



BlueCross BlueShield's FEP Medicare Prescription Drug Program

A NARFE Federal Benefits Institute Webinar, in Partnership with Blue Cross and Blue Shield's (BCBS) Federal Employee Program[®] (FEP[®])

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BlueCross BlueShield Association

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Blue Cross Blue Shield's FEP Medicare Prescription Drug Program

Blue Cross and Blue Shield
Service Benefit Plan



Federal Employee Program.

[fepblue.org](https://www.fepblue.org)



The health plan that's always by your side

That's the Benefit of Blue[®].

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



**Federal employees
and their families**



**USPS employees and
their families**



**Federal retirees,
USPS retirees and
their families**

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



Our network

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



1.7 Million+
doctors & hospitals



55,000+
retail pharmacies

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

**Members enrolled in the FEP Medicare Prescription Drug Program have a larger pharmacy network.*

Helping you get more out of Medicare That's the Benefit of Blue.®

For over 60 years, we've been covering federal employees and retirees. Whether you're planning for retirement or already retired, we're here to help you better understand Medicare.





Combining Medicare and FEP



The choice to combine your coverage **is up to you**, but we're going to show you why combining is the right choice once Medicare Part A and Part B become your primary coverage.

'Primary' means that Medicare will pay its portion of your benefits first and then we'll pay our portion second.



With Medicare Part A and Part B as your primary coverage, we **eliminate your out-of-pocket costs** for covered medical services.



Save on out-of-pocket costs

You pay \$0 for...



Doctor visits



Hospital visits



Telehealth consultations



Standard Option deductibles



Urgent care visits



Medicare deductibles

...and much more!



Our plans

We have plans designed to fit every need and budget.



F
FEP
Blue Focus



B
Basic
Option



S
Standard
Option



FEP Blue Focus



FEP Blue Focus is well suited for members who don't use their health care benefits often, only use in-network providers and don't have many prescription drug needs.



You pay the lowest premium for FEP Blue Focus.



FEP Blue Focus comes with our most limited prescription drug formulary and you do not have a FEP Mail Service Pharmacy Program benefit.



You must meet your FEP deductible before we eliminate your cost shares for medical services.



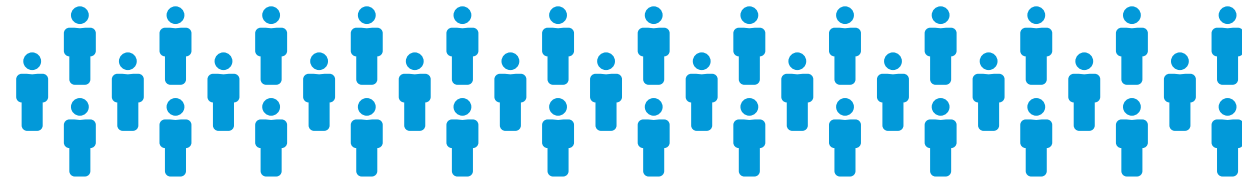
It does not cover benefits, such as hearing aids and preventive dental care.



Basic Option



For over 15 years, Basic Option has been the plan **most federal employees choose** in the FEHB.



You get up to \$800 back for paying your Medicare Part B premiums when you combine your coverage.



You get added coverage for things Medicare alone doesn't cover, like hearing aids and preventive dental care.



Members with Medicare have enhanced prescription drug coverage that includes access to FEP Mail Service Pharmacy Program.



You must see in-network (Preferred) providers to get care.



Standard Option



Standard Option is our only plan that allows you to go in- and out-of-network for non-emergency care.



It has the largest approved drug list, or formulary. This makes it a good option for members who have complex prescription needs.



When you combine it with Original Medicare, we pay your deductible, so it becomes a deductible-free plan.



You get added coverage for things Medicare alone doesn't cover, like hearing aids and preventive dental care.



You pay the highest premium for Standard Option.



