

2

2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Table of Contents

Page 2

- Emergency inpatient admission - [27](#)
- Maternity care - [27](#)
- If your hospital stay needs to be extended - [27](#)
- If your treatment needs to be extended - [27](#)
- If you disagree with our pre-service claim decision - [27](#)
- To reconsider a non-urgent care claim - [27](#)
- To reconsider an urgent care claim - [28](#)
- To file an appeal with OPM - [28](#)

Section 4. Your Costs for Covered Services - [29](#)

Cost-share/Cost-sharing - [29](#)

Copayment - [29](#)

Deductible - [29](#)

Coinsurance - [29](#)

If your provider routinely waives your cost - [29](#)

Waivers - [30](#)

Differences between our allowance and the bill - [30](#)

Important Notice About Surprise Billing – Know Your Rights - [30](#)

Your costs for other care - [31](#)

Your catastrophic protection out-of-pocket maximum for deductibles, coinsurance, and copayments - [31](#)

Carryover - [32](#)

If we overpay you - [32](#)

When Government facilities bill us - [32](#)

Section 5. FEP Blue Focus Benefits - [33](#)

Non-PSHB Benefits Available to Plan Members - [110](#)

Section 6. General Exclusions – Services, Drugs, and Supplies We Do Not Cover - [111](#)

Section 7. Filing a Claim for Covered Services - [113](#)

Section 8. The Disputed Claims Process - [116](#)

Section 8(a). Medicare PDP EGWP Disputed Claims Process - [119](#)

Section 9. Coordinating Benefits With Medicare and Other Coverage - [120](#)

When you have other health coverage - [120](#)

- TRICARE and CHAMPVA - [120](#)

- Workers' Compensation - [121](#)

- Medicaid - [121](#)

When other Government agencies are responsible for your care - [121](#)

When others are responsible for injuries - [121](#)

When you have Federal Employees Dental and Vision Insurance Plan (FEDVIP) - [122](#)

Clinical trials - [123](#)

When you have Medicare - [123](#)

- The Original Medicare Plan (Part A or Part B) - [123](#)

- Tell us about your Medicare coverage - [124](#)

- Private contract with your physician - [124](#)

- Medicare Advantage (Part C) - [124](#)

- Medicare prescription drug coverage (Part D) - [125](#)

- Medicare Prescription Drug Plan Employer Group Waiver Plan (PDP EGWP) - [125](#)

- Medicare prescription drug coverage (Part B) - [126](#)

When you are age 65 or over and do not have Medicare - [128](#)

Physicians Who Opt-Out of Medicare - [129](#)

When you have the Original Medicare Plan (Part A, Part B, or both) - [129](#)

Section 10. Definitions of Terms We Use in This Brochure - [131](#)

Index - [140](#)

Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus – 2025 - [142](#)

Go to page [1](#). Go to page [3](#).