

2023 Benefits: FEP Standard



FEP Standard + Original Medicare¹

	INN (FEP)	OON (FEP) ^{2,3}
PCP, specialist, most services	\$0	\$0
Inpatient Hospital	\$0	\$0
Skilled Nursing	Days 1-30: \$0/day Days 31-100: \$200/day Days 101+: All costs	Days 1-30: \$0/day Days 31-100: \$200/day Days 101+: All costs
Physical Therapy	Visits 1-75: \$0 Visits 76+: 20% coinsurance	Visits 1-75: \$0 Visits 76+: 20% coinsurance

FEP Standard + Freedom+¹

	INN MA / FEP	OON MA / INN FEP ³	INN MA / OON FEP	OON MA / FEP ³
PCP, specialist, most services	\$0	\$0	\$0	\$0
Inpatient Hospital	\$0	\$0	\$0	\$0
Skilled Nursing	Days 1-30: \$0/day Days 31-60: \$196/day Days 61-100: \$0/day Days 101+: All costs	Days 1-30: \$0/day Days 31-100: 40% coinsurance Days 101+: All costs	Days 1-30: \$0/day Days 31-60: \$196/day Days 61-100: \$0/day Days 101+: All costs	Days 1-30: \$0/day Days 31-100: 40% coinsurance Days 101+: All costs
Physical Therapy	Visits 1-75: \$0 Visits 76+: \$40	Visits 1-75: \$0 Visits 76+: 40% coinsurance	Visits 1-75: \$0 Visits 76+: \$40	Visits 1-75: \$0 Visits 76+: 40% coinsurance

1) Assumes that Medicare is primary 2) After meeting Part B \$226 deductible 3) Assumes provider participates in Medicare
 Note: All coinsurances are based on the Medicare allowed amount.

2023 Benefits: FEP Basic



FEP Basic + Original Medicare¹

	INN (FEP)	OON (FEP) ^{2,3}
PCP, specialist, most services	\$0	20% coinsurance
Inpatient Hospital	\$0	After \$1,600 deductible: Days 1-60: \$0; Days 61-90: \$400/day; Days 91-150: \$800/day
Skilled Nursing	Days 1-20: \$0/day Days 21-100: \$200/day Days 101+: All costs	Days 1-20: \$0/day Days 21-100: \$200/day Days 101+: All costs
Physical Therapy	Visits 1-50: \$0 Visits 51+: 20% coinsurance	20% coinsurance

FEP Basic + Freedom+¹

	INN MA / FEP	OON MA / INN FEP ³	INN MA / OON FEP	OON MA / FEP ³
PCP, specialist, most services	\$0	\$0	20% coinsurance	40% coinsurance
Inpatient Hospital	\$0	\$0	Days 1-90: \$2,050 per stay Days 91-150: \$778 per day	40% coinsurance
Skilled Nursing	Days 1-20: \$0/day Days 21-60: \$196/day Days 61-100: \$0/day Days 101+: All costs	Days 1-100: 40% coinsurance Days 101+: All costs	Days 1-20: \$0/day Days 21-60: \$196/day Days 61-100: \$0/day Days 101+: All costs	Days 1-100: 40% coinsurance Days 101+: All costs
Physical Therapy	Visits 1-50: \$0 Visits 51+: \$40	Visits 1-50: \$0 Visits 51+: 40% coinsurance	\$40 for all visits	40% coinsurance

Proprietary & Confidential 1) Assumes that Medicare is primary 2) After meeting Part B \$226 deductible 3) Assumes provider participates in Medicare

Notes: All coinsurances are based on the Medicare allowed amount. FEP Basic does not have OON coverage. When the provider is OON for FEP, only the member's Medicare coverage will pay.

2023 Benefits: FEP Blue Focus



FEP Blue Focus + Original Medicare¹

	INN (FEP)	OON (FEP) ^{2,3}
PCP, specialist, most services	\$0	20% coinsurance
Inpatient Hospital	\$0	After \$1,600 deductible: Days 1-60: \$0; Days 61-90: \$400/day; Days 91-150: \$800/day
Skilled Nursing	Days 1-20: \$0/day Days 21-100: \$200/day Days 101+: All costs	Days 1-20: \$0/day Days 21-100: \$200/day Days 101+: All costs
Physical Therapy	Visits 1-25: \$0 Visits 26+: 20% coinsurance	20% coinsurance

FEP Blue Focus + Freedom¹

	INN MA / FEP	OON MA / INN FEP ³	INN MA / OON FEP	OON MA / FEP ³
PCP, specialist, most services	\$0	\$0	20% coinsurance	40% coinsurance
Inpatient Hospital	\$0	\$0	Days 1-90: \$2,050 per stay Days 91-150: \$778 per day	40% coinsurance
Skilled Nursing	Days 1-20: \$0/day Days 21-60: \$196/day Days 61-100: \$0/day Days 101+: All costs	Days 1-100: 40% coinsurance Days 101+: All costs	Days 1-20: \$0/day Days 21-60: \$196/day Days 61-100: \$0/day Days 101+: All costs	Days 1-100: 40% coinsurance Days 101+: All costs
Physical Therapy	Visits 1-25: \$0 Visits 26+: \$40	Visits 1-25: \$0 Visits 26+: 40% coinsurance	\$40 for all visits	40% coinsurance

1) Assumes that Medicare is primary 2) After meeting Part B \$226 deductible 3) Assumes provider participates in Medicare

Notes: All coinsurances are based on the Medicare allowed amount. FEP Blue Focus does not have OON coverage. When the provider is OON for FEP, only the member's Medicare coverage will pay.

MA/FEP Claims Process

