

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 2. Changes for 2026****Changes to our Basic Option only****Changes to our Basic Option only**

- Your cost-share for oral and transdermal contraceptives is now 35% of the Plan allowance when obtained from a Preferred provider and care is provided for other than contraception. (See page [49](#).)
- Your cost-share for reproductive services is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [50](#).)
- Your cost-share for certain vision services (testing, treatment and supplies) is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [54](#).)
- Your cost-share for orthopedic and prosthetic devices is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [56](#).)
- Your cost-share for durable medical equipment (DME) is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [57](#).)
- Your cost-share for medical supplies is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [58](#).)
- Your copayment for an inpatient admission is now a \$425 per day copayment for up to \$2,975. (See pages [75](#), [76](#), [82](#), [83](#), [94](#) and [95](#).)
- The copayment associated with the charges incurred during delivery will be waived if you give birth in a Blue Distinction Center for Maternity. (See page [75](#).)
- Your copayment for outpatient observation services performed and billed by a hospital or freestanding ambulatory facility is now a \$425 copayment per day for up to \$2,975. (See page [78](#).)
- Your cost share for outpatient drugs, medical devices, and durable medical equipment billed for by a Preferred facility is now 35% of the Plan allowance. (See page [81](#).)
- Your cost-share for outpatient hospital emergency room services and supplies, including professional provider services, diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by the hospital is now a \$425 per day per facility copayment. (See pages [89-91](#).)
- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 2 (preferred brand-name drug) is now 35% of the Plan allowance (\$150 maximum) for each

purchase of up to a 30-day supply (\$400 maximum for a 31 to 90-day supply). (See page [102](#).)

- For members enrolled in our regular pharmacy drug program who also have Medicare Part B primary, your responsibility for a Tier 2 (preferred brand-name drug) is now 35% of the Plan allowance (\$100 maximum) for each purchase of up to a 30-day supply (\$300 maximum for a 31 to 90-day supply). (See page [103](#).)
- For members enrolled in our regular pharmacy drug program who have Medicare Part B primary, your responsibility for a Tier 2 (preferred brand-name drug) purchased through the Mail Service Prescription Drug Program is now 35% of the Plan allowance up to a \$225 maximum. (See page [104](#).)
- For members enrolled in our regular pharmacy drug program who have Medicare Part B primary, your responsibility for a Tier 3 (non-preferred brand-name drug) purchased through the Mail Service Prescription Drug Program is now 35% of the Plan allowance up to a \$250 maximum. (See page [104](#).)
- Your cost for the reduced retail Tier 3 (non-preferred brand name drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary is now 60% of the Plan allowance for each purchase of up to a 90-day supply. (See page [102](#).)
- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 4 (preferred specialty drug) obtained from a Preferred retail pharmacy is now 35% of the Plan allowance (\$250 maximum) for a purchase of up to a 30-day supply. (See page [102](#).)
- For members enrolled in our regular pharmacy drug program who have Medicare Part B primary, your responsibility for a Tier 4 (preferred specialty drug) obtained from a Preferred retail pharmacy is now 35% of the Plan allowance (\$200 maximum) for a purchase of up to a 30-day supply. (See page [103](#).)
- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 4 (preferred specialty drug) obtained from the Specialty Drug Pharmacy Program is now 35% of the Plan allowance (\$250 maximum) limited to one purchase of up to 30-day supply (\$700 for a 31 to 90-day supply). (See page [105](#).)
- For members enrolled in our regular pharmacy drug program who also have Medicare Part B primary, your responsibility for a Tier 4 (preferred specialty drug) is now 35% of the Plan allowance (\$200 maximum) for a purchase of up to a 30-day supply (\$450 maximum for a 31 to 90-day supply) when obtained through the Specialty Drug Pharmacy Program. (See page [105](#).)
- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 5 (non-preferred specialty drug) obtained at a Preferred Retail Pharmacy is now 35% of the Plan allowance (\$500 maximum) for a purchase of up to a 30-day supply. (See page [102](#).)
- For members enrolled in our regular pharmacy drug program who have Medicare Part B primary, your responsibility for a Tier 5 (non-preferred specialty drug) obtained at a Preferred retail pharmacy is now 35% of the Plan allowance (\$450 maximum) limited to up to a 30-day supply. (See page [103](#).)

- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 5 (non-preferred specialty drug) obtained through the Specialty Drug Pharmacy Program is now 35% of the Plan allowance (\$500 maximum) limited to up to a 30-day supply (\$850 for a 31 to 90-day supply). (See page [105](#).)
- For members enrolled in our regular pharmacy drug program who have Medicare Part B primary, your responsibility for a Tier 5 (non-preferred specialty drug) is now 35% of the Plan allowance (\$450 maximum) limited to up to a 30-day supply (\$625 maximum for up to a 90-day supply) when obtained through the Specialty Drug Pharmacy Program. (See page [105](#).)
- Your cost-share for covered prescription drugs and supplies not obtained at a retail pharmacy or through the Specialty Drug Pharmacy Program, is now 35% of the Plan allowance. (See page [118](#).)
- Your cost-share to treat an accidental dental injury is now 35% of the Plan allowance. (See page [120](#).)
- Your cost-share for ground ambulance transport services is now \$250 per day copayment and your cost-share for air or sea ambulance transport services is now \$750 per day copayment. (See page [86](#).)
- Your cost-share for laboratory tests (such as blood tests and urinalysis), pathology services, and EKGs is now a 20% coinsurance. (See pages [40](#) and [80](#).)
- The copayment for outpatient diagnostic testing services performed and billed by a facility, such as cardiovascular monitoring, EEGs, Home-based/unattended sleep studies, ultrasounds, neurological testing, X-rays (including set-up of portable X-ray equipment), is now \$75. (See page [79](#).)