# Cover page

# Blue Cross<sup>®</sup> and Blue Shield<sup>®</sup> Service Benefit Plan

www.fepblue.org



# 2024

## A Fee-For-Service Plan (FEP Blue Standard and FEP Blue Basic Options) with a Preferred Provider Organization

### IMPORTANT

- Rates: Back Cover
- Changes for 2024: Page 14
- Summary of Benefits: Page <u>163</u>

This Plan's health coverage qualifies as minimum essential coverage and meets the minimum value standard for the benefits it provides. See our FEHB Facts for details. This Plan is accredited. See Section 1.

**Sponsored and administered by:** The Blue Cross and Blue Shield Association and participating Blue Cross and Blue Shield Plans

**Who may enroll in this Plan:** All Federal employees, Tribal employees, and annuitants who are eligible to enroll in the Federal Employees Health Benefits Program

#### Enrollment codes for this Plan:

104 Standard Option - Self Only 106 Standard Option - Self Plus One 105 Standard Option - Self and Family 111 Basic Option - Self Only 113 Basic Option - Self Plus One 112 Basic Option - Self and Family



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