
Introduction

On December 23, 2004, President George W. Bush signed the Federal Employee Dental and Vision Benefits Enhancement Act of 2004 (Public Law 108-496). The Act directed the Office of Personnel Management (OPM) to establish supplemental dental and vision benefit programs to be made available to Federal employees, annuitants and their eligible family members. In response to the legislation, OPM established the Federal Employees Dental and Vision Insurance Program (FEDVIP). OPM has contracted with dental and vision insurers to offer an array of choices to Federal employees and annuitants.

This brochure describes the benefits of FEP BlueVision under the Blue Cross and Blue Shield Association's contract OPM-06-00060-2 with OPM, as authorized by the FEDVIP law. The address for our administrative office is:

FEP BlueVision
711 Troy Schenectady Road

Latham, New York 12110
1-888-550-BLUE (2583)
www.fepblue.org

This brochure is the official statement of benefits. No oral statement can modify or otherwise affect the benefits, limitations and exclusions of this brochure. It is your responsibility to be informed about your benefits.

If you are enrolled in this Plan, you are entitled to the benefits described in this brochure. If you are enrolled in Self Plus One, you and your designated family member are entitled to these benefits. If you are enrolled in Self and Family coverage, each of your eligible family members is also entitled to these benefits.

OPM negotiates rates with each carrier annually. Rates are shown at the end of this brochure.

This FEP BlueVisionPlan and all other FEDVIP plans are not a part of the Federal Employees Health Benefits (FEHB) Program.

Table of Contents

Program Highlights	3
A choice of plans and options	3
Enroll through BENEFEDS	3
Coverage effective date	3
Pre-tax salary deduction for employees	3
Annual enrollment opportunity	3
Continued group coverage.....	3
Waiting period.....	3
Section 1 Eligibility	4
Federal employees.....	4
Federal annuitants	4
Survivor annuitants	4
Compensationers	4
Family members.....	4
Not eligible.....	4
Section 2 Enrollment.....	5
Enroll through BENEFEDS	5
Enrollment types	5
Opportunities to enroll or change enrollment.....	5
When coverage stops.....	6
FSAFEDS/High Deductible Health Plans and FEDVIP	7
Section 3 How you get care	8
Identification cards / Enrollment confirmation	8
Where you get covered care	8
Plan providers.....	8
In-network	8
Out-of-network.....	8
Overseas	8
Pre-certification	8
Coordination of benefits.....	8
Underserved areas	8
Section 4 Your cost for covered services	9
Copayment	9
Annual benefit maximum.....	9
In-network services	9
Out-of-network services.....	9
Overseas services	9
Section 5 Vision services and supplies	10
Diagnostic.....	10
Eyewear	10
Contact Lenses	10
Section 6 General exclusions – things we don’t cover	12
Section 7 The claims filing and disputed claims processes	13
How to file a claim for covered services.....	13
Deadline for filing your claim.....	13
Disputed Claims Process	13

Section 8 Definitions of terms we use in this brochure14
Stop health care fraud!14
2007 Bi-weekly rate information for Plan Name.....15

Program Highlights

A choice of plans and options	You can select from several national, and in some areas regional, dental Preferred Provider Organizations (PPO), and high and standard coverage options. You can also select from several nationwide vision plans. You may enroll in a dental plan or a vision plan, or both. Visit www.opm.gov/insure/dentalvision for more information.
Enroll through BENEFEDS	You enroll through the Internet at www.BENEFEDS.com . See page 6 for more information.
Coverage effective date	If you sign up for a dental and/or vision plan during the 2006 Open Season, your coverage will begin on December 31, 2006. Premium deductions will start with the first full pay period beginning on/after January 1, 2007. You can use your benefits as soon as your coverage becomes effective.
Pre-tax salary deduction for employees	Employees automatically pay premiums through payroll deductions using pre-tax dollars. Annuitants automatically pay premiums through annuity deductions using post-tax dollars.
Annual enrollment opportunity	Each year, an open season will be held, during which you can enroll or change your dental and/or vision plan enrollment. This year the Open Season runs from November 13, 2006 through December 11, 2006. You do not need to re-enroll each open season unless you wish to change plans or plan options. Your coverage will continue from the previous year. In addition to the annual open season, there are certain events that allow you to make specific types of enrollment changes throughout the year. See page 6 for more information.
Continued group coverage	Your enrollment or your eligibility to enroll may continue after retirement. You do not need to be enrolled in FEDVIP for any length of time to continue enrollment into retirement. Your family members may be able to continue enrollment after your death. See page 5 for more information.
Waiting period	The only waiting period is for orthodontic services. To meet this requirement, the person receiving the services must be enrolled in the same plan for the entire waiting period.