2024 monthly Service Benefit Plan premiums

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

	FEP Blue Focus	Basic Option	Standard Option
Self Only	\$119.83	\$207.44	\$326.71
Enrollment Code	131	111	104
Self + One	\$257.58	\$517.03	\$729.82
Enrollment Code	133	113	106
Self & Family	\$283.32	\$568.96	\$803.14
Enrollment Code	132	112	105

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.



Get to Know the FEP Medicare Prescription Drug Program

  **BlueCross.
BlueShield.**
Federal Employee Program.

fepblue.org



What is the FEP Medicare Prescription Drug Program?

The FEP Medicare Prescription Drug Program, or MPDP, is a prescription drug benefit exclusively for Blue Cross and Blue Shield Federal Employee Program (FEP) members with Medicare Part A and/or Part B. It's part of your Blue Cross and Blue Shield Service Benefit Plan coverage.



Eligibility

You are eligible for MPDP if you are:



An FEP member








Enrolled in Medicare Part A and/or Part B



A resident of the U.S. or a U.S. territory

Features of MPDP

With MPDP, you:

-  Continue to receive the same FEP health plan benefits you're used to
-  Have additional approved prescription drugs in some tiers
-  Get lower out-of-pocket costs for higher-cost drugs
-  Have a cap on the amount you pay out-of-pocket on prescriptions annually
-  Don't pay a separate premium for your prescription drug coverage*

You may need to pay an Income-Related Monthly Adjustment Amount (IRMAA) depending on your income level. Learn more at [medicare.gov](https://www.medicare.gov).

Drug tiers

MPDP has four drug tiers:

1

Tier 1:
Generics

2

Tier 2:
Preferred
brand name

3

Tier 3:
Non-preferred
brand name

4

Tier 4:
Specialty
drugs



How to get your prescriptions

You can order prescription refills at one of our 65,000+ in-network retail pharmacies or through the FEP Mail Service Pharmacy Program (Basic Option and Standard Option only).

This is a larger network than the traditional FEP pharmacy benefit.



What about specialty drugs?

Specialty drugs are tier 4 drugs with MPDP. Depending on how the drug is dispensed, you can buy specialty drugs via retail pharmacies or mail service.

What you'll pay

MPDP is included as part of your current FEP premium.
You will pay your FEP premium plus your Medicare Part B premium if you have Part B.



Know if your drug is covered and what it costs

You can use the FEP Prescription Drug Cost tool during Open Season to look up your specific drugs and see how much they will cost at local pharmacies and through the FEP Mail Service Pharmacy. You can also compare the cost to your current FEP prescription drug benefits.

To use the drug cost tool or to download the full formulary for your plan, visit fepblue.org/medicarerx.

Your MPDP benefits with FEP Blue Focus



In-network Retail Pharmacy

Tier 1: Generics	\$5 for up to a 30-day supply \$15 for a 31- to 90-day supply
Tier 2: Preferred brand name	40% of our allowance (\$350 max) for up to a 30-day supply 40% of our allowance (\$1,050 max) for a 31- to 90-day supply
Tier 3: Non-preferred brand name	40% of our allowance (\$350 max) for up to a 30-day supply 40% (\$1,050 max) for a 31- to 90-day supply
Tier 4: Specialty drugs	40% of our allowance (\$350 max) for up to a 30-day supply 40% (\$1,050 max) for a 31- to 90-day supply

FEP Mail Service Pharmacy
is not a benefit



Your MPDP benefits with Basic Option



In-network Retail Pharmacy

Tier 1: Generics

\$10 for up to a 30-day supply
\$30 for a 31- to 90-day supply

Tier 2: Preferred brand name

\$45 for up to a 30-day supply
\$135 for a 31- to 90-day supply

Tier 3: Non-preferred brand name

50% of our allowance (\$60 min) for up to a 30-day supply
50% of our allowance (\$175 min) for a 31- to 90-day supply

