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<b>Federal Employee Program (FEP)</b>	The Federal Employee Program (FEP) is the Blue Cross Blue Shield Association fee-for-service health care plan offered to federal employees nationwide.
<b>Federal Employees Health Benefits Program</b>	All federal government employees and qualified retirees are entitled to health insurance benefits under the Federal Employees Health Benefits (FEHB) Program. The FEHB allows insurance companies, employee associations, and employee unions (e.g., the National Association of Letter Carriers) to develop health insurance plans to be marketed to government employees.
<b>Fee-for-Service</b>	Fee-for-service is a method of payment in which a provider (PCP or Specialist) submits a bill for each service rendered and is paid according to the health plan's established fee for that service less any member liability. An additional provider incentive may be included in the payment.
<b>Fee Schedule</b>	Fee schedules are tables of maximum allowances that Highmark pays. They are not intended to necessarily represent the actual value of services performed.
<b>Financial Investigations and Provider Review (FIPR)</b>	Highmark's Financial Investigations and Provider Review (FIPR) department's mission is to support Highmark's vision of providing affordable, quality health care by ensuring that provider reimbursements are appropriate and to protect Highmark's assets by investigating and resolving suspected incidents of health care insurance fraud, waste, or abuse.
<b>Flexible Spending Account (FSA)</b>	Flexible Spending Accounts (FSAs) allow members to set aside a specified amount from their paycheck to pay for out-of-pocket medical and health-related expenses not fully reimbursed by their health coverage. An FSA offers a practical solution for those who have additional or special care needs, or for those who would like a vehicle to help budget their medical and health-related costs. Contributions are tax-exempt.
<b>Formulary</b>	The drug formulary is a list of FDA-approved prescription drug medications reviewed by our Pharmacy and Therapeutics (P&T) Committee. The formulary is designed to assist in maintaining the quality of patient care and containing cost for the patient's drug benefit plan. Our P&T Committee approves revisions to the drug formulary on a quarterly basis; updates are provided to reflect such additions.
<b>Fraud</b>	Fraud is defined by state and federal laws and can include actions such as intentional misrepresentation or deception for the purpose of receiving payments that an individual or entity is not eligible to receive (e.g., billing for services not rendered).