Section 1 Eligibility

Federal employees	If you are a Federal or U.S. Postal Service employee, you are eligible to enroll in FEDVIP if you are eligible for the Federal Employees Health Benefits (FEHB) Program. Enrollment in the FEHB Program is not required.
Federal annuitants	<p>You are eligible to enroll if you:</p> <ul style="list-style-type: none">retired on an immediate annuity under the Civil Service Retirement System (CSRS), the Federal Employees Retirement System (FERS) or another retirement system for employees of the Federal Government;retired for disability under CSRS, FERS, or another retirement system for employees of the Federal Government. <p>You may continue your FEDVIP enrollment into retirement if you retire on an immediate annuity or for disability under CSRS, FERS or another retirement system for employees of the Government, regardless of the length of time you had FEDVIP coverage as an employee. There is no requirement to have coverage for the 5 years of service prior to retirement to continue coverage into retirement, as there is with the FEHB Program.</p> <p>Your FEDVIP coverage will end if you retire on a Minimum Retirement Age (MRA) + 10 retirement and postpone receipt of your annuity. You can enroll in FEDVIP again when you begin to receive your annuity.</p>
Survivor annuitants	If you are a survivor of a deceased Federal/ U.S. Postal Service employee or annuitant and you are receiving an annuity, you can enroll or continue the existing enrollment.
Compensationers	A compensationer is someone receiving monthly compensation from the Department of Labor's Office of Workers' Compensation Programs (OWCP) due to an on-the-job injury who is determined by the Secretary of Labor to be unable to return to duty. You are eligible to enroll in FEDVIP or continue FEDVIP enrollment into compensation status.
Family members	<p>Eligible family members include your spouse and unmarried dependent children under age 22. This includes legally adopted children and recognized natural children who meet certain dependency requirements. This also includes stepchildren and foster children who live with you in a regular parent-child relationship. Under certain circumstances, you may also continue coverage for a disabled child 22 years of age or older who is incapable of self-support.</p> <p>FEDVIP rules and FEHB rules for family member eligibility are the same. For more information on family member eligibility, see the FEHB Handbook at www.opm.gov/insure/handbook or contact your employing agency or retirement system.</p>
Not eligible	<p>The following persons are not eligible to enroll in FEDVIP, regardless of FEHB eligibility or receipt of an annuity or portion of an annuity:</p> <ul style="list-style-type: none">Deferred annuitants;Former spouses of employees or annuitants;FEHB temporary continuation of coverage (TCC) enrollees.

Section 2 Enrollment

Enroll through BENEFEDES

You must use BENEFEDES to enroll or change enrollment in a FEDVIP plan. BENEFEDES is a secure enrollment website (www.BENEFEDES.com) sponsored by OPM where you enter your name, personal information such as your address and Social Security Number, the agency you work for (or retirement system that pays your annuity), and the dental/vision plan you select. If you do not have access to a computer, call 1-877-888-FEDS (1-877-888-3337), TTY number 1-877-889-5680 to enroll or change your enrollment.

Note: You cannot enroll in a FEDVIP plan using the Health Benefits Election Form (SF 2809) or through an agency self-service system, such as Employee Express, PostalEase, EBIS, MyPay, or Employee Personal Page. However, those sites may provide a link to BENEFEDES.

Enrollment types

Self Only: A Self Only enrollment covers only you as the enrolled employee or annuitant. You may choose a Self Only enrollment even though you have a family; however, your family members will not be covered under FEDVIP.

Self Plus One: A Self Plus One enrollment covers you as the enrolled employee or annuitant plus one eligible family member whom you specify. You may choose a Self Plus One enrollment even though you have additional eligible family members, but the additional family members will not be covered under FEDVIP.

Note: A Self Plus One enrollment option does not exist under the FEHB Program.

Self and Family: A Self and Family enrollment covers you as the employed enrollee or annuitant and all of your eligible family members. You must list all eligible family members when enrolling.

Opportunities to enroll or change enrollment

Open season

If you are an eligible employee or an eligible annuitant, you can enroll in a dental and/or vision plan during the November 13 through December 11, 2006 Open Season. Coverage is effective December 31, 2006.

During future annual open seasons, you may enroll in a plan, or change or cancel your dental and/or vision coverage. The effective date of these open season enrollments and changes will be set by OPM. If you want to continue your current enrollment, do nothing. Your enrollment carries over from year to year, unless you change it.

