2023 ABO & ANNUITANT MEETING

Blue Cross and Blue Shield Service Benefit Plan

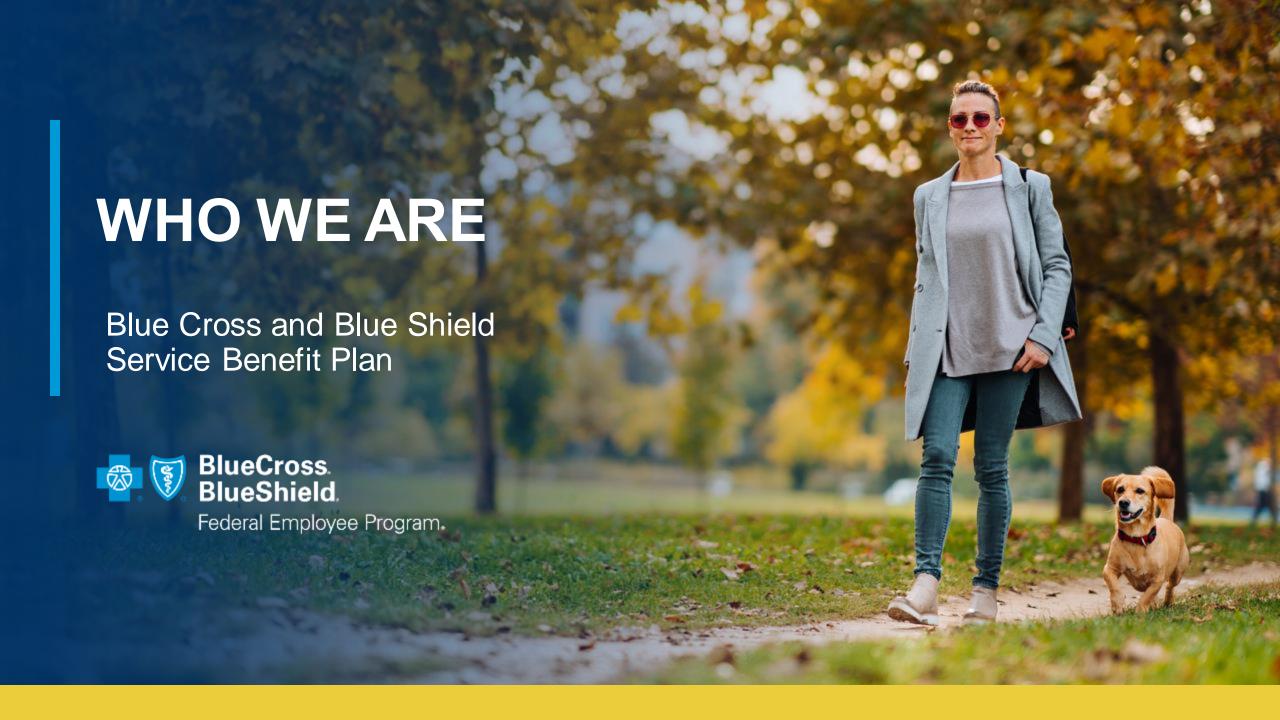


Federal Employee Program.



Agenda

Who We Are
What's New for 2023
Our Coverage
2023 Benefits
Pharmacy Benefits
Wellness Programs
Tools and Resources
Blue Cross Blue Shield FEP Dental
Blue Cross Blue Shield FEP Vision
NARFE
Field Service



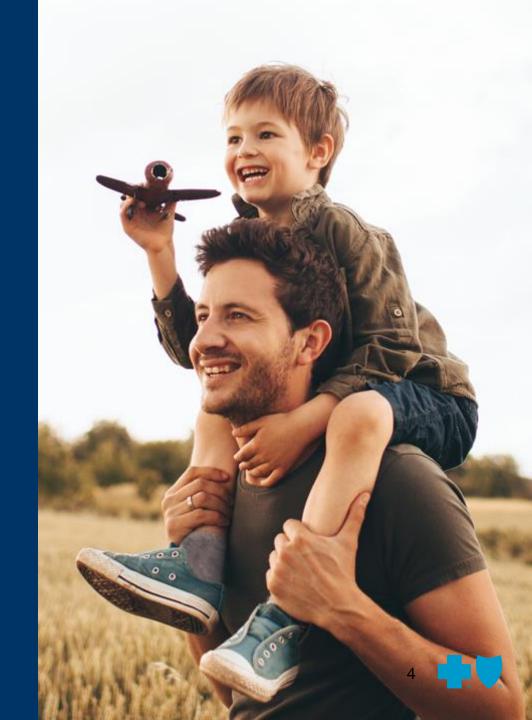
Get to know FEP

For over 60 years, FEP has provided health insurance to the federal workforce.

Today, FEP covers over **5.5** million members, including:

- Federal employees
- USPS
 employees
- Federal Retirees
- **✓** Families across the U.S. and overseas

99% of our members choose to stay with us year after year.



WHAT'S NEW FOR 2023

Blue Cross and Blue Shield Service Benefit Plan



Federal Employee Program.



Health and wellness



FEP Blue Focus members can receive a \$150 MyBlue® Wellness Card when they complete their annual physical. Use the card for qualified medical expenses or at select Blue365® retailers.



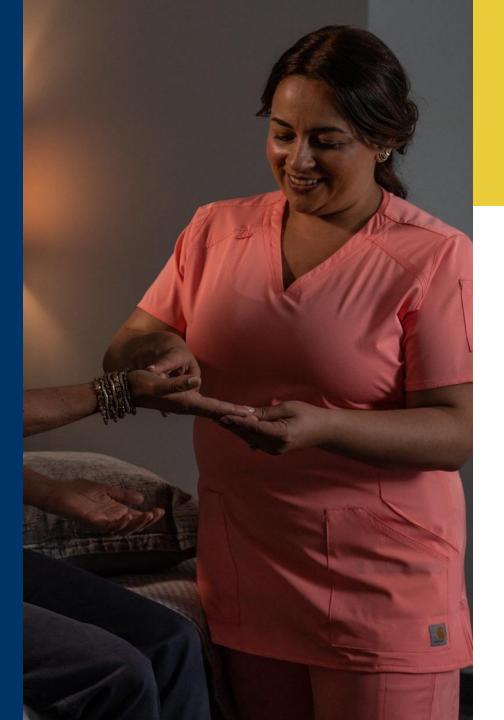
We will now make real-time updates, rather than annual updates, to your preventive care benefits. See the list of covered preventive care services at **fepblue.org/preventivecare**.



Maternity and reproductive care

Members who are pregnant or have recently given birth can receive **up to 8 mental health visits a year and a blood pressure monitor**. All at no out-of-pocket cost.

We will cover **egg or sperm storage for members facing infertility** due to a medical procedure or treatment once per lifetime.



Medical benefits

- Basic Option members can get up to 12 rather than 10 covered acupuncture visits a year.
- We lowered the age we will begin covering weight-loss (bariatric) surgery for members to age 16.
- We removed the limit on covered non-sibling donors for transplant services.
- We increased the Basic Option cost share for diagnostic tests, inpatient visits, outpatient visits and emergency visits.

Pharmacy benefits



We added four new drug classes related to mental health to the Standard Option Generic Incentive Program.



Standard Option members get Preferred insulins for \$35 for a 30-day supply and \$65 for a 90-day supply.



We now cover approved weight-loss drugs to treat obesity through the Pharmacy Program.



We increased the Basic Option tiers 1, 2 and 3 cost share for covered drugs.





Our plans

We have plans designed to fit every need and budget.



B

Basic Option

S

Standard Option

You can choose to cover:



Yourself with Self Only



You and one other eligible family member with Self + One



You and multiple eligible family members with Self & Family



Our network

With a large nationwide network of doctors and hospitals, in-network care is never far away.







Members of all three of our plans have access to the same network of Preferred doctors and hospitals.

