

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 5. Benefits****Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals****Hearing Services (Testing, Treatment, and Supplies)**

Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

Benefit Description**Hearing Services (Testing, Treatment, and Supplies)**

- Hearing tests related to illness or injury
- Testing and examinations for prescribing hearing aids

Note: For our coverage of hearing aids and related services, see *Orthopedic and Prosthetic Devices* in this section.

Standard Option - You Pay

Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Basic Option - You Pay

Preferred primary care provider or other healthcare professional: \$35 copayment per visit

Preferred specialist: \$50 copayment per visit

Note: You pay 35% of the Plan allowance for agents, drugs, and/or supplies administered or obtained in connection with your care.

Participating/Non-participating: You pay all charges

Benefit Description

Not covered:

- *Routine hearing tests*
- *Hearing aids (except as described later in this section)*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges