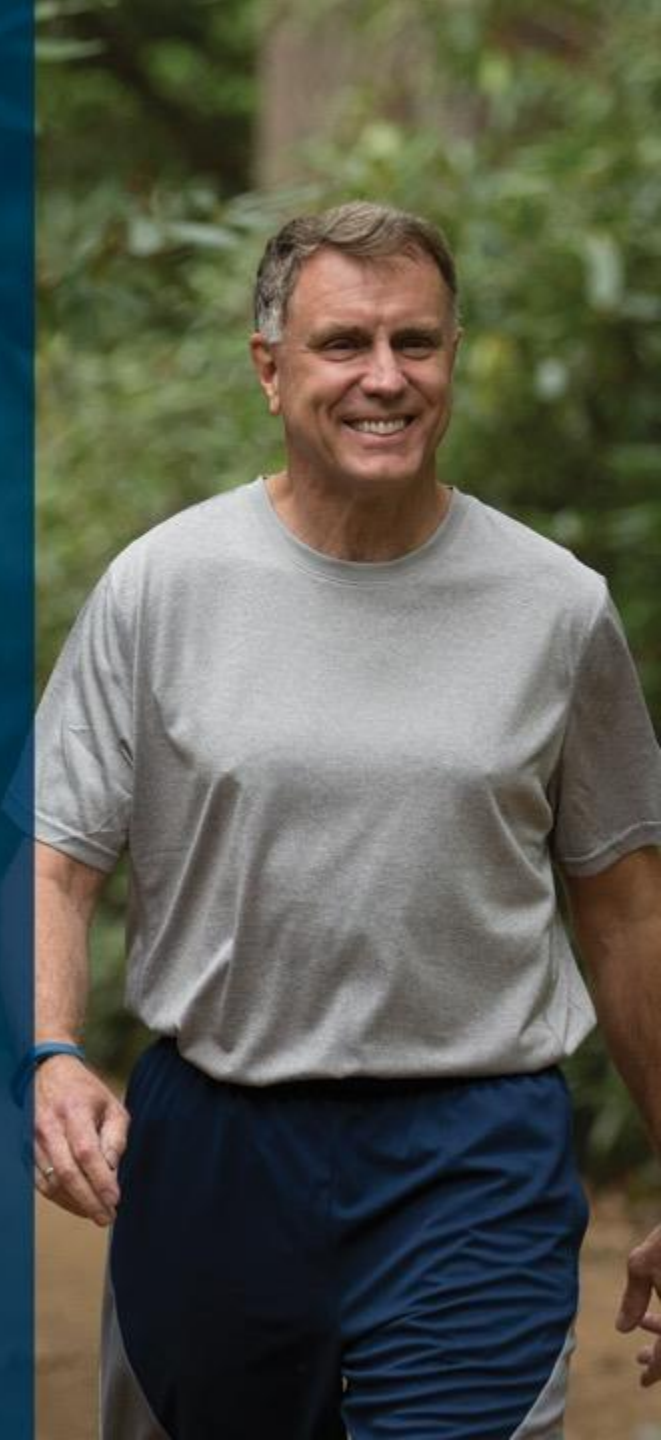


2020 MEDICARE AND BLUE

Working together to benefit you.

Debbie Miller
Blue Cross and Blue Shield Service Benefit Plan
Senior Account Manager



MEDICARE AND BLUE CROSS BLUE SHIELD

YOUR COST

FOR COVERED SERVICES

Cost is a big deciding factor in whether or not to choose Medicare coverage and keep your current Service Benefit Plan coverage.

What you won't pay

Annual deductibles

- **Service Benefit Plan:** If you're enrolled in a Standard Option, you currently have a calendar year deductible of **\$350** per person or **\$700** per family in 2020. We'll waive this if you have Medicare primary.
- **Medicare Part A:** Part A has an inpatient hospital deductible of **\$1,408** per benefit period in 2020. We'll waive this when Medicare Part A is primary.
- **Medicare Part B:** Part B has a deductible of **\$198** per year in 2020. We'll waive this when Medicare Part B is primary.