Tier 4: Specialty

\$75 for up to a 30-day supply
\$195 for a 31- to 90-day supply



Your MPDP benefits with Basic Option (cont'd)



FEP Mail Service Pharmacy

For up to a 90-day supply

Tier 1: Generics	\$15 copay
Tier 2: Preferred brand name	\$95 copay
Tier 3: Non-preferred brand name	\$125 copay
Tier 4: Specialty drugs	\$150 copay



Your MPDP benefits with Standard Option



In-network Retail Pharmacy

Tier 1: Generics

\$5 for up to a 30-day supply
\$15 for a 31- to 90-day supply

Tier 2: Preferred brand name

15% of our allowance for up to a 90-day supply

Tier 3: Non-preferred brand name

50% of our allowance for up to a 90-day supply

Tier 4: Specialty drugs

\$60 for up to a 30-day supply
\$170 for a 31- to 90-day supply



Your MPDP benefits with Standard Option (cont'd)



FEP Mail Service Pharmacy

For up to a 90-day supply

Tier 1: Generics	\$5 copay
Tier 2: Preferred brand name	\$85 copay
Tier 3: Non-preferred brand name	\$125 copay
Tier 4: Specialty drugs	\$150 copay



What is an out-of-pocket maximum?

An out-of-pocket maximum is a cap (or maximum) on the amount you'll pay for your health care costs. In the case of MPDP, it's a cap on the amount you'll pay for prescription drugs for the year. Once you reach the maximum for the year, you pay **nothing** out-of-pocket for your prescriptions for the rest of the year.

You still have an overall medical out-of-pocket maximum. Your MPDP pharmacy out-of-pocket maximum is part of it, not added to it.



Annual Pharmacy Out-of-Pocket Maximum

FEP Blue Focus

\$3,250 per member

Basic Option

\$3,250 per member

Standard Option

\$2,000 per member



Now let's see an example of how the out-of-pocket maximum works.





Iwana B. Blue is a Basic Option member who currently does not have MPDP

They take three (3) generics, three (3) Preferred brand name drugs and two (2) specialty drugs that they refill monthly. Their annual medical out-of-pocket maximum is \$6,500.

Cost of generics for the year	$\\$10 \times 3 \times 12 = \\360
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Cost of Preferred brand name drugs for the year	$\\$50 \times 3 \times 12 = \\$1,800$
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Cost of specialty drugs for the year	$\\$100 \times 2 \times 12 = \\$2,400$
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Total cost of prescriptions for the year	$\\$4,560$
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Iwana pays the full \$4,560 because they haven't hit the \$6,500 medical out-of-pocket maximum.



Iwana decides to enroll in MPDP in 2024

This includes the **\$3,250** pharmacy out-of-pocket maximum for Basic Option members.

Here's how their out-of-pocket costs change:

Cost of generics for the year	$\$10 \times 3 \times 12 = \360
Cost of Preferred brand name drugs for the year	$\$45 \times 3 \times 12 = \$1,620$
Cost of specialty drugs for the year	$\$75 \times 2 \times 12 = \$1,800$
Total cost of prescriptions for the year	\$3,780



Even though Iwana's total is \$3,780 for the year, they will only pay \$3,250 due to the out-of-pocket maximum. This means, compared to what Iwana is paying now, they will save over \$1,300 with the new MPDP prescription benefit.





Medication Therapy Management (MTM) Program

If you have complex prescription drug needs, this program is available to you to get support from a pharmacist. They'll help ensure you get the most out of your current drug therapy.

Group Enrollment

We will automatically enroll members who meet the following criteria starting **October 2023**:

Have Medicare Part A *and* Part B primary

Are not enrolled in a Medicare Advantage (MA) plan*

Do not have Medicare because of End-Stage Renal Disease (ESRD)

**If you are enrolled in an existing Part D plan, enrolling in MPDP will disenroll you from that plan.*





If you want MPDP, you don't have to do anything. You'll automatically be enrolled and we'll send you a new member ID card before your coverage begins on January 1, 2024.



