2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 9. Coordinating Benefits With Medicare and Other Coverage

Please review the following examples illustrating your cost-share liabilities when Medicare is your primary payor **and** your provider is in our network and participates with Medicare compared to what you pay without Medicare. Please do not rely on this chart alone but read all information in this section of the brochure. You can find more information about how our Plan coordinates with Medicare in our *Medicare and You Guide for Federal Employees* available online at www.fepblue.org.

Benefit Description: Deductible
Standard Option You Pay **Without** Medicare: $500-Self; $1,000-Family
Standard Option You Pay **With** Medicare Parts A & B: $0.00
Basic Option You Pay **Without** Medicare: N/A
Basic Option **With** Medicare Parts A & B: $0.00

Benefit Description: Catastrophic Protection Out-of-Pocket Maximum
Standard Option You Pay **Without** Medicare: $7,000-Self; $14,000-Family
Standard Option You Pay **With** Medicare Parts A & B: $7,000-Self; $14,000-Family
Basic Option You Pay **Without** Medicare: $8,500-Self; $17,000-Family
Basic Option **With** Medicare Parts A & B: $8,500-Self; $17,000-Family

Benefit Description: Part B Premium Reimbursement
Standard Option You Pay **Without** Medicare: N/A
Standard Option You Pay **With** Medicare Parts A & B: N/A
Basic Option You Pay **Without** Medicare: N/A
Basic Option **With** Medicare Parts A & B: $800

Benefit Description: Primary Care Provider
Standard Option You Pay **Without** Medicare: $30
Standard Option You Pay **With** Medicare Parts A & B: $0.00
Basic Option You Pay **Without** Medicare: $35
Basic Option **With** Medicare Parts A & B: $0.00

Benefit Description: Specialist
Standard Option You Pay **Without** Medicare: $40
Standard Option You Pay **With** Medicare Parts A & B: $0.00
Basic Option You Pay **Without** Medicare: $50
Basic Option **With** Medicare Parts A & B: $0.00

Benefit Description: Inpatient Hospital
Standard Option You Pay **Without** Medicare: $450
Standard Option You Pay **With** Medicare Parts A & B: $0.00
Basic Option You Pay **Without** Medicare: $500/day up to $3,500
Basic Option **With** Medicare Parts A & B: $0.00

Benefit Description: Outpatient Hospital
Standard Option You Pay **Without** Medicare: 15% or $30 copayment

Standard Option You Pay **With** Medicare Parts A & B: $0.00
Basic Option You Pay **Without** Medicare: 35% or $35-$500 copayment
Basic Option With Medicare Parts A & B: $0.00

Benefit Description: Incentives Offered
Standard Option You Pay **Without** Medicare: N/A
Standard Option You Pay **With** Medicare Parts A & B: N/A
Basic Option You Pay **Without** Medicare: N/A
Basic Option With Medicare Parts A & B: N/A