With each of our plans, you'll receive:



Free preventive care from Preferred providers



Referral-free care from specialists



Worldwide coverage



Wellness rewards and discounts



FEP Blue Focus

FEP Blue Focus gives you quality in-network coverage designed for your needs and budget, including:





Preferred drug coverage only



A reward for getting your annual physical



Lower premiums



Your first 10 primary care and specialist visits for just \$10 each

Basic Option

Basic Option gives you access to great in-network care. That includes:





Preferred and Non-preferred drug coverage



Medicare Part B reimbursement



No deductible



Out-of-pocket costs that are mostly copays



Standard Option

Standard Option gives you flexible coverage, which includes:





Preferred and Non-preferred drug coverage



Access to the Mail Service Pharmacy



In- and out-of-network care



Standard Option Generic Incentive Program



Let's take a look at your benefits for some commonly used medical services.



2023 Benefit highlights

What you pay at in-network providers

Benefit	FEP Blue Focus	Basic Option	Standard Option
Primary care doctor	\$10 per visit for your first 10 primary and/or specialty care visits ¹	\$30 copay ¹	\$25 copay
Specialists		\$40 copay ¹	\$35 copay
Mental health visits		\$30 copay ¹	\$25 copay
Virtual doctor visits through Teladoc®	\$0 first 2 visits and all nutrition visits \$10 all additional visits	\$0 first 2 visits and all nutrition visits \$15 all additional visits	\$0 first 2 visits and all nutrition visits \$10 all additional visits
Urgent care centers	\$25 copay	\$35 copay	\$30 copay

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

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

2023 Benefit highlights

What you pay at in-network providers

Benefit	FEP Blue Focus	Basic Option	Standard Option
Maternity	\$0 for doctor's visits \$1,500 for facility care	\$250 inpatient \$0 outpatient	\$0 copay
Inpatient hospital	30% of our allowance*	\$250 per day; up to \$1,500 per admission	\$350 copay
Outpatient hospital	30% of our allowance*	\$150 per day per facility ¹	15% of our allowance*
Surgery	30% of our allowance [†]	\$150 per surgeon in an office ¹ \$200 per surgeon in other settings ¹	15% of our allowance*
ER (accidental injury)	\$0 within 72 hours	\$250 per day per facility	\$0 within 72 hours

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

^{*}Deductible applies.

¹You 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.

2023 Benefit highlights

What you pay at in-network providers

Benefit	FEP Blue Focus	Basic Option	Standard Option
ER (medical emergency)	30% of our allowance*	\$250 per day per facility	15% of our allowance*
Lab work (such as blood tests)	\$0 for first 10 specific lab tests**	15% of our allowance ¹	15% of our allowance*
Diagnostic services (such as sleep studies, X-rays and CT scans)	30% of our allowance [†]	Up to \$150 in an office ¹ Up to \$250 in a hospital ¹	15% of our allowance*
Chiropractic care	\$25 for up to 10 visits a year ²	\$30 for up to 20 visits a year	\$25 for up to 12 visits a year
Physical Therapy / Occupational Therapy / Speech Therapy	\$25 copay 25 visits per person, per calendar year for any combination of the three therapies.	\$30 Primary copay\$40 Specialist copay50 visits per person, per calendar year for any combination of the three therapies	\$25 Primary copay \$35 Specialist copay 35% NON-PPO after \$350 CYD 75 visits per person, per calendar year for any combination of the three therapies

 $\textit{If you have Medicare primary or receive care overseas, different cost share amounts \textit{ may apply.}}\\$



^{*}Deductible applies.

^{**}Please see brochure for covered lab services.

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

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

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

Deductibles



FEP Blue Focus

Self Only: \$500

Self + One/Self & Family: \$1,000



Basic Option No Deductible



Standard Option

Self Only: **\$350**

Self + One/Self & Family: \$700

Deductibles only apply to certain services.



Out-of-pocket maximum

In-network providers



FEP Blue Focus

Self Only: **\$8,500**

Self + One/Self & Family: \$17,000



Basic Option

Self Only: **\$6,500**

Self + One/Self & Family: \$13,000



Standard Option

Self Only: **\$6,000**

Self + One/Self & Family: \$12,000



PREMIUMS

Bi-weekly premiums



FEP Blue Focus

Self Only (131): **\$54.21**

Self + One (133): **\$116.54**

Self & Family (132): **\$128.19**



Basic Option

Self Only (111): **\$86.67**

Self + One (113): **\$217.90**

Self & Family (112): **\$237.91**



Standard Option

Self Only (104): **\$142.40**

Self + One (106): **\$318.85**

Self & Family (105): **\$347.89**

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.



Monthly premiums



FEP Blue Focus

Self Only (131): **\$117.46** Self + One (133): **\$252.51** Self & Family (132): **\$277.75**



Basic Option

Self Only (111): **\$187.78** Self + One (113): **\$472.12** Self & Family (112): **\$515.48**



Standard Option

Self Only (104): **\$308.53** Self + One (106): **\$690.84** Self & Family (105): **\$753.77**

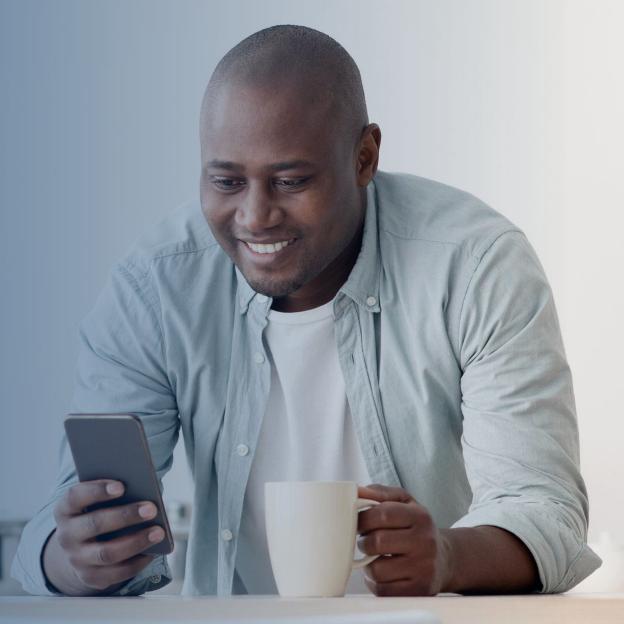
These rates don't apply to all enrollees. If you are in a specific enrollment category, please contact the agency or Tribal employer that maintains your health benefits enrollment.



MEDICARE REIMBURSEMENT ACCOUNT



Federal Employee Program.



Medicare Reimbursement Account

Basic Option members who have Medicare Parts A and B can get reimbursed up to \$800 for Medicare Part B premiums.



Here's how it works



Register for an account and learn more at fepblue.org/mra.

Important things to know

- Medicare does not need to be your primary coverage to participate
- Anyone on your contract with Medicare Part A and Part B can receive this benefit
- You must submit a separate claim for each member receiving reimbursement
- You can use the funds any way you like—they're not restricted to qualified medical expenses

Submitting a claim

The method you choose is up to you. Keep in mind that some methods require more processing time, which will impact how quickly you receive your reimbursement.



Online at **fepblue.org/mra**



By downloading the **EZ Receipts app**

Available on the App StoreSM or Google Play[™]



By mail P.O. Box 14053, Lexington, KY 40512



By fax **877-353-9236**

Receive a paper claim form at **fepblue.org/mra** or by calling **1-888-706-2583**.



Creating your MRA account online

- 1. Visit fepblue.org/mra to register.
- 2. You will need to provide your 4-digit ID Code.

 Your ID Code is a combination of your day of birth (DD) and the last 2 digits of your SSN.

 For example, if you were born on the 8th day of the month and the last 2 digits of your SSN are 12, your ID Code would be 0812.
- 3. After you've registered, you can log in and begin filling out the online claim form and uploading your proof documents.
- 4. We review most online claims within two business days. We'll provide your reimbursement once we approve the claim.

IRS documentation requirements

The IRS requires you include the following with your claim to prove you've paid your premium:

- Date of premium payment
- Medicare Part B account holder's name
- Name of your insurance carrier (BCBS FEP)
- The type of expense (Medicare Part B premium)
- Proof of payment documentation



Provide proof of premium payment

No matter how you submit your claim form, you must include documents that prove you have paid a Medicare Part B premium.

Examples include:

- A Social Security Cost of Living Adjustment (COLA) statement
- A cancelled check*
- A copy of your credit card statement*
- A copy of your bank statement*

*If you submit a check, credit card statement or bank statement, you must also submit a Medicare Part B premium bill that matches the paid amount.





