

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 2. Changes for 2026****Page 16**

- 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](#).)