What you will pay

- Your monthly premiums.
- Your Medicare Part B premiums.
- Prescription drug costs



WHAT YOU'LL PAY WHEN MEDICARE PARTS A AND B ARE PRIMARY

Benefit	Standard Option	Basic Option	FEP Blue Focus
Primary care doctor	\$0 copay	\$0 copay	\$0 copay
Specialists	\$0 copay	\$0 copay	\$0 copay
Virtual doctor visits through Teladoc®	\$0 copay	\$0 copay	\$0 copay
Urgent care centers	\$0 copay	\$0 copay	\$0 copay
Inpatient hospital	\$0 copay	\$0 copay	\$0 copay
Outpatient hospital	\$0 copay	\$0 copay	\$0 copay
Surgery	\$0 copay	\$0 copay	\$0 copay

WHAT YOU'LL PAY WHEN MEDICARE PARTS A AND B ARE PRIMARY

Benefit	Standard Option	Basic Option	FEP Blue Focus
ER – accidental injury	\$0 copay	\$0 copay	\$0 copay
ER – medical emergency	\$0 copay	\$0 copay	\$0 copay
Lab work (such as lab tests and EKGs)	\$0 copay	\$0 copay	\$0 copay
Diagnostic services (such as sleep studies, X-rays, CT scans)	\$0 copay	\$0 copay	\$0 copay
Chiropractic care	\$0 copay for up to 12 visits	\$0 copay for up to 20 visits	\$0 copay for up to 10 visits*
Physical Therapy ¹	\$0 copay for up to 75 visits	\$0 copay for up to 50 visits	\$0 copay for up to 25 visits

PRESCRIPTION DRUG COVERAGE

Medicare Part A and B don't include prescription drug coverage, but your Service Benefit Plan coverage does.

WHAT YOU PAY FOR A 30-DAY SUPPLY WHEN MEDICARE PART B IS PRIMARY

	Standard Option	Basic Option	FEP Blue Focus
Preferred Retail Pharmacy	Tier 1: \$5 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: \$50 copay Tier 3: 50% of our allowance (\$60 min.) Tier 4: \$60 copay Tier 5: \$80 copay	Tier 1: \$5 copay Tier 2: 40% of our allowance (\$350 max.)
Mail Service Pharmacy	Tier 1: \$10 copay Tier 2: \$90 copay Tier 3: \$125 copay	Tier 1: \$20 copay Tier 2: \$100 copay Tier 3: \$125 copay	No benefit
Specialty Pharmacy	Tier 4: \$50 copay Tier 5: \$70 copay	Tier 4: \$65 copay Tier 5: \$85 copay	Tier 2: 40% of our allowance (\$350 max.)

PROVIDER NETWORK

Care wherever you go

NATIONWIDE, OUR NETWORK HAS MORE THAN:



96%
OF HOSPITALS



95%
OF DOCTORS



64,000
RETAIL PHARMACIES

OUTSIDE THE U.S.



Access to physicians
and hospitals in more
than 230 countries

WHAT IF I RELOCATE OR GO OVERSEAS

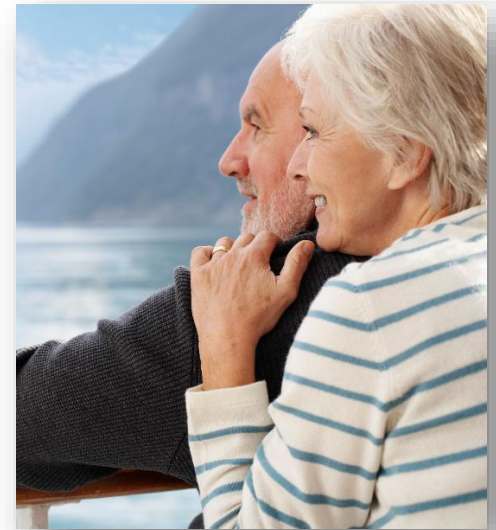


- Blue Cross Blue Shield plans provide coverage anywhere in U.S. and Overseas.
- Medicare does not cover overseas services.



Overseas benefits

- For members living or traveling overseas, we will waive your facility out-of-pocket costs when you visit a Preferred overseas provider for inpatient services. To take advantage of this benefit, the provider must have a direct billing arrangement or guarantee of benefits with our overseas vendor.



COVER THE THINGS MEDICARE DOESN'T COVER WITH STANDARD AND BASIC OPTION



Hearing aid coverage

As a Service Benefit Plan member you can receive benefits for both the hearing tests needed to prescribe hearing aids, as well as an allowance of up to **\$2,500** every three years for the purchase of hearing aids and hearing aid supplies.



Routine foot care

If you have a long-term condition such as diabetes, your Service Benefit Plan coverage will cover necessary routine foot care. And, when combined with Medicare coverage, you'll pay nothing out-of-pocket for these treatments.



Acupuncture

With Standard Option you can receive up to **24** acupuncture visits per year, and with Basic Option you can receive up to **10** visits per year. These are covered in full when Medicare is primary.



Dental care

Your Service Benefit Plan coverage provides preventive dental care. Under Standard Option, we'll pay up to the fee schedule amount listed in the Service Benefit Plan brochure. Under Basic Option, you'll pay nothing for covered dental services when Medicare is primary.



Overseas care

Medicare only provides coverage in the U.S., while the Service Benefit Plan provides coverage worldwide.