Learn more about the Medicare Reimbursement Account at fepblue.org/mra or by calling 1-888-706-2583



OUR PHARMACY PROGRAMS

Pharmacy programs

We have three pharmacy programs designed to get members the prescriptions they need conveniently and affordably.

Retail Pharmacy Program	F	В	S
Mail Service Pharmacy Program	X	*	S
Specialty Pharmacy Program	F	В	S

FEP Blue Focus

B Basic Option

Standard Option

^{*}Available if you have Medicare Part B primary.





Retail Pharmacy Program

Members have access to a large network of in-network retail pharmacies through the **Retail Pharmacy Program**. Through this program, you can visit a local in-network pharmacy, such as a CVS Pharmacy or your local grocery store pharmacy, to buy your prescriptions.







Mail Service Pharmacy Program

The Mail Service Pharmacy Program allows you to get up to a 90-day supply of your medicine sent directly to your home. This program is available to all Standard Option members as well as Basic Option members with Medicare Part B primary.







Specialty Pharmacy Program

The **Specialty Pharmacy Program** is available to members who take prescription drugs for complex health conditions, such as cancer. These drugs will be mailed directly to your home or doctor's office.



OUR PRESCRIPTION DRUG TIERS (CATEGORIES)

FEP Blue Focus drug tiers []

FEP Blue Focus only has two drug tiers.

Tier 1

Preferred generics

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

Preferred brand name: Brand name drugs that are safe and effective Specialty drugs: Drugs used to treat complex health conditions

Basic and Standard Option drug tiers





Standard and Basic Option have five drug tiers.

Tier 1

Generics

Most affordable drug type. Equal to brand name counterparts in quality, performance and intended use

Tier 2

Preferred brand name

Brand name drugs that are less expensive and as safe and effective as Non-preferred brand name drugs

Tier 3

Non-preferred brand name

Safe and effective, but have a high cost because there's a generic or Preferred brand name alternative available

Tier 4

Preferred specialty

Drugs used to treat complex health conditions. They are less expensive than their Non-preferred alternatives

Tier 5

Non-preferred specialty

Safe and effective, but you'll pay more for these specialty drugs because there is a Preferred specialty drug available





Formulary

We organize our list of covered drugs on an approved drug list. This list is called a formulary. In general, the lower the drug's tier in the formulary, the more cost-effective the drug.

See the full lists at fepblue.org/formulary.

You can also check drug costs using our Drug Cost Tool at fepblue.org/rx.

In-network Retail Pharmacy cost shares

What you pay for a 30-day supply

FEP Blue Focus

Tier 1: \$5 copay

Tier 2: 40% of our allowance (\$350 max.)

Basic Option

Tier 1: \$15 copay

Tier 2: \$60 copay

Tier 3: 60% of our allowance (\$90 min.)

Tier 4: \$85 copay

Tier 5: \$110 copay

Standard Option

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

Mail Service Pharmacy cost shares

What you pay for a 90-day supply

FEP Blue Focus

Not a benefit

Basic Option

Available to members with Medicare Part B primary only.

Visit **fepblue.org/pharmacy** for more information.

Standard Option

Tier 1: \$15 copay

Tier 2: \$90 copay

Tier 3: \$125 copay

Specialty Pharmacy cost shares

What you pay for a 30-day supply

FEP Blue Focus

Tier 2: 40% of our allowance (\$350 max.)

Basic Option

Tier 4: \$85 copay

Tier 5: \$110 copay

Standard Option

Tier 4: \$65 copay

Tier 5: \$85 copay





The Service Benefit Plan offers programs and resources designed to help you take charge of your health.



Who's eligible

MyBlue [®]	F	B	S
Blue Health Assessment	F *	B	S
Online Health Coach	F *	В	S
Routine Annual Physical Incentive Program	F	X	X
Pregnancy Care Incentive Program	X	В	S

- FEP Blue Focus
- B Basic Option
- Standard Option

^{*}You must be the contract holder or spouse, 18 or older, and on a Standard or Basic Option plan to earn incentive rewards. FEP Blue Focus members can participate in these programs without earning the reward dollars.

Who's eligible (cont'd)

Hypertension Management Program	E	B	S
Diabetes Management Program by Livongo®	X	B	S
Diabetes Management Incentive Program	X	B	S
Breast Pump Kit and Milk Storage Bags	F	B	S
Blood Pressure Monitor	F	В	S

- FEP Blue Focus
- **B** Basic Option
- S Standard Option



Getting started with MyBlue®

- 1. Visit fepblue.org/signup
- 2. Complete the registration fields. You'll need your member ID card and a unique PIN. Follow the instructions to get one.
- 3. Log in with your new username and password.





Blue Health Assessment

Answer simple questions and get a personalized action plan for a healthier you in just 10 minutes. Standard and Basic Option members can earn \$50 the first time they take the BHA annually.*

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



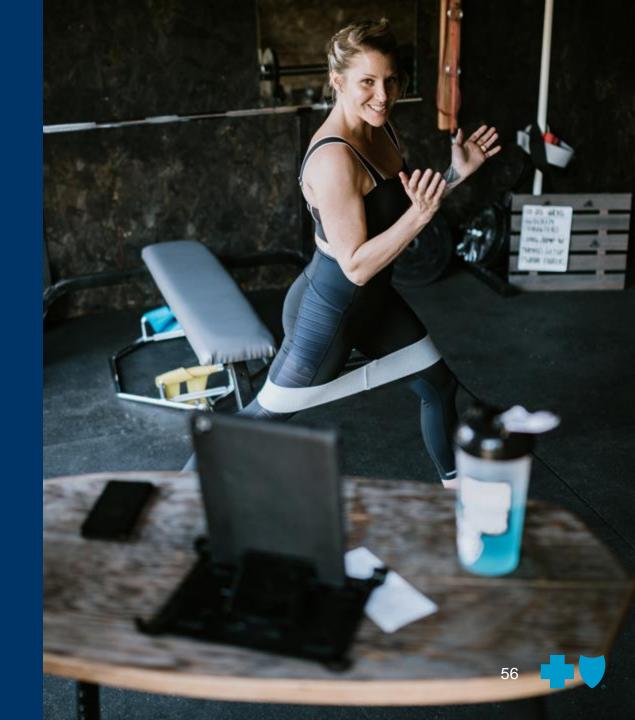


Online Health Coach

From reducing stress to exercising more, get help reaching your health goals and tracking your progress.

Standard and Basic Option members can earn \$40 for each eligible goal completed, up to three, for \$120 total.*

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



Online Health Coach goals

Earn rewards for the following goals:



Reducing stress



Exercising more



Eating better



Losing weight



Feeling happier

Online Health Coach goals

You can also earn incentives when you complete goals related to managing the following conditions:



Asthma



Heart failure



Chronic Obstructive Pulmonary Disease (COPD)



Heart disease



Hypertension



Routine Annual Physical Incentive Program



FEP Blue Focus members can earn a reward for getting an annual physical. Choose from rewards such as a personalized nutrition plan or a \$150 MyBlue Wellness Card.*

*Location restrictions apply. You must be 18 or older and the contract holder or spouse on an FEP Blue Focus plan to earn this reward. We encourage you to consider possible tax implications of your rewards as part of this program, and to consult your tax, legal or accounting advisors for additional information.

What can you do with your rewards dollars?





We load reward funds onto your MyBlue[®] Wellness Card.

Spending your rewards dollars



Your MyBlue® Wellness 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.

Extra rewards dollars you earn will be automatically added to your card. They don't expire as long as you stay a member of the Service Benefit Plan.



