

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
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Do not rely only on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5 (Benefits). Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

Changes to our Standard Option only

- There is no longer a reduced Preferred retail pharmacy Tier 1 (generic drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary. You will pay the same cost-share as those who are enrolled in our regular pharmacy drug program that do not have Medicare Part B primary when purchased from a Preferred retail pharmacy. (See page [102](#).)
- There is no longer a reduced Tier 1 (generic drug) copayment for the Mail Service Prescription Drug Program for members enrolled in our regular prescription drug program who have Medicare Part B primary. You will pay the same cost-share as those enrolled in our regular prescription drug program who do not have Medicare Part B primary, when purchased through the Mail Service Prescription Drug Program. (See page [104](#).)
- For members enrolled in our regular pharmacy drug program, you are now responsible for 15% of the Plan allowance up to a \$150 maximum for a Tier 2 (preferred brand-name drug) purchased through the Mail Service Prescription Drug Program. (See page [104](#).)
- For members enrolled in our regular pharmacy drug program, you are now responsible for 20% of the Plan allowance up to a maximum of \$250 for a Tier 3 (non-preferred brand-name drug) obtained through the Mail Order Service Prescription Drug Program. (See page [104](#).)
- For members enrolled in our regular pharmacy drug program, your Tier 4 (preferred specialty drug) copayment will be \$100 for each purchase up to a 30-day supply (\$300 copay for 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program. (See page [105](#).)
- For members enrolled in our regular pharmacy drug program, your Tier 5 (non-preferred specialty drug) copayment will be \$150 for each purchase up to a 30-day supply (\$450 copay for 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program. (See page [105](#).)

- For members enrolled in our regular prescription drug program, certain asthma controller medications under our Tier 2 (preferred brand-name drug) are now only a \$35 copayment for each purchase of up to a 30-day supply (\$105 copayment for a 31 to 90-day supply) when purchased at a Preferred retail pharmacy. (See page [105](#).)

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](#).)