Federal Employee Program (FEP) Plans

Federal Employee Program

The Blue Cross® Blue Shield® Association contracts with the federal government to provide health insurance to active and retired federal employees. The Blue Cross Blue Shield Service Benefit Plan is also known as the Federal Employee Program® (FEP®).

Local independent Blue Cross and Blue Shield plans can elect to participate in FEP to offer the Service Benefit Plan coverage in their service area. Each participating Blue Plan has a participation agreement with the association to underwrite and service federal employees who enroll in the Service Benefit Plan in that Plan's designated service area. See below for details about FEP plans.

Healthcare insurance programs

FEP offers the following insurance programs:

- Federal Employees Health Benefits (FEHB) Program – Provides health benefits coverage for most active, full-time civilian employees and retirees of the government and their families.
- Postal Service Health Benefits (PSHB) Program – This program provides health benefits coverage for US Postal Service employees, annuitants, and their family members.
- Federal Employees Dental and Vision Insurance Program (FEDVIP) – Provides supplemental dental and vision benefits for federal employees, annuitants, their family members, and other eligible persons and groups.

Medical benefit plan options

All federal employees, including postal service employees, may choose from one of the following benefit plan options:

- FEP Blue Standard
- FEP Blue Basic
- FEP Blue Focus

These plans all include access to the national Service Benefit Plan PPO Network. All providers in the AZ Blue Statewide PPO Network are included in this network.

Notes:

- For 2026, plan benefits are the same for both FEHP and PSHB programs, however, the postal plans may have different out-of-pocket maximums.
- Members may enroll in FEDVIP plans for additional dental and vision benefits.
- Eligible postal service members will be auto-enrolled into an FEP Medicare Prescription Drug Program (MPDP) as part of their plan. If they opt out of this program, they will have no prescription benefits. Non-postal FEP members who are Medicare-eligible may choose to include an MPDP in their plan.

Network, coverage, and copay information

All FEP plans consider providers in the PPO network to be "Preferred" providers. The FEP Blue Basic and FEP Blue Focus plans require the use of Preferred providers to be covered for non-emergency services. Only the FEP Blue Standard plan includes out-of-network benefits.

See below for a summary of each plan option.

FEP Blue Standard: Members enrolled in the FEP Blue Standard option have in-network benefits when they use PPO providers. They also have an out-of-network benefit. Calendar-

year deductibles and coinsurance vary depending on whether the provider is in-network or not. The member has lower out-of-pocket expenses when using in-network providers.

FEP Blue Basic: Members have in-network benefits only and must use a PPO provider (Preferred provider) to receive coverage. A copay applies to office visits other than preventive screenings, annual physicals, and maternity visits for pre- and post-natal care. Members are responsible for all charges if they do not use a PPO provider, except for certain services such as emergency care.

FEP Blue Focus: Members have in-network benefits only and must use a Preferred provider to receive coverage. Core preventive care is covered at little or no cost to the member. Non-core benefits include all primary care and specialist visits beyond the first 10 visits (combined), lab and diagnostic services, allergy treatments, surgeries, and emergency care. These benefits are covered at 70% of the allowed amount after the member meets a calendar-year deductible. The member pays the remaining 30%.

FEP pharmacy benefits and administrator: CVS Caremark
AZ Blue does not provide or administer retail and mail order pharmacy benefits for FEP members. CVS Caremark is the FEP pharmacy benefit manager (PBM) for retail, mail order, and specialty pharmacy. FEP offers mail order only for members enrolled in the FEP Blue Standard plan.

Chiropractic services
American Specialty Health (ASH) provides the network and benefit administration for chiropractic services for FEP members. If you have questions about FEP chiropractic benefits, you can contact the FEP Customer Service Department at 602-864-4102 or 800-345-7562.

Note: Submit claims for FEP chiropractic services to AZ Blue.

How to identify an FEP plan
You can identify an FEP plan by looking at the member ID card.

1. All cards display the FEP logo in the upper left corner
2. All FEP member IDs begin with the prefix "**R**"
3. FEP enrollment codes (equivalent to group numbers) identify the program and the type of plan:

Enrollment Codes	
Federal Employees Health Benefits (FEHB) Program	**Postal Service Health Benefits (PSHB) Program**
104 FEP Blue Standard – Self Only	**33D** FEP Blue Standard – Self Only
105 FEP Blue Standard – Self and Family	**33E** FEP Blue Standard – Self and Family
106 FEP Blue Standard – Self Plus One	**33F** FEP Blue Standard – Self Plus One
111 FEP Blue Basic – Self Only	**33A** FEP Blue Basic – Self Only
112 FEP Blue Basic – Self and Family	**33B** FEP Blue Basic – Self and Family
113 FEP Blue Basic – Self Plus One	**33C** FEP Blue Basic – Self Plus One
131 FEP Blue Focus – Self Only	**35A** FEP Blue Focus – Self Only
132 FEP Blue Focus – Self and Family	**35B** FEP Blue Focus – Self and Family
133 FEP Blue Focus – Self Plus One	**35C** FEP Blue Focus – Self Plus One