Use on qualified medical expenses



Prescription drugs



Acupuncture



Eye exams and eyewear



Doctor's office copays



Lab fees



Dental treatments

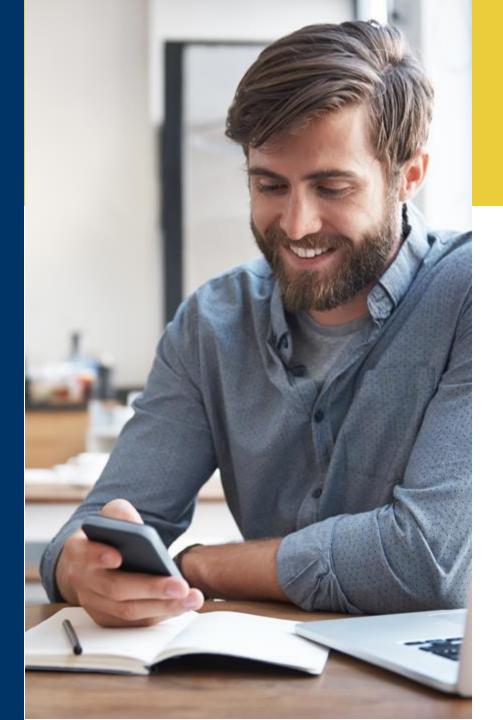
And more. Visit irs.gov/publications/p502 to see a full list.



Reimburse Me

You can request reimbursements for qualified medical expenses purchased on a payment method that's not your MyBlue Wellness Card.

To get started, just log into MyBlue, click 'Card Activity' and select 'Reimburse Me.' Once your request is approved, the funds will automatically be deposited into your bank account.



FEP Blue Focus Reward Dollars



FEP Blue Members who earn rewards dollars through the Routine Annual Physical Incentive Program can use these funds for the following:

- Qualified medical expenses
- Select items available through the Blue365 Discount Program



FEP Blue365 Vendors

Select from one of three rewards:

MyBlue Wellness Card:

You can use the card to pay for qualified medical expenses at local and online retailers. Or redeem at one of over 15 approved Blue365® vendors.



Receive a 4-month gym membership that's valid at more than 10,000 health clubs nationwide.



Get a personalized diet and nutrition plan by sending in a cheek swab.



Earn rewards for managing long-term conditions.





Pregnancy Care Incentive Program

SE

After a first trimester prenatal checkup, pregnant members can earn \$75 and a **Pregnancy Care Box** filled with items that you can use during and after pregnancy.*

*You must be 18 or older on a Standard or Basic Option plan to earn this reward.



Additional pregnancy resources

F

B

S

Members who are pregnant or nursing can receive a free breast pump kit and a supply of milk storage bags. You have a selection of electric or manual pumps.

You can also receive a no cost blood pressure monitor if you are pregnant. Learn more at **fepblue.org/maternity**.

*You must be the contract holder or spouse, age 18 or older, to receive this benefit.





Hypertension Management Program

F B S

If you have hypertension, you can get help monitoring your blood pressure at home with a no-cost blood pressure monitor.*

*You must be the contract holder or spouse, age 18 or older, to receive this benefit.



Tobacco Cessation Incentive Program

F B S

Quitting is hard. We're here to help you quit for good with free tobacco cessation drugs, tools and resources.*

*You must meet age requirements for prescribed tobacco cessation drugs to receive this benefit.

Covered drugs

The following tobacco cessation drugs are covered through this program when you use a Preferred retail pharmacy:

Generic drugs:

- Bupropion ER 150 mg tablet
- Bupropion SR 150 mg tablet

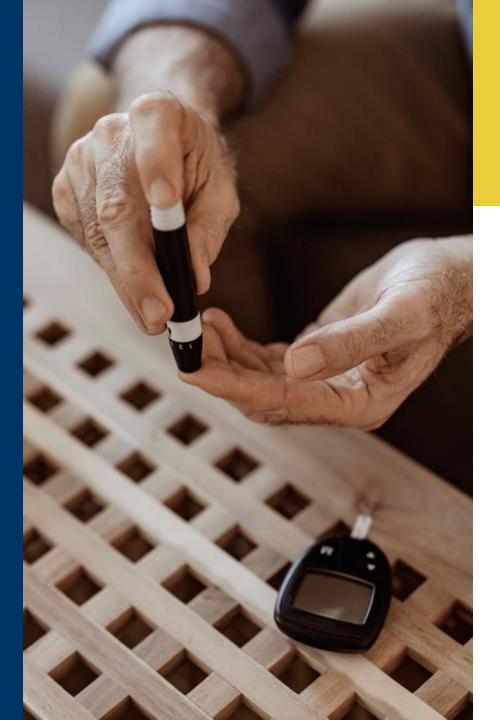
Brand-name drugs:

- Nicotrol cartridge inhaler
- Nicotrol NS Spray 10 mg/ml

Over-the-counter drugs

- Nicorette Gum
- Nicoderm CQ Patch
- Commit Lozenges





Diabetes Management Program

S B

This no-cost diabetes program by Livongo® provides members with an advanced blood glucose meter, unlimited test strips and lancets and one-on-one coaching from a diabetes coach.*

*You must be the contract holder or spouse, age 18 or older, to receive this benefit.



Diabetes Management Incentive Program

S B

Members with diabetes can earn up to \$25 for submitting their A1c results in the first half of the year.

You can earn an additional \$75 by submitting an A1c result less than 8% in the second half of the year OR by attending three free nutritional counseling sessions.*

*You must be 18 or older on a Standard or Basic Option plan to earn this reward.



With telehealth services from Teladoc, you can get care when you need it most—right from your phone or computer.

In an emergency, always call 911 or go to your local emergency services immediately.

What you'll pay for Teladoc



FEP Blue Focus

First two visits free, then

\$10 copay

per visit

B

Basic Option

First two visits free, then

\$15 copay

per visit

S

Standard Option

First two visits free, then

\$10 copay

per visit

Nutritional counseling sessions are covered in full for all members.



Blue365: because your health is a big deal

Blue365 gives members access to exclusive deals on health and wellness products and services, from personal care to travel. Plus, joining is easy and completely free. All you need to do is login to your MyBlue account.



With Blue365, you get:

- ✓ Handpicked discounts from brands you love
- Deeper discounts than other health savings programs
- ✓ No limits on how many deals you can redeem
- Always-available deals and new ones constantly being added
- Exclusive offers only available for Blue365 members





Care Management Programs



Members can get support and help managing their complex health issues from a local professional care manager at no cost.



24/7 Nurse Line



If you have questions or concerns about your health, call our registered nurses for free health advice, day or night, at **1-888-258-3432**. You can also chat with a nurse via the **fepblue** app or **MyBlue**.



Discount Drug Program

F B S

Members can save an average of 24% on prescription drugs not covered by your pharmacy benefits. You'll pay the lower cost between the discount price offered through this program and the pharmacy's regular retail price.



Generic Incentive Program

S

Standard Option members can get their first four generic prescription fills at no cost.

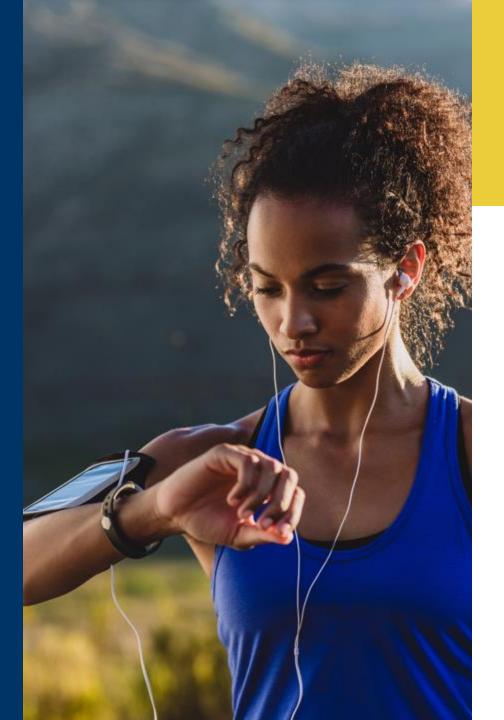
To earn the incentive, you must purchase a brand name drug and then change to a corresponding generic replacement on the Generic Incentive Program drug list..



Generic Incentive Program (cont.)

S

NEW for 2023: We added additional mental health related drugs to the Generic Incentive Program list.



Connect your fitness tracker

F B S

Members can connect their wearable activity trackers or mobile fitness app to their MyBlue account to track progress toward their health goals in one centralized, secure place.



