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### 2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 9. Coordinating Benefits With Medicare and Other Coverage Page 151

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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](http://www.fepblue.org).

#### **Benefit Description: Deductible**

Standard Option You Pay **Without** Medicare: \$350-Self; \$700-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: \$8,000-Self; \$16,000-Family

Standard Option You Pay **With** Medicare Parts A & B: \$8,000-Self; \$16,000-Family

Basic Option You Pay **Without** Medicare: \$6,500-Self; \$13,000-Family

Basic Option **With** Medicare Parts A & B: \$6,500-Self; \$13,000-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: \$45  
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: \$250/day up to \$1,500  
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: 30% 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

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