

2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(h). Wellness and Other Special Features
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- Alternative benefits will be made available for a limited period of time and are subject to our ongoing review. You must cooperate with and participate in the review process. Your provider(s) must submit the information necessary for our reviews. You and/or your healthcare proxy must participate in care conferences and caregiver training as requested by your provider(s) or by us.
- We may revoke the alternative benefits agreement immediately at any time, if we discover we were misled by the information given to us by you, your provider, or anyone else involved in your care, or that you are not meeting the terms of the agreement.
- If we approve alternative benefits, we do not guarantee that they will be extended beyond the limited time period and/or scope of the alternative benefits agreement or that they will be approved in the future.
- The decision to offer alternative benefits is solely ours, and unless otherwise specified in the **alternative benefits agreement**, we may at our sole discretion, withdraw those benefits at any time and resume regular contract benefits.
- Our decision to offer or withdraw alternative benefits is not subject to OPM review under the disputed claims process.

If you sign the **alternative benefits agreement**, we will provide the agreed-upon alternative benefits for the stated time period, unless we are misled by the information given to us or circumstances change. Benefits as stated in this brochure will apply to all services and dates of care not included in the alternative benefits agreement. You or your provider may request an extension of the time period initially approved for alternative benefits, no later than five business days prior to the end of the alternative benefits agreement. We will review the request, including the services proposed as an alternative and the cost of those services, but benefits as stated in this brochure will apply if we do not approve your request.

Note: If we deny a request for precertification or prior approval of regular contract benefits, as stated in this brochure, or if we deny regular contract benefits for services you have already received, you may dispute our denial of regular contract benefits under the OPM disputed claims process (see Section 8).

Telehealth Services

Go to www.fepblue.org/telehealth or call 855-636-1579, TTY: 711, toll free to access on-demand, affordable, high-quality care for adults and children experiencing non-emergency medical issues, including treatment of minor acute conditions (see page [155](#) for definition), dermatology care,

counseling for behavioral health and substance use disorder, and nutritional counseling.

Note: This benefit is available only through the contracted telehealth provider network.

The fepblue Mobile Application

Blue Cross and Blue Shield's fepblue mobile application is available for download for both iOS and Android mobile phones. The application provides members with 24/7 access to helpful features, tools and information related to Blue Cross and Blue Shield Service Benefit Plan benefits. Members can log in with their MyBlue® username and password to access personal healthcare information such as benefits, out-of-pocket costs, deductibles (if applicable) and physician visit limits. They can also view claims and approval status, view/share Explanations of Benefits (EOBs), view/share member ID cards, locate in-network providers, and connect with our telehealth services.

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