Blue Cross and Blue Shield Service Benefit Plan



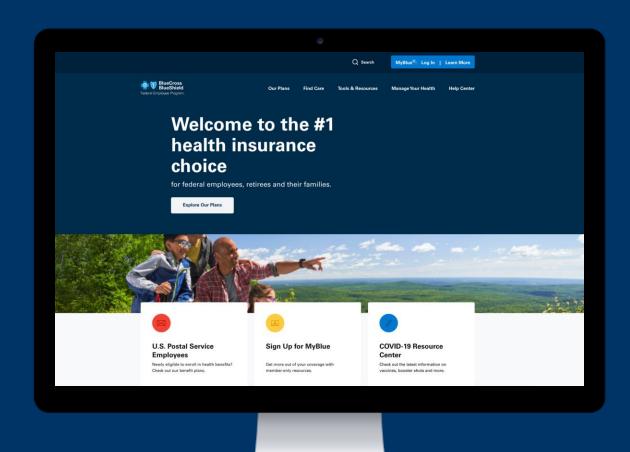
Federal Employee Program.



Stay up to date with your coverage.

Visit fepblue.org

fepblue.org is our public website where you can learn about all the Service Benefit Plan has to offer.



Get more with MyBlue®

MyBlue is our member-only site that gives you access to helpful tools and resources, such as a financial dashboard, wellness incentives, new member ID cards and more.

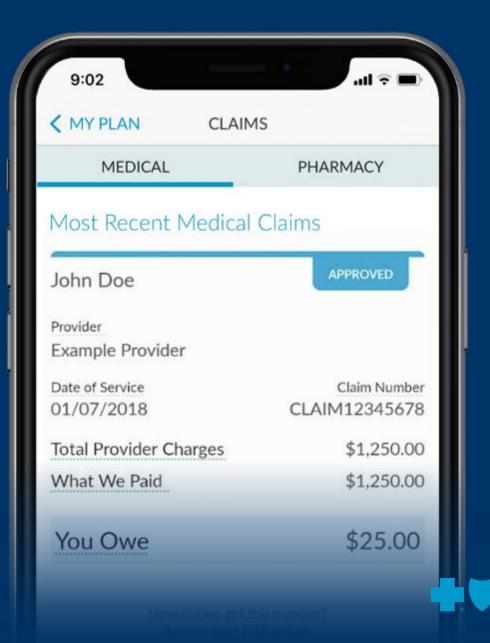


Keep up with your benefits on the go

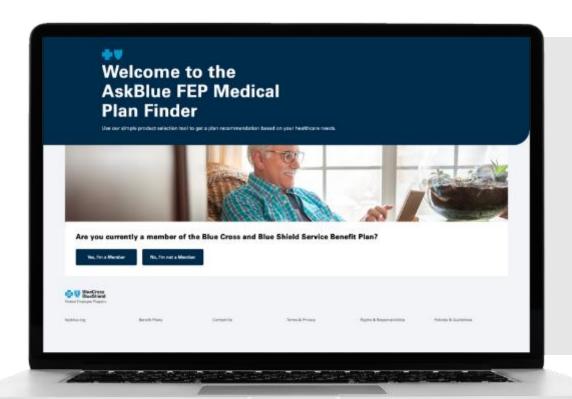
With the **fepblue** app, you have access to your benefits in the palm of your hand.

- Keep track of out-of-pocket costs
- Find Preferred providers
- Use your digital member ID card
- Access the 24/7 Nurse Line and Teladoc

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



Find the Right Plan



Our product selection tool can help you find the plan that's right for you.

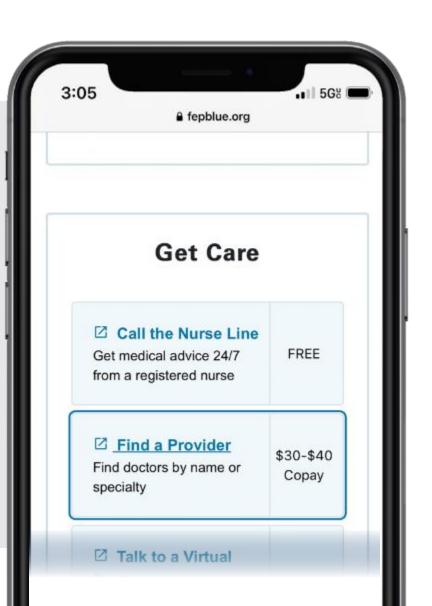
Just answer some simple questions and you'll automatically get a recommended plan based on your needs. It only takes a few minutes to complete.

Try it at askblue.fepblue.org.

Provider Finder Tool

Find a trusted provider near you—no matter where you are.

- Easily search a network that includes 96% of hospitals, 95% of doctors and over 55,000 retail pharmacies in the U.S.
- Remember: you never need a referral to see a specialist
- Search for certain treatments and get estimates for how much they'll cost
- ✓ Visit fepblue.org/provider



Get Cost Information



Our cost tools give you access to personalized cost data. Use them to make the most informed health care decisions quickly and easily.

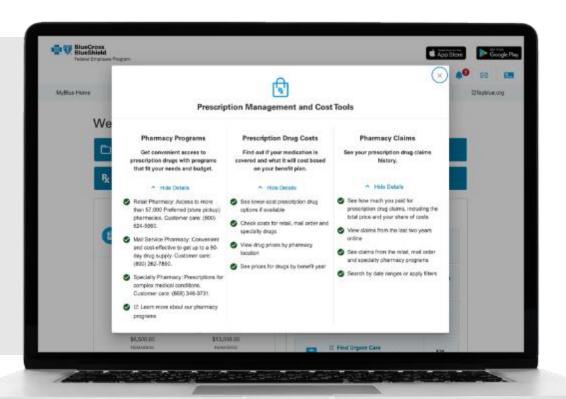
- Understand your current and past health care costs and out-of-pocket spending*
- Estimate potential out-of-pocket costs based on expected life changes or events
- Get help selecting the right health plan or figuring out your yearly health care budget
- Get started at fepblue.org/costadvisor.

Prescription Drug Cost Tool

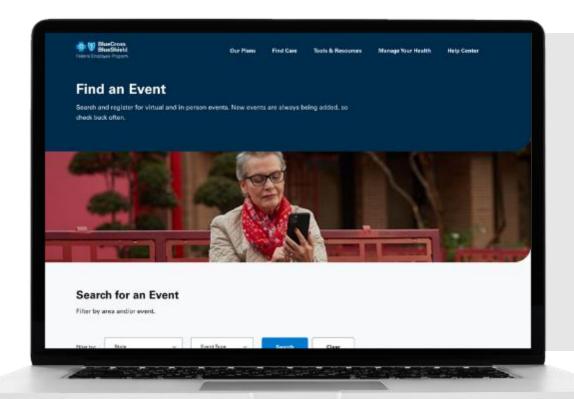
Access the complete list of prescription drugs covered by your plan.

You can also see how much you can expect to pay.

Learn more at fepblue.org/drugcosts.



Find an Event

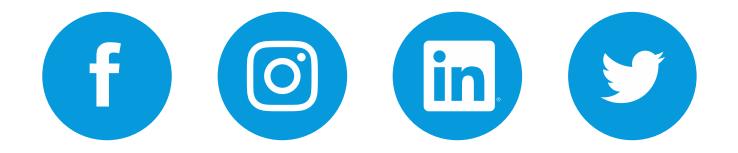


Easily search and register for in-person and virtual events.

New events are added all the time, so check this page regularly.

Go to fepblue.org/events to search and register .

Follow @fepblue



Follow @fepblue to get helpful health and wellness information, including recipes, fitness routines and more tips and advice to help you own your health.

Blue Cross Blue Shield FEP Dental



bcbsfepdental.com





WE CAN HELP YOU SMILE WITH CONFIDENCE

Your smile says a lot about you. That's why BCBS FEP Dental offers comprehensive dental coverage for:



Federal employees and their families



Federal retirees and their families



Retired uniformed service members and their families

Why do I need dental insurance?

Americans with dental benefits are more likely to go to the dentist, take their children to the dentist, receive restorative care and experience greater overall health.