New hire / Newly eligible

You can enroll within 60 days after you become eligible as:

- a new employee;
- a previously ineligible employee who transferred to a covered position;
- a survivor annuitant if not already covered under FEDVIP;

or within 60 days of a return to service following a break in service of at least 31 days.

Your enrollment will be effective the first day of the pay period following the one in which BENEFEDES receives your enrollment.

Qualifying Life Event

A qualifying life event (QLE) is an event that allows you to enroll, or if you are already enrolled, allows you to change your enrollment outside of an open season.

The following chart lists the QLE's and the enrollment actions you may take.

Qualifying Life Event	From Not Enrolled to Enrolled	INCREASE: Enrollment Type	DECREASE: Enrollment Type	Cancel	CHANGE: from one plan to another
Acquiring an eligible family member	No	Yes	No	No	No
Losing a covered family member	No	No	Yes	No	No
Losing other dental/vision coverage (eligible or covered person)	Yes	Yes	No	No	No
Moving out of regional plan's service area	No	No	No	No	Yes
Return to pay status from active military duty	Yes	No	No	No	No
Annuity/compensation restored	Yes	No	No	No	No

The timeframe for requesting a QLE change is from 31 days before to 60 days after the event. There are two exceptions:

- There is no time limit for a change based on moving from a regional plan's service area and
- You cannot request a new enrollment based on a QLE before the QLE occurs. You must make the change no later than 60 days after the event.

Generally, enrollments and enrollment changes made based on a QLE are effective on the first day of the pay period following the one in which BENEFEDS receives the enrollment or change. BENEFEDS will send you confirmation of your new coverage effective date.

Canceling an enrollment

You can cancel your enrollment only during the annual open season. An eligible family member's coverage also ends upon the effective date of the cancellation.

Your cancellation is effective at the end of the day before the date OPM sets as the open season effective date.

When coverage stops

Coverage ends when you:

- no longer meet the definition of an eligible employee or annuitant;
- begin a period of non-pay status or pay that is insufficient to have your FEDVIP premiums withheld and you do not make direct premium payments to BENEFEDS;
- are making direct premium payments to BENEFEDS and you stop making the payments; or

- cancel the enrollment during open season.

Coverage for a family member ends when:

- you as the enrollee lose coverage; or
- the family member no longer meets the definition of an eligible family member.

Under FEDVIP, there is no 31-day extension of coverage, temporary continuation of coverage, spouse equity coverage, or right to convert to an individual policy.

**FSAFEDS/High Deductible
Health Plans and
FEDVIP**

If you are planning to enroll in an FSAFEDS Health Care Flexible Spending Account (HCFSA) or Limited Expense Health Care Flexible Spending Account (LEX HCFSA), you should consider how coverage under a FEDVIP plan will affect your annual expenses, and thus the amount that you should allot to an FSAFEDS account. Please note that insurance premiums are not eligible expenses for either type of FSA.

Because of the tax benefits an FSA provides, the IRS requires that you forfeit any money for which you did not incur an eligible expense and file a claim in the time period permitted. This is known as the “Use-it-or-Lose-it” rule. Carefully consider the amount you will elect.

Current FSAFEDS participants must re-enroll to participate in 2007. See www.fsafeds.com or call 1-877-FSAFEDS (372-3337) or TTY: 1-800-952-0450.

If you enroll or are enrolled in a high deductible health plan with a health savings account (HSA) or health reimbursement arrangement (HRA), you can use your HSA or HRA to pay for qualified dental/vision costs not covered by your FEHB and FEDVIP plans.

Section 3 How you get care

Identification cards / Enrollment confirmation

Two ID cards will be issued for each contract, regardless of coverage option. If additional cards are needed, you can request them through our website, www.fepblue.org. All eligible dependents listed on your application share your identification number.

Enrollment confirmation: call 1-888-550-BLUE (2583) or via www.fepblue.org.

Where you get covered care

- **Plan providers**

We list Plan providers in the provider directory, which we update periodically. The list is on our website at: www.fepblue.org.

- **In-network**

The FEP BlueVision in-network benefit is paperless and extremely user-friendly for members. When scheduling an appointment, members identify themselves as members of FEP BlueVision and provide their name and identification number. The provider is then responsible for verifying eligibility by contacting the administrative system, through which they will be informed if the patient is currently eligible to receive services.