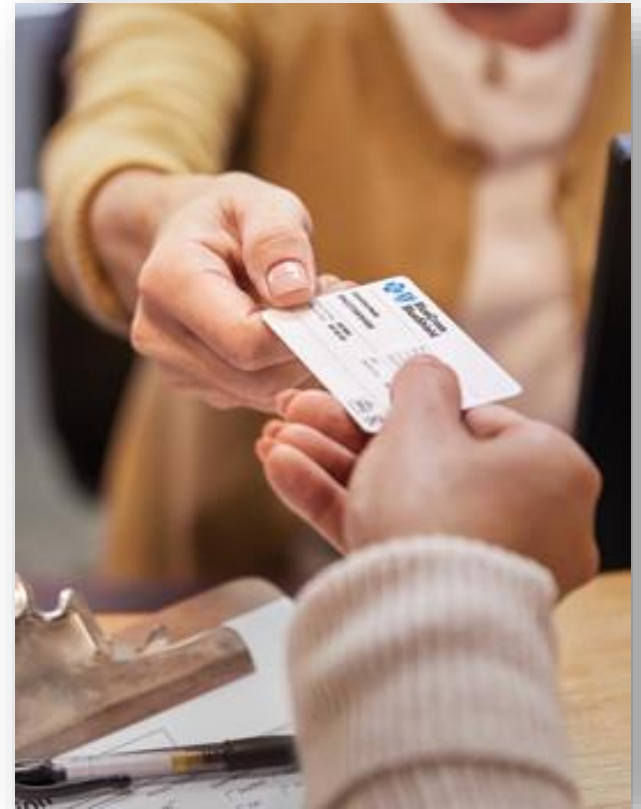
MEDICARE REIMBURSEMENT ACCOUNT

INCENTIVE BENEFIT

MEDICARE REIMBURSEMENT ACCOUNT

Reimbursement account for **Basic Option** members enrolled in Medicare **Part A and B**:

- Up to **\$800** reimbursement for Medicare Part B premiums, per calendar year
- No restrictions on reimbursement use
- You must provide proof that you paid 2020 Medicare Part B premiums to receive benefits
- Tax free



EARN REWARDS FOR HEALTHY BEHAVIOR

Participate in the Wellness Incentive Program



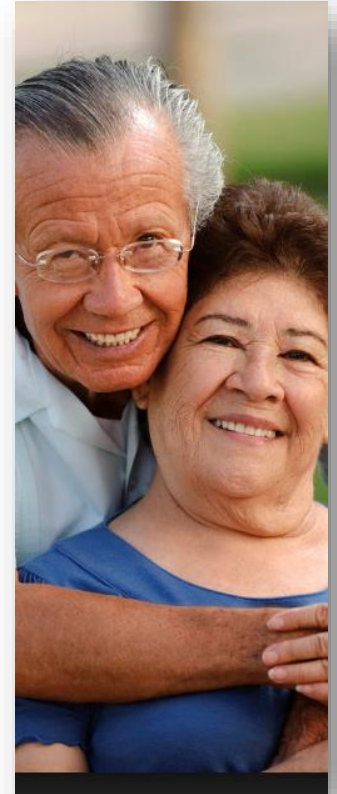
COMPLETE THE BLUE HEALTH ASSESSMENT EARN \$50

By simply taking 10 minutes to complete the Blue Health Assessment and answering questions related to your health, you'll have a personalized action plan that you can use throughout the rest of the year. And, by taking the BHA you can receive **\$50** on your MyBlue® Wellness Card. Learn more at fepblue.org/bha.



NEXT, COMPLETE YOUR ONLINE HEALTH COACH GOALS EARN UP TO \$120

The Online Health Coach can help you achieve your wellness goals, such as reducing stress, or condition management goals, such as managing heart disease. When you complete up to three eligible goals, you can earn **\$40** for each. In total, that's **\$120** you can receive just for taking steps to improve or maintain your health. Learn more at fepblue.org/ohc.



BCBS 2020 PREMIUMS

When you're retired, you pay your premium monthly instead of bi-weekly. The premium is usually deducted from your monthly annuity.

	Standard Option		Basic Option		FEP Blue Focus	
	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM	Enrollment Code	PREMIUM
Self Only	104	\$253.30	111	\$164.55	131	\$115.15
Self + One	106	\$578.83	113	\$386.99	133	\$247.55
Self & Family	105	\$621.27	112	\$414.31	132	\$272.29

While the monthly premium you'll pay is important, don't make your decision on the premiums alone. There are other things to consider.

OPM typically publishes rates for the upcoming open season the last week of September. Please visit [OPM.gov](https://www.opm.gov) for 2021 rates

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THANK YOU