

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 5. Benefits****Page 36**

Not Covered (Inpatient or Outpatient) -	95
Section 5(f). Prescription Drug Benefits -	97
Covered Medications and Supplies -	113
Section 5(g). Dental Benefits -	120
Accidental Injury Benefit -	120
Dental Benefits -	121
Section 5(h). Wellness and Other Special Features -	124
Health Tools -	124
Services for the Deaf and Hearing Impaired -	124
Web Accessibility for the Visually Impaired -	124
Travel Benefit/Services Overseas -	124
Healthy Families -	124
Diabetes Management Program -	124
Blue Health Assessment -	124
Pregnancy Care Incentive Program -	125
Annual Incentive Limitation -	126
Reimbursement Account for Basic Option Members Enrolled in Medicare Part A and Part B -	126
MyBlue® Customer eService -	126
National Doctor & Hospital Finder -	126
Care Management Programs -	126
Flexible Benefits Option -	127
Telehealth Services -	128
The fepblue Mobile Application -	128
Weight Loss Management Program -	128
Section 5(i). Services, Drugs, and Supplies Provided Overseas -	129
Non-FEHB Benefits Available to Plan Members -	132