You must stay in-network for covered services. If you receive care from a non-participating provider we will not pay for any services unless it is an underserved area (as outlined below).

- **Out-of-network**

Members who reside in areas not meeting access standards (which can be reviewed at www.fepblue.org or call 1-888-550-2583) can visit an out-of-network provider, pay billed charges and then be reimbursed up to the limits of the out-of-network schedule.

- **Overseas**

Members who reside overseas can visit an out-of-network doctor, pay billed charges and then be reimbursed up to the limits of the out-of-network schedule.

Pre-certification

Pre-certification is only required for the acquisition of medically necessary contact lenses in the treatment of members affected by certain eye health conditions.

Coordination of benefits

If you have vision coverage through your FEHB plan and coverage under FEDVIP, your FEHB plan will be the first payor of any benefit payments. We are responsible for coordinating benefits with the primary payor.

We will also coordinate benefit payments with the payment of benefits under other group health benefits coverage you may have and the payment of vision costs under no-fault insurance that pays benefits without regard to fault. We may request that you verify/identify your health insurance plan(s) annually or at time of service.

Underserved areas

If you live in an underserved area and you receive covered services from an out-of-network provider, we will pay 100% of our plan allowance. You are responsible for any difference between the amount billed and our payment. You can find a list of our limited access areas at www.fepblue.org or call 1-888-550-2583.

Section 4 Your cost for covered services

This is what you will pay out-of-pocket for covered care:

Copayment	There are no plan copayments for covered eye examinations, standard lenses, plan frames, or contact lenses in lieu of eyeglasses.
Annual benefit maximum	<ul style="list-style-type: none">• Standard Option: one eye examination every calendar year; one pair of spectacle lenses or contact lenses every calendar year; one frame every other calendar year. (Contact lens benefit available in lieu of eyeglasses.)• High Option: one eye examination every calendar year; one pair of spectacle lenses or contact lenses every calendar year; one frame every calendar year. (Contact lens benefit available in lieu of eyeglasses.)
In-network services	Members are only responsible for any cost that exceeds the plan allowances (as described on Page 11) and discretionary lens options not covered by the plan.
Out-of-network services	Members who reside in areas not meeting access standards* can visit an out-of-network provider, pay billed charges and then be reimbursed based on 100% of usual and customary charges for the area (set at the 75th percentile of average charge in the region). *NOTE: Access Standards Urban zip codes: at least 90% of Federal eligibles (employees and annuitants) in a network access area (zip code plus 15 driving-miles) must have access to a vision care preferred provider. Rural zip codes: at least 80% of Federal eligibles (employees and annuitants) in a network access area (zip code plus 35 driving-miles) must have access to a vision care preferred provider.
Overseas services	Members who reside overseas can visit an out-of-network provider, pay billed charges and then be reimbursed based on 100% of usual and customary charges for the Washington D. C. area (set at the 75th percentile of average charge in the region).

Section 5 Vision services and supplies

Important things you should keep in mind about these benefits:

Please remember that all benefits are subject to the definitions, limitations and exclusions in this brochure and are payable only when we determine they are necessary for the prevention, diagnosis, care or treatment of a covered condition and meet generally accepted protocols.

Benefit Description	You Pay	
Diagnostic	Standard Option	High Option
<p>Eye Examinations (once every 12 months, i.e. calendar year)</p> <p>Inclusive of dilation if professionally indicated.</p> <p>92002-92004 New patient examination</p> <p>92012-92014 Established patient examination</p> <p>92015-92140 Other vision testing</p>	<p>Nothing</p> <p>Nothing</p> <p>Nothing</p>	<p>Nothing</p> <p>Nothing</p> <p>Nothing</p>
Eyewear	Standard Option	High Option
<p>Lenses (per pair, every 12 months, i.e. calendar year)</p> <p>V2100-2199 Single Vision</p> <p>V2200-V2299 Bifocal</p> <p>V2300-V2320 Trifocal</p> <p>V2321 Lenticular</p> <p>Frame High Option: one every 12 months, i.e. calendar year Standard Option: one every 24 months, i.e. every other calendar year.</p> <p>V2020</p>	<p>Nothing</p> <p>Nothing</p> <p>Nothing</p> <p>Nothing</p> <p><i>Plan Frame:</i> Nothing</p> <p>(FEP BlueVision exclusive “Collection” frames with retail values of up to \$200 are all covered in full).[1]</p> <p><i>Non-Plan Frame:</i> You are entitled to a \$130 allowance that may be applied toward the retail cost of any frame. Additionally, a 20% discount will be taken off any amount over \$130.[2]</p>	<p>Nothing</p> <p>Nothing</p> <p>Nothing</p> <p>Nothing</p> <p><i>Plan Frame:</i> Nothing</p> <p>(FEP BlueVision exclusive “Collection” frames with retail values of up to \$200 are all covered in full).1</p> <p><i>Non-Plan Frame:</i> You are entitled to a \$130 allowance that may be applied toward the retail cost of any frame. Additionally, a 20% discount will be taken off any amount over \$130.2</p>
Contact Lenses	Standard Option	High Option
<p>Contact Lenses (every 12 months, i.e. calendar year – in lieu of eyeglasses)</p> <p>V2500-V2599</p>	<p>Plan Contact Lenses: Nothing</p>	<p>Plan Contact Lenses: Nothing</p>

