

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan Basic Option –**  
**2026**  
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**Do not rely on this chart alone.** This is a summary. All benefits are subject to the definitions, limitations, and exclusions in this brochure. Before making a decision, please read this FEHB brochure.

If you want to enroll or change your enrollment in this Plan, be sure to put the correct enrollment code from the cover on your enrollment form.

Basic Option does not provide benefits when you use Non-preferred providers. For a list of the exceptions to this requirement, see Section 3. There is no deductible for Basic Option.

You can also obtain a copy of our Summary of Benefits and Coverage as required by the Affordable Care Act at [www.fepblue.org/brochure](http://www.fepblue.org/brochure).

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**Medical services provided by physicians:** Diagnostic and treatment services provided in the office  
PPO: Nothing for preventive care; \$35 per office visit for primary care providers and other healthcare professionals; \$50 per office visit for specialists

Non-PPO: You pay all charges

[39-41](#)

**Medical services provided by physicians:** Telehealth services

PPO: Nothing

Non-PPO: You pay all charges

[39, 93](#)

**Services provided by a hospital:** Inpatient

PPO: \$425 per day up to \$2,975 per admission

Non-PPO: You pay all charges

[75-76](#)

**Services provided by a hospital:** Outpatient

PPO: \$250 per day per facility

Non-PPO: You pay all charges

[77-81](#)

**Emergency benefits:** Accidental injury

PPO: \$50 copayment for urgent care; \$425 copayment for emergency room care

Non-PPO: \$425 copayment for emergency room care; you pay all charges for care in settings other than the emergency room

Ambulance transport services: \$250 per day for ground ambulance; \$750 per day for air or sea ambulance

[89-90](#)

**Emergency benefits:** Medical emergency

Same as for accidental injury

[90-91](#)

**Mental health and substance use disorder treatment**

PPO: Regular cost-sharing, such as \$35 office visit copayment; \$425 per day up to \$2,975 per inpatient admission

Non-PPO: You pay all charges

[93-95](#)

**Prescription drugs**

**Retail Pharmacy Program:**

- PPO: \$15 generic/35% of our allowance (\$150 maximum) Preferred brand-name per prescription (\$100 maximum if you have primary Medicare Part B)/60% coinsurance for non-preferred brand-name drugs (up to a 30-day supply)
- Non-PPO: You pay all charges

**Specialty Drug Pharmacy Program:**

- 35% of the Plan allowance (\$250 maximum) for a preferred specialty drug for a purchase of up to a 30-day supply; 35% of the Plan allowance (\$500 maximum) for a non-preferred specialty drug for a purchase of up to a 30-day supply

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