

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

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- Prior approval for genetic testing will be required when the test is being performed to assess the risk of passing a genetic condition to a child, or when the member has no active disease or signs or symptoms of the disease that is being screened. Prior approval is not required when a member has an active disease, signs and symptoms of a genetic condition that could be passed to a child, or when the test is needed to determine a course of treatment for a disease. If you are unsure whether your genetic test requires prior authorization, call the customer service number on the back of your ID card before scheduling. (See page [23](#).)
- Prior approval is now required for elective non-urgent outpatient surgical orthopedic procedures on the hip, knee, and spine. (See page [23](#).)
- Your cost-share for oral and transdermal contraceptives when related to contraception will now be \$0 when obtained from a source other than the pharmacy drug program. (See page [49](#).)
- Prior approval for outpatient hospice care will no longer be required. (See pages [84-86](#).)
- Your FEP Medicare Prescription Drug Catastrophic Maximum is now \$2,100. (See page [110](#).)
- Surgical and pharmacy services related to sex-trait modifications are no longer covered under this program. (See page [134](#).)