Contact Lenses - continued on next page

Benefit Description	You Pay	
	Standard Option	High Option
Contact Lenses (cont.)	<p>(Contact lenses from the FEP BlueVision exclusive Contact Lens Formulary are all covered in full. Members will be entitled to either one pair of daily wear contact lenses, two boxes of planned replacement lenses (equating to approximately a one-year supply) or four boxes of disposable lenses (equating to approximately a six-month supply) per calendar year.)^[1]</p> <p>Non-Plan Contact Lenses:</p> <p>You are entitled to a \$130 allowance that may be applied toward the cost of evaluation, materials, fitting and follow-up care. Additionally, a 15% discount will be taken off any amount over \$130.^[2]</p>	<p>(Contact lenses from the FEP BlueVision exclusive Contact Lens Formulary are all covered in full. Members will be entitled to either one pair of daily wear contact lenses, two boxes of planned replacement lenses (equating to approximately a one-year supply) or four boxes of disposable lenses (equating to approximately a six-month supply) per calendar year.) 1</p> <p>Non-Plan Contact Lenses:</p> <p>You are entitled to a \$130 allowance that may be applied toward the cost of evaluation, materials, fitting and follow-up care. Additionally, a 15% discount will be taken off any amount over \$130</p>

Other Vision Services

Replacement Contact Lens Program: FEP BlueVision offers a contact lens replacement program to members. This mail order program, Lens 1-2-3![®], exclusively allows you to enjoy the guaranteed lowest prices on contact lens replacement materials. Members can conveniently call 1-800-LENS123 with a current prescription for this value-added service and every order comes with a complimentary starter kit.

Low Vision: Low vision is a significant loss of vision but not total blindness. Ophthalmologists and optometrists specializing in low vision care can evaluate and prescribe optical devices, and provide training and instruction to maximize the remaining usable vision for our members with low vision. After prior approval by FEP BlueVision, covered low vision services (both in- and out-of-network) will include one comprehensive low vision evaluation every 5 years, with a maximum charge of \$300; maximum low vision aid allowance of \$600 with a lifetime maximum of \$1,200 for items such as high-power spectacles, magnifiers and telescopes; and follow-up care – four visits in any five-year period, with a maximum charge of \$100 each visit.

Laser Vision Correction

FEP BlueVision members can realize substantial discounts on laser correction procedures (LASIK and PRK). Members will be entitled to savings of up to 25% off the provider's usual and customary fees, or a 5% discount on any advertised special, through a network of preeminent participating physicians and affiliated laser centers. (Some centers provide a flat fee equating to these discount levels.)

Section 6 General exclusions – things we don't cover

The exclusions in this section apply to all benefits. **Although we may list a specific service as a benefit, we will not cover it unless we determine it is necessary for the prevention, diagnosis, care or treatment of a covered condition.**

We do not cover the following:

- Any vision service or treatment not specifically listed as a covered service;
- Services and treatment that are experimental or investigational;
- Services and treatment incurred after the termination date of your coverage unless otherwise indicated;
- Services and treatment not meeting accepted standards of optometric practice;
- Services and treatment resulting from your failure to comply with professionally prescribed treatment;
- Telephone consultations;
- Any charges for failure to keep a scheduled appointment;
- Any services that are strictly cosmetic in nature including, but not limited to, charges for personalization or characterization of prosthetic appliances;
- Services or treatment provided as a result of intentionally self-inflicted injury or illness;
- Services or treatment provided as a result of injuries suffered while committing or attempting to commit a felony, engaging in an illegal occupation, or participating in a riot, rebellion or insurrection;
- Office infection control charges;
- Charges for copies of your records, charts, or any costs associated with forwarding/ mailing copies of your records or charts;
- State or territorial taxes on vision services performed;
- Medical treatment of eye disease or injury;
- Visual therapy;
- Special lens designs or coatings other than those described in this brochure;
- Replacement of lost/stolen eyewear;
- Non-prescription (Plano) lenses;
- Two pairs of eyeglasses in lieu of bifocals;
- Services not performed by licensed personnel;
- Prosthetic devices and services;
- Materials not specified in this brochure;
- Insurance of contact lenses;
- Professional services you receive from immediate relatives or household members, such as a spouse, parent, child, brother or sister, by blood, marriage or adoption.