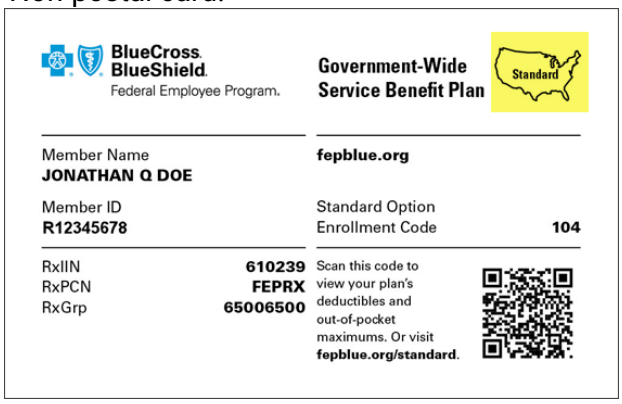
Federal Employee Program (FEP) Plans

Sample ID cards

You can spot postal service ID cards by the icon in the upper right corner that looks like a postage stamp. Non-postal cards use the US map icon.

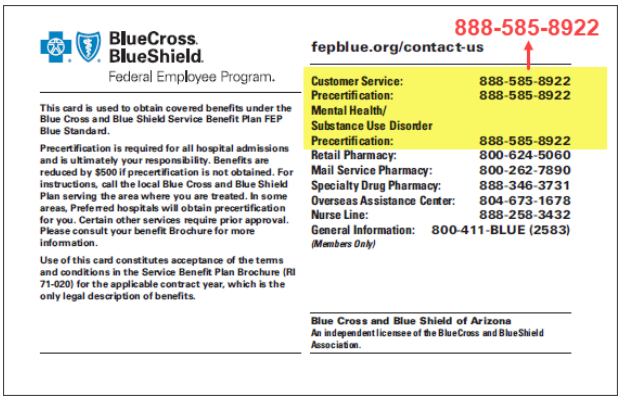
Postal card:

Non-postal card:

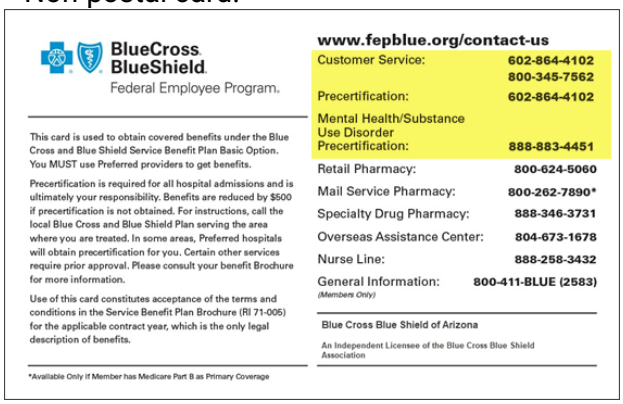


The back of the postal ID card displays the new customer service and precertification number.

Postal card:



Non-postal card:



For more FEP ID card samples, see Section 10.

New federal employees

As proof of insurance, new federal employees will have either an “SF2809” (copy of their enrollment form) or a computer-generated receipt of insurance.

Eligibility, benefits, and precertification

You can validate eligibility and benefits via the Availity Essentials provider portal.

For resources to help you with FEP precertification and prior approvals, visit our Prior Authorization and Medical Policies page > Federal Employee Program (FEP) plans. To request precertification or prior approval, call us at 602-864-4102 or 800-345-7562. For postal plans, call 888-585-8922.

For more information about FEP precertification and prior approval, see Section 11.

Claim filing

Submit FEP claims electronically to AZ Blue (EDI # 53589). For more information about claim submission, see Section 19.

Federal Employee Program (FEP) Plans

Appeals and grievances

Mail claim and precertification appeals and grievances for FEP members to:

FEP Medical Review – Mail Stop B205
AZ Blue
P.O. Box 13466
Phoenix, AZ 85002-3466

Online resources

Many online resources are available at fepblue.org, including:

- Benefit plan brochures and summaries
- Medical policies and Utilization management guidelines
- Enrollment options
- Provider directory
- Pharmacy information
- Health and wellness resources and tools