Opt-out process



If you want to keep your current FEP prescription drug benefits, you need to let us know.

The eligibility letter will provide you with instructions on how to opt out of MPDP by mail or phone. Once you receive the letter, you'll have 26 days to let us know you want to opt out.

If you miss the deadline

You can tell us at any point that you want the regular FEP prescription drug benefits instead of MPDP.

You can call **1-800-MEDICARE** or mail us at **PO Box 3539, Scranton, PA 18505.**





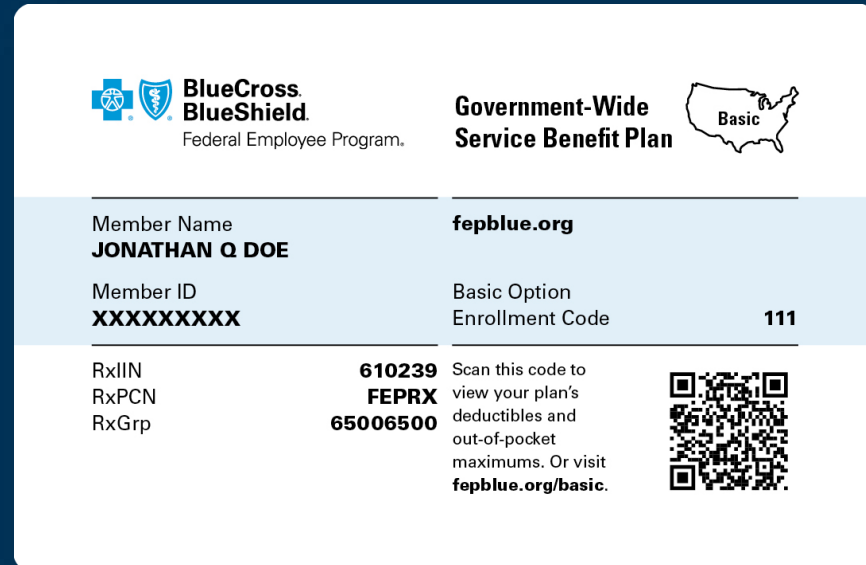
If you're not automatically enrolled, but meet the eligibility criteria for MPDP, you can still enroll.

You can voluntarily enroll any time on or after **November 13, 2023**—the first day of Open Season. Download the enrollment form at fepblue.org/medicarerx. You will need to call the customer service phone number on the back of your member ID card for assistance when completing the form.



New member ID cards

We will send updated member ID cards in the fall of 2023 and early 2024.



The following members will get their member ID cards first: new enrollees, FEP Blue Focus members and members enrolled in our new FEP Medicare Prescription Drug Program.

Basic Option and Standard Option members not enrolled in MPDP will receive their ID cards in early 2024.



Learn more



To learn more about the FEP Medicare Prescription Drug Program, call

1-888-338-7737 (TTY: 711).

Or visit fepblue.org/medicarerx to access more details.



View the FEP Medicare Prescription Drug Program Booklet



Scan this code with your
phone's camera to learn more
about FEP.



Resources





Visit

fepblue.org

National Information Center

1-800-411-BLUE (2583)

Weekdays from 8 a.m. – 8 p.m. Eastern Time
(excluding holidays)



A plan for everything

That's the Benefit of Blue.®



fepblue.org



bcbsfepdental.com



bcbsfepvision.com

The Blue Cross and Blue Shield Federal Employee Program, Blue Cross Blue Shield FEP Dental and Blue Cross Blue Shield FEP Vision are all separate, independently operated plans with benefits outlined in each of their respective federal brochures.





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, please read the Plan's Federal brochures (Standard Option and Basic Option: 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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The FEP Medicare Prescription Drug Program is a prescription drug plan with a Medicare contract. Enrollment in MPDP depends on contract renewal.

The formulary and/or pharmacy network may change at any time. You will receive notice when necessary.



Thank You!

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