Section 7 The claims filing and disputed claims processes

How to file a claim for covered services

If your vision care provider is in the Preferred network, he or she will file the claim for you, and payment will be sent directly to the vision care provider.

If you live in an underserved area or overseas, you are responsible for filing the claim. You can find a list of our limited access areas and obtain claim forms at www.fepblue.org or call 1-888-550-2583.

After services have been received, submit an out-of-network claim form along with copies of the provider's bills to:

FEP BlueVision

P.O. Box 2010

Latham, New York 12110-2010

Deadline for filing your claim

Claim reimbursement is applicable for out-of-network claims only and the standard time limit for filing a claim is up to one year from the date of service.

Disputed Claims Process

Follow this disputed claims process if you disagree with our decision on your claim or request for services. **The FEDVIP law does not provide a role for OPM to review disputed claims.**

Step Description

1 The provider, member or patient may appeal any decision to deny services before, during or after the service is rendered. Ask us in writing to reconsider our initial decision. You must send written notice of disputed claims via U.S. Mail to: Quality Assurance/ Patient Advocate Department FEP BlueVision 159 Express Street Plainview, New York 11803

2 We will acknowledge receipt of your request within five business days from the date we receive it and will give you a decision within 30 days.

3 If the dispute is not resolved through the reconsideration process, you may request a review of the denial. We make a decision within 35 days of the date we receive your request.

4 If you do not agree with our final decision, you may request an independent third party, mutually agreed upon by us and OPM, review the decision. The decision of the independent third party is binding and is the final review of your claim. This decision is not subject to judicial review.

Section 8 Definitions of terms we use in this brochure

Annuitants	Federal retirees (who retired on an immediate annuity), and survivors (of those who retired on an immediate annuity or died in service) receiving an annuity. This also includes those receiving compensation from the Department of Labor's Office of Workers' Compensation Programs, who are called compensationers. Annuitants are sometimes called retirees.
BENEFEDS	The enrollment and premium administration system for FEDVIP.
Benefits	Covered services or payment for covered services to which enrollees and covered family members are entitled to the extent provided by this brochure.
Enrollee	The Federal employee or annuitant enrolled in this Plan.
FEDVIP	Federal Employees Dental and Vision Insurance Program.
Waiting period	The amount of time that you must be enrolled in this Plan before you can receive orthodontic services.
We / Us	FEP BlueVision
You	Enrollee or eligible family member.

Stop health care fraud!

Fraud increases the cost of health care for everyone and increases your Federal Employees Dental and Vision Insurance Program premium.

Protect Yourself From Fraud – Here are some things that you can do to prevent fraud:

- Do not give your plan identification (ID) number over the telephone or to people you do not know, except to your providers, plan, BENEFEDS or OPM.
- Let only the appropriate providers review your clinical record or recommend services.
- Avoid using providers who say that an item or service is not usually covered, but they know how to bill us to get it paid.
- Do not ask your provider to make false entries on certificates, bills or records in order to get us to pay for an item or service.
- If you suspect that a provider has charged you for services you did not receive, billed you twice for the same service, or misrepresented any information, do the following:
 - Call the provider and ask for an explanation. There may be an error.
 - If the provider does not resolve the matter, call us at 1-888-550-BLUE (2583) and explain the situation.

2007 Bi-weekly rate information for Plan Name

These rates apply nationwide and internationally.

Monthly Rates

High Option Self Only	High Option Self Plus One	High Option Self and Family	Standard Option Self Only	Standard Option Self Plus One	Standard Option Self and Family
\$10.86	\$21.69	\$32.54	\$8.60	\$17.20	\$25.83

Bi-weekly Rates

High Option Self Only	High Option Self Plus One	High Option Self and Family	Standard Option Self Only	Standard Option Self Plus One	Standard Option Self and Family
\$5.01	\$10.01	\$15.02	\$3.97	\$7.94	\$11.92