

Table of Contents

2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus Table of Contents

Table of Contents

Introduction - [4](#)

Plain Language - [4](#)

Stop Healthcare Fraud! - [4](#)

Discrimination is Against the Law - [5](#)

Preventing Medical Mistakes - [6](#)

PSHB Facts - [9](#)

Coverage information - [9](#)

• No pre-existing condition limitation - [9](#)

• Minimum essential coverage (MEC) - [9](#)

• Minimum value standard - [9](#)

• Where you can get information about enrolling in the PSHB Program - [9](#)

• Enrollment types available for you and your family - [9](#)

• Family member coverage - [10](#)

• Children's Equity Act - [11](#)

• Medicare Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP) - [11](#)

• When benefits and premiums start - [11](#)

• When you retire - [12](#)

When you lose benefits - [12](#)

• When PSHB coverage ends - [12](#)

• Upon divorce - [12](#)

• Medicare PDP EGWP - [12](#)

• Temporary Continuation of Coverage (TCC) - [12](#)

• Finding replacement coverage - [13](#)

• Health Insurance Marketplace - [13](#)

Section 1. How This Plan Works - [14](#)

General features of FEP Blue Focus - [14](#)

We have a Preferred Provider Organization (PPO) - [14](#)

How we pay professional and facility providers - [14](#)

Your rights and responsibilities - [15](#)

Your medical and claims records are confidential - [15](#)

Section 2. New for 2025 - [16](#)

Section 3. How You Get Care - [17](#)

Identification cards - [17](#)

Where you get covered care - [17](#)

Balance Billing Protection - [17](#)

- Covered professional providers - [17](#)

- Covered facility providers - [17](#)

What you must do to get covered care - [19](#)

- Transitional care - [19](#)

- If you are hospitalized when your enrollment begins - [19](#)

You need prior Plan approval for certain services - [20](#)

- Inpatient hospital admission, inpatient residential treatment center admission - [20](#)

- Other services - [20](#)

- Special prior authorization situations related to coordination of benefits (COB) - [24](#)

- Prior notification – Maternity care - [25](#)

How to request precertification for an admission or get prior approval for Other services - [25](#)

- Non-urgent care claims - [26](#)

- Urgent care claims - [26](#)

- Concurrent care claims - [26](#)

- 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](#)

2025 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan - [150](#)