- Access to dental care is improved with dental benefits, and dental care improves oral health
- Dental coverage is critical for all Americans because there is an ever-increasing connection between oral and overall health
- The choice for us as individuals and for our health care system is to pay for preventive dental care now or pay more for medical treatment of dental complications later



According to the National Association of Dental Plans (NAPD), individuals without dental benefits are more likely to have extractions and dentures and less likely to have restorative care or receive treatment for gum disease. Furthermore, those without dental benefits are:



67% more likely to have heart disease



50% more likely to have osteoporosis



29% more likely to have diabetes

Oral health can affect overall health



Tooth decay is the second most **common** disease in the world



Expectant mothers with poor oral hygiene are **7 times** more likely to give birth to premature and low birth weight babies



Gum disease makes it more difficult for those with diabetes to control their blood sugar

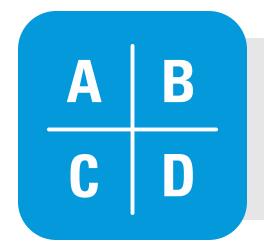


A sore jaw along with chest pain can be a sign of a heart attack

THE BASICS

We have two plans: High Option and Standard Option.



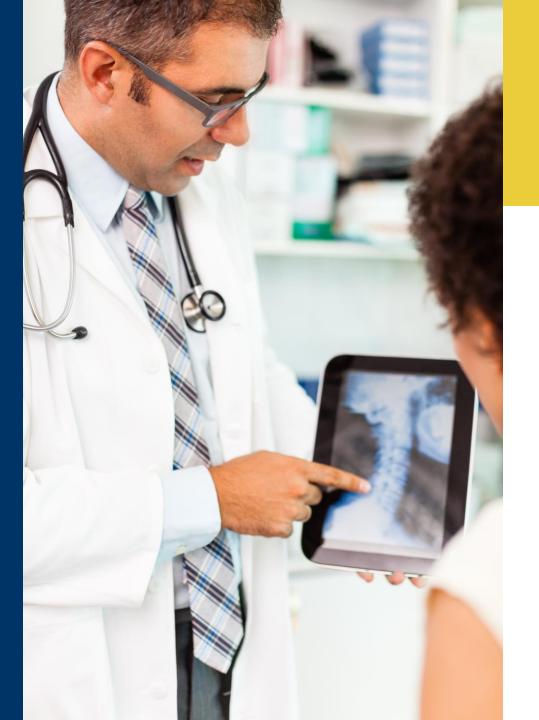


Dental services are broken up into four Classes (A, B, C and D) and a few general services.

Determining your coverage for services

Your level of coverage for dental services is based on the class it falls into and whether the provider is in our network.





Class A services



These are considered basic services, including:

- **Oral exams**
- **Sealants**
- X-rays

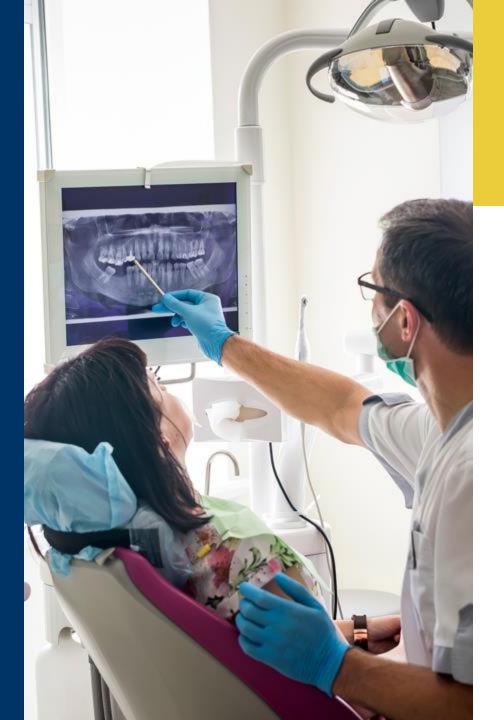


Class B services



These are considered intermediate services, including:

- Restorative procedures, such as fillings
- Prefabricated stainless steel crowns
- **Tooth extractions**
- **Denture adjustments**



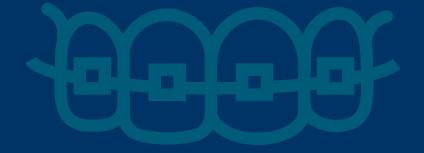
Class C services

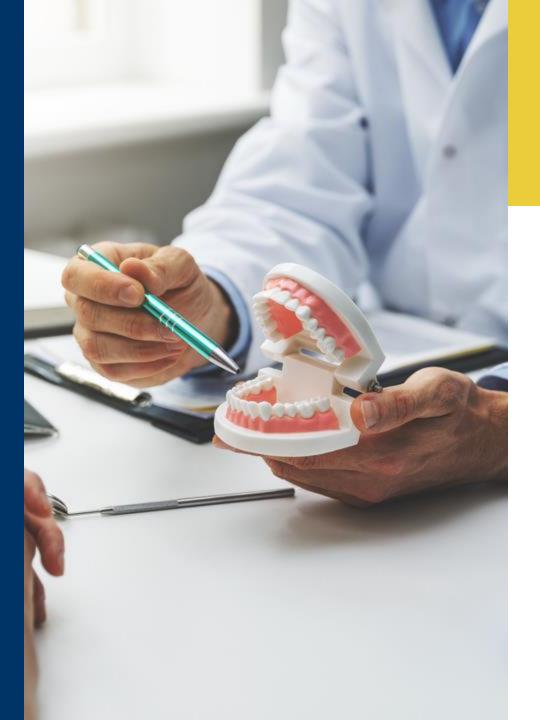


These are considered major services, including:

- **Root canals**
- Oral surgery and bridges

Class D services include orthodontic services





General services

We also cover:

- Anesthesia services provided alongside covered surgical procedures
- Athletic mouthguards and occlusal guards

BCBS FEP Dental's provider network

We have a large network of in-network dentists and specialists:



Providers in all 50 states



Over 488,000 access points nationwide



We welcome provider nominations



We have over 488,000 provider access points and a network of dentists that has grown 25% over the past 5 years



It pays to stay in-network

You can go to a dentist in or out of the BCBS FEP Dental network. But if you see an in-network provider, both options offer:



Preventive and diagnostic treatments (e.g., exams, cleanings, X-rays and sealants) covered in full



No calendar year deductible



In-network dentists will submit your claim on your behalf



International benefits

Need to see a dentist while in another country? You're covered overseas.

- English-speaking dentists
- Located in approximately 100 countries
- Receive in-network benefit levels
- You pay the dentist and then submit a claim to us





To learn more about international benefits, visit bcbsfepdental.com/internationalservices or call 1-855-504-BLUE (2583).

Benefits that make you smile



Free preventive care when you visit in-network dentists, and up to three covered dental cleanings a year



An unlimited annual benefit under High Option



No deductible for in-network services



Worldwide coverage



Use all your benefits from day one of your coverage being active



Access to health and wellness discounts with Blue365®



What's new for 2023

- With High Option, you pay nothing for in-network Class B and C services for children age13 and under. Standard Option members already receive this benefit.
- We cover overseas services at the in-network level for all members

Class A, B and C services

	High	Option	Standar	d Option
		Y	ou pay	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Class A (Basic) Services e.g., exams, cleanings, X-rays, sealants	Nothing	10%	Nothing	40%
Class B (Intermediate) Services e.g., oral surgery, fillings, gum scaling	30%	40%	45%	60%
Class C (Major) Services e.g., crowns, bridges, implants, root canals, dentures	50%	60%	65%	80%

Class A, B and C deductibles and benefit maximums

	High	Option	Standar	d Option
		Υ	ou pay	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Annual Deductible for Class A, B and C Services Does not apply to Class D (Orthodontics)	\$0	\$50 per person	\$0	\$75 per person
Annual Maximum Benefits for Class A, B and C Services Does not apply to Class D (Orthodontics)	No benefit limit	We pay \$3,000 per person	We pay \$1,500 per person	We pay \$750 per person

BCBS FEP Dental orthodontic benefits

	High (Option	Standar	d Option
		Y	ou pay	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
Class D (Orthodontic) Services Adults & Children	50% up to \$3,500 lifetime maximum per person	50% up to \$3,500 lifetime maximum per person	50% up to \$2,500 lifetime maximum per person	50% up to \$1,250 lifetime maximum per person

Coordinating with medical coverage

Your medical plan may include some preventive dental coverage.



