn up to \$100

Earn up to **\$100** for taking steps to keep your A1c levels under control. Learn more at fepblue.org/diabetes.

Diabetes Management Program by Livongo®

Members with diabetes can receive one-on-one support from a diabetes coach, as well as a glucose meter and free test strips through Livongo. Learn more at fepblue.org/diabetes.

Discount Drug Program

The Discount Drug Program gives you up to a **24% discount** on specific prescription drugs not covered by our Plan. To receive the discount, show your member ID card at a participating retail pharmacy. You'll pay the pharmacist the cost of the drug minus the discount. See a list of eligible drugs at fepblue.org/pharmacy.

Medicare Reimbursement Account

Basic Option members enrolled in Medicare Parts A and B can get reimbursed up to **\$800** per year for Medicare Part B premiums. Learn more about Medicare and Blue at fepblue.org/medicare.

Spending your reward dollars

MyBlue Wellness Card

When you participate in our incentive programs offered to Standard and Basic Option members, you'll receive your incentive rewards on your MyBlue Wellness Card. This Card is a debit card that you can use to pay for qualified medical expenses.

You'll receive your Card the first time you complete an eligible activity. As you complete additional activities, such as your Online Health Coach goals, we'll add funds you earn to your existing Card. Make sure you hold on to your Card from year to year because the funds don't expire as long as you stay a member of the Service Benefit Plan.

Did you know?

You can check the balance of your MyBlue Wellness Card at any time on MyBlue or the **fepblue** app.



What is a Qualified Medical Expense?

Qualified medical expenses are items you can buy to help ease or prevent an illness or some other medical event. The Internal Revenue Service (IRS) determines what qualifies as a medical expense. Here are a few:

- Acupuncture
- Dental treatments
- Doctors' office copays
- Lab fees
- Eye exams and eyewear
- Physical exams
- Prescription drugs
- Weight loss programs
- Wheelchairs
- Eligible over-the-counter medications
- Menstrual products

Hold on to your receipts when you purchase an item with your MyBlue Wellness Card. We may ask you to send them to us. For some retailers, we need to verify that the expense is a qualified medical expense.

Wellness Programs



Tobacco Cessation Incentive Program

Earn tobacco cessation drugs

If you're ready to quit, we can help. Learn more at fepblue.org/tobacco.

Hypertension Management Program

Earn a blood pressure monitor

If you have high blood pressure, it's important to know your blood pressure numbers. Get a blood pressure monitor to track your numbers at home. Learn more at fepblue.org/highbloodpressure.

Care Management

Care management can help members with long-term, complex or life-threatening illnesses. There is no additional cost for care management, and you can choose to enroll or leave the program at any time.

Each local Blue Cross and Blue Shield company offers local care management services to members. When you enroll in the program, you'll work with a local healthcare professional who knows your benefits. Your care manager can help you identify resources that can help you manage your condition effectively. Learn more at fepblue.org/caremanagement.

Blue365®

Blue365 is a discount program that's only available to BCBS members. Each month, you'll get access to exclusive health and wellness deals ranging from discounts that support financial health to nutrition. If you sign up to receive emails from Blue365, you'll get the deals sent directly to your inbox each month. Learn more at fepblue.org/blue365.

Health Club Discounts

You can visit over **10,000** health clubs nationwide through our health club discount program. You can access the clubs as often as you want and are not limited to one location. You pay a one-time enrollment fee and a monthly membership fee to use this benefit. Learn more at fepblue.org/healthclub.

24/7 Nurse Line

If you want health advice, you can speak to a nurse for free 24/7 by calling **1-888-258-3432**. You can also chat with a nurse via the [fepblue](#) app or MyBlue.

Helpful tools and resources

Procedure cost estimates

Want to know how much a service is going to cost before you receive it? Using our Provider Finder on our app or website, you can search for certain treatments and get estimates for how much they'll cost. The tool currently lists the average and out-of-pocket cost estimate for some treatments, and we continue to update it to add additional treatments.

Financial Dashboard

See how close you are to meeting your annual deductible or visit limits, as well as what you've paid in claims this year using the Financial Dashboard. You can use the tool by logging in to our app or website.

Personal Health Record

Your Personal Health Record gathers your health data from your claims, BHA and/or your personal entries. It makes it easy for you to keep track of all your medical records via your MyBlue account.

AskBlueSM

Need help deciding which of our three plans is right for you? Use our product selection tool, AskBlue. The tool will ask you a series of questions and then provide a recommendation on which of our three plans best suits your needs. Get started at askblue.fepblue.org.



New for 2021

FEP[®] Healthcare Cost Advisor

The new FEP Healthcare Cost Advisor gives you access to the amount of money you've paid out of pocket for the previous year (you must have been enrolled with the Service Benefit Plan for at least one calendar year). This information can help you to understand your healthcare spending. You can choose to use a self-guided experience or chat with a virtual health advisor. The new tool will be available January 1, 2021.

See what's new for 2021

Staying up to date on the changes and updates to our coverage is the best way to make an informed decision about your healthcare. Visit fepblue.org/whatsnew to see everything that's new for Blue.



National Information Center

The National Information Center is available by phone to answer your benefit questions. Call **1-800-411-BLUE** (2583) from 8 a.m. to 8 p.m. Eastern time, Monday through Friday.



Telehealth Services

Get care 24/7 for minor injuries and illnesses.
Call **1-855-636-1579**.



24/7 Nurse Line

Our experienced nurses are available to answer your health questions.
Call **1-888-258-3432**.

VISIT FEPBLUE.ORG

to see our new look and discover everything
Blue Cross and Blue Shield has to offer.



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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 (FEP Blue Standard and FEP Blue Basic: 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.

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