Show your dental and medical member ID cards to your dentist



Your dentist will file the claim directly with the local BCBS Plan or other medical carrier for primary coverage



The claim will then be sent to us



Visit bcbsfepdental.com/benefits to learn more about our benefits and how dental coverage can help you shine.

CARE FOR MEMBERS WITH SPECIFIC CONDITIONS

Members with certain medical conditions may be at a higher risk for dental issues. That's why we offer additional benefits for those who need them.

- Four periodontal maintenance procedures
- One additional scaling and root planing procedure per quadrant
- One additional oral evaluation
- One additional fluoride treatment; no age limits



Clinically enhanced care for members with specific conditions

	Periodontal Maintenance	Periodontal scaling/root planing	Periodontal & oral evaluations	Routine cleaning	Palliative treatment	Full mouth debridement
Diabetes	✓		✓	✓	✓	✓
Heart disease	✓	✓	✓	✓	✓	✓
Pregnancy	✓	✓	✓	✓	✓	✓
Stroke	✓	✓	✓	✓	✓	✓
End-stage renal (kidney) disease	✓	✓	✓	✓	✓	✓

Clinically enhanced care for members with specific conditions (cont.)

	Periodontal Maintenance	Periodontal scaling/root planing	Periodontal & oral evaluations	Routine cleaning	Palliative treatment	Full mouth debridement
Head & neck cancer treated with chemotherapy and/or radiation	✓	✓	✓	✓	✓	✓
Other cancers treated with chemotherapy	✓	✓	✓	✓	✓	✓
Organ transplant	✓	✓	✓	✓	✓	✓
Suppressed immune system (HIV/AIDS)	✓	✓	✓	✓	✓	✓

PREMIUMS

FIND YOUR BCBS FEP DENTAL PREMIUM

To find your premium, check the rating area for your state or zip code and then match it to the appropriate rating area to your enrollment type on the next slide.

	Dental Rating Regions for NC	
State	First 3 digits of your ZIP code	Rating Area
NC	275-277, 283	3
NC	270-274, 278, 280-282, 284-289	2
NC	Rest of the state	1

You can also find your premium at bcbsfepdental.com/premiumfinder.

High Option premiums

	High Option Premiums					
Rating	Self (Only	Self -	- One	Self &	Family
Area	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
1	\$18.02	\$39.04	\$36.05	\$78.11	\$54.07	\$117.15
2	\$20.19	\$43.75	\$40.38	\$87.49	\$60.57	\$131.24
3	\$21.98	\$47.62	\$43.97	\$95.27	\$65.95	\$142.89
4	\$23.81	\$51.59	\$47.62	\$103.18	\$71.43	\$154.77
5	\$26.65	\$57.74	\$53.29	\$115.46	\$79.94	\$173.20

Standard Option premiums

		St	andard Option P	remiums		
Rating	Self	Only	Self -	- One	Self &	Family
Area	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
1	\$9.19	\$19.91	\$18.38	\$39.82	\$27.58	\$59.76
2	\$10.07	\$21.82	\$20.15	\$43.66	\$30.22	\$65.48
3	\$11.45	\$24.81	\$22.89	\$49.60	\$34.31	\$74.34
4	\$12.36	\$26.78	\$24.70	\$53.52	\$37.03	\$80.23
5	\$13.65	\$29.58	\$27.31	\$59.17	\$40.96	\$88.75



Visit bcbsfepdental.com/premiumfinder to use our Premium Finder tool to find your premium.



FEP Dental BILL

Visit

bcbsfepdental.com

Have questions? Call us:

1-855-504-BLUE (2583)

Available Mon-Fri 8 a.m.-8 p.m. ET

Blue Cross Blue Shield FEP Vision



bcbsfepvision.com





WE HELP YOU SAVE ON HEALTHIER EYES, SO YOU CAN FOCUS ON WHAT MATTERS MOST.

Backed by the strength of Blue Cross and Blue Shield, BCBS FEP Vision offers comprehensive vision coverage for:



Federal employees and their families



Federal retirees and their families



Retired uniformed service members and their families



Families of active duty service members

Who's eligible

BCBS FEP Vision is available to federal and U.S. Postal Service (USPS) employees, retirees and dependents who are FEHB eligible.

- You do not need to be enrolled in FEHB.
- Annuitants receiving an immediate annuity are eligible for vision coverage.
- Dependent children are covered until age 22.



Who's eligible

BCBS FEP Vision is available to retired uniformed service members, their families and the family members of active-duty service members.

- You must be enrolled in a TRICARE Health Plan to be eligible for vision coverage.
- Dependent children are covered until age 21 (non-students) or 23 (full-time students).
- Unmarried surviving spouses and eligible children/dependents of retired and active duty uniformed service members can enroll.



What's new for 2023



We added **\$50** to your frame allowance at MyEyDr. High Option members will have a **\$250** allowance and Standard Option will have a **\$190** allowance at over 800 MyEyeDr. locations nationwide.



We increased the contact lens allowance under Standard Option to **\$140**.



We have two plans: High Option and Standard Option.



Benefits you can clearly see



Our insurance is accepted by both independent providers and national retailers, including Visionworks, LensCrafters, Costco, Walmart, Sam's Club, Target Optical, Pearle Vision, Warby Parker and more.



Use your benefits at online retailers, including glasses.com, 1800contacts.com, visionworks.com, befitting.com and warbyparker.com.



Free vision care exams for all members.



An extensive, fully covered frame collection at independent providers.



A generous frame allowance at independent providers and national retailers.

We offer a nationwide network



More than 117,000 in-network providers nationwide, including independent providers and national retailers.



Provider nominations are welcome.

The Blue Cross Blue Shield FEP Vision network is specific to routine vision care and is different from the member's medical plan network.



National retailers in our network































- ■America's Best
- ■Bard Optical
- ■Boscov's Optical
- Clarkson Eyecare
- Cohen's Fashion Optical
- ■Costco Optical
- Crown Optical
- ■Dr. Tavel One-Hour Optical
- ■Eye Doctor Optical Outlets
- ■Eyeglass World

- Eyemart Express
- ■For Eyes
- Heartland Vision
- Henry Ford Optim Eyes
- JCPenney Optical
- Lens Crafters
- Meijer Optical
- Midwest Vision Centers
- ■MyEyeDr.
- Walmart

- National Vision Centers
- Nationwide Vision
- Pearle Vision
- Rosin Eyecare
- ■Sam's Club

- ■SEE Inc.
- Shopko Optical
- SVS Vision

Visionworks

- ■Target Optical
 ■Whylie B
 - Wis
- ■Vista Optical in Fred Meyers
- •Walmart Vision Centers
- Warby Parker
- Whylie Eye Care Centers
- Wisconsin Vision

Online retailers in our network

We've also expanded the online retailers where you can use your benefits and order eyewear.





WARBY PARKER

BCBS FEP Vision benefits

Benefits	High Option	Standard Option
Vision Care Exam	You pay nothing for one exam per year.	You pay nothing for one exam per year.
Spectacle Lenses	You pay nothing for one pair per year.	\$10 copay for one pair per year.
Lens Treatments	· · ·	s and Crizal Anti-Reflective Coating lenses at al covered lens options in the 2022 brochure.
	No copay for Exclusive Collection frames, covered every calendar year.	No copay for Exclusive Collection frames, covered every calendar year.
Frames	Frame Allowance: \$200 toward any other provider-supplied frame, plus 20% off charges over \$200.1	Frame Allowance: \$140 toward any other provider-supplied frame, plus 20% off charges over \$140.1
Contact Lenses (in lieu of eyeglasses)	Up to \$150 per calendar year toward contact lenses, plus 15% off charges over \$150.1 Evaluation, fitting and follow-up fees fully covered for non-specialty lenses and covered up to \$60 for specialty contact lenses.	Up to \$130 per calendar year toward contact lenses, plus 15% off charges over \$130.1

¹Retail locations are not required to provide this discount

*Savings are based on 2020 BCBS FEP Vision estimates. Assumes you visit in-network providers.

**BCBS FEP Vision "Collection" frames and eyeglass lenses manufactured in the BCBS FEP Vision laboratories.

	What you pay with High Option	What you pay with Standard Option	What you pay without Average Retail Cost
Vision care exam	\$0	\$0	\$103
\$200 frames	\$0	\$48	\$200
1-Year breakage warranty**	\$0	\$0	\$30
Premium anti-reflective coating	\$33	\$48	\$125
Polycarbonate lenses	\$0	\$0	\$50
Scratch resistant coating	\$0	\$0	\$20
Transition lenses	\$0	\$65	\$120
You pay out-of-pocket	\$33	\$161	\$648

Copays for common lens treatments

	High Option	Standard Option
Optional lenses and treatments	In-network only	In-network only
Ultraviolet protective coating	No copay	No copay
Polycarbonate lenses	No copay	No copay
Blended segment lenses	\$20	\$20
Intermediate lenses	\$30	\$30
Standard progressives	No copay	\$50
Premium progressives	\$40	\$90
Ultra progressive lenses	\$90	\$140
Ultimate progressive lenses	\$125	\$175

Copays for common lens treatments (cont'd)

	High Option	Standard Option
Photochromic glass lenses	\$20	\$20
Plastic photosensitive lenses (Transitions Signature)	No copay	\$65
Polarized lenses	\$75	\$75
Standard anti-reflective (AR) coating	\$20	\$35
Premium AR coating	\$33	\$48
Ultra AR coating	\$45	\$60
Ultimate AR coating	\$70	\$85
High-Index lenses (up to 1.67)	\$55	\$55
Blue light filtering	\$15	\$15
Digital single vision & computer lenses	\$30	\$30

PREMIUMS

2023 BCBS FEP Vision premiums

	High Option		Standard Option	
	BI-WEEKLY	MONTHLY	BI-WEEKLY	MONTHLY
Self Only	\$5.52	\$11.96	\$3.53	\$7.65
Self + One	\$11.03	\$23.90	\$7.05	\$15.28
Self & Family	\$16.55	\$35.86	\$10.58	\$22.92



Visit bcbsfepvision.com/benefit-info to see what BCBS FEP Vision can do for your eyes.

ENROLLING IN COVERAGE



BlueCross. FEP VISION SM BlueShield.







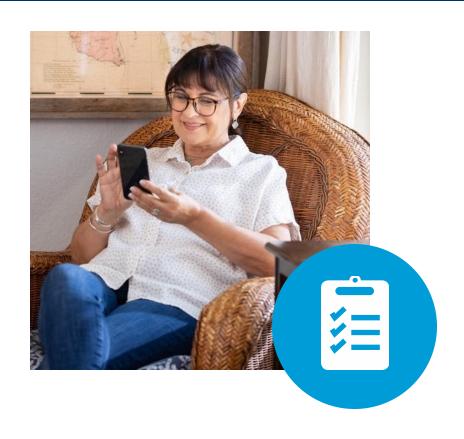
When to enroll

If you need to update your coverage, you can enroll in a new plan during **Open Season**. This is typically the second Monday of November through the second Monday of December each year.



How to Enroll | BCBS FEP Dental and FEP Vision

- 1. Go online to **BENEFEDS.com** (or call **1-877-888-3337**)
- 2. Verify your eligibility
- 3. Fill out some information about your employment
- 4. Create your BENEFEDS account (if enrolling online)
- 5. Select Blue Cross Blue Shield FEP Dental or Vision





FEP Vision SM

Visit

bcbsfepvision.com

Have questions? Call us:

1-888-550-BLUE (2583)

TTY: 1-800-523-2847

Available Mon-Fri 8 a.m.-11 p.m. ET Sat 9 a.m.-4 p.m. ET Sun 12 p.m.-4 p.m. ET

2023 Blue Medicare Freedom+ SM (PPO)

PROPRIETARY & CONFIDENTIAL

Blue Cross and Blue Shield of North Carolina (Blue Cross NC) is a PPO plan with a Medicare contract. Enrollment in Blue Cross NC depends on contract renewal.

BLUE CROSS®, BLUE SHIELD®, the Cross and Shield symbols, and all related derivative marks are marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans. All other marks and trade names are the property of their respective owners. Blue Cross NC

is an independent licensee of the Blue Cross and Blue Shield Association.



Y0079_10985_MCMS Approved 09122022 U38391, 8/22

About Blue Medicare Freedom+



- Blue Medicare Freedom+ is a \$0 premium medical-only Medicare Advantage plan that offers more benefits when combined with federal retiree benefits but is available to anyone eligible for Medicare*
- Blue Medicare Freedom+ is available in all
 100 North Carolina counties
- If you currently have Original Medicare, Blue
 Medicare Freedom+ replaces Original
 Medicare Parts A & B to give you extra benefits
 with no additional premium**



^{*}Anyone eligible for Medicare can enroll in Blue Medicare Freedom+. Contact Blue Cross NC or your Authorized Independent Agent to understand how Blue Medicare Freedom+ works, and if it is the best option for you.

^{**}You must continue to pay your Part B premium.

How Blue Medicare Freedom+ Works with Federal Retiree Benefits



Meet Ted and Sasha. They're federal retirees with a federal employee health benefit plan (FEHB). They're also enrolled in Medicare.

Ted (Original Medicare)



Ted is enrolled in Original Medicare (Parts A & B).



&



Sasha (Blue Medicare Freedom+)



Sasha is enrolled in Blue Medicare Freedom+, a Medicare Advantage plan, also known as Part C.

Blue Medicare Freedom+ includes Parts A & B, plus additional health and wellness benefits, all at \$0 premium.

Blue Medicare Freedom+*(PPO)



Ted and Sasha are both required by the federal government to pay their Part B premiums. (Part A is covered by Social Security.)



Ted pays his Part B premium each month. He doesn't receive any rebates or reductions.





Sasha gets a portion of her Part B premium back each month.



How Blue Medicare Freedom+ Works with Federal Retiree Benefits continued



Ted and Sasha are both required by the federal government to pay their Part B premiums. (Part A is covered by Social Security.)

5 5

Ted pays his Part B premium each month. He doesn't receive any rebates or reductions.



Sasha gets a portion of her Part B premium back each month.

Next, Ted and Sasha go to the doctor.



Ted chooses a doctor that is in-network for his federal retiree benefit plan.



Sasha chooses a doctor that is in-network for both her federal retiree benefit plan and Blue Medicare Freedom+.

These networks work together to get her additional savings.



Ted sometimes wishes his Medicare benefits came with more.



Sasha enjoys additional benefits such as extended coverage for skilled nursing care, a post-discharge meal service, an exercise program and more – all for no additional premium.



FIELD SERVICE

Blue Cross and Blue Shield Service Benefit Plan



Federal Employee Program.



NARFE

National Active and Retired Federal Employees Association



Federal Employee Program.





Thank you

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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, ple ase 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.

The Blue Cross Blue Shield Association is an association of independent, locally operated Blue Cross and Blue Shield companies.

The Blue Cross® and Blue Shield® words and symbols, Federal Employee Program® and FEP® are all trademarks owned by Blue Cross Blue Shield Association.

Our impact in 2022



We are 172,000+ members strong in North Carolina



We've conducted over 1,038 member activities



We have taken 115,572 phone calls



We have processed over \$4,162,510 in claims

We are YOUR partner in health...













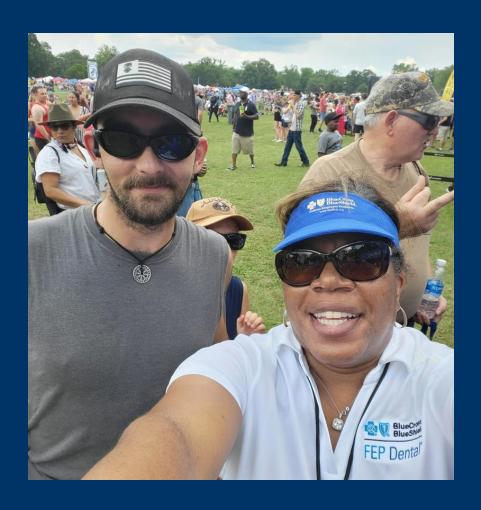








We are North Carolina











We SUPPORT our military...











We are Blue Cross Blue Shield Federal Employee Program

