

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 4. Your Costs for Covered Services****Page 31**

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**EXAMPLE****Preferred Physician Standard Option**

Physician's charge: \$250

Our allowance: We set it at: 100

We pay: 85% of our allowance: 85

You owe - Coinsurance: 15% of our allowance: 15

You owe - Copayment: Not applicable

+ Difference up to charge? No: 0

**TOTAL YOU PAY: \$15****Participating Physician Standard Option**

Physician's charge: \$250

Our allowance: We set it at: 100

We pay: 65% of our allowance: 65

You owe - Coinsurance: 35% of our allowance: 35

You owe - Copayment: Not applicable

+ Difference up to charge? No: 0

**TOTAL YOU PAY: \$35****Non-participating Physician Standard Option**

Physician's charge: \$250

Our allowance: We set it at: 100

We pay: 65% of our allowance: 65

You owe - Coinsurance: 35% of our allowance: 35

You owe - Copayment: Not applicable

+ Difference up to charge? Yes: 150

**TOTAL YOU PAY: \$185**

Note: If you had not met any of your **Standard Option** deductible in the above example, only our allowance (\$100), which you would pay in full, would count toward your deductible.

You should also see *Important Notice About Surprise Billing – Know Your Rights* in this section that describes your protections against surprise billing under the No Surprises Act.

In the following example, we compare how much you have to pay out-of-pocket for services billed by a Preferred, Member, and Non-member ambulatory surgical facility for facility care associated with an outpatient surgical procedure. The table uses an example of services for which the ambulatory surgical facility charges \$5,000. The Plan allowance is \$2,900 when the services are provided at a Preferred or Member facility, and the Plan allowance is \$2,500 when the services are provided at a Non-member facility.

**EXAMPLE****Preferred Ambulatory Surgical Facility Standard Option**

Facility's charge: \$5,000

Our allowance: We set it at: 2,900

We pay: 85% of our allowance: 2,465

You owe - Coinsurance: 15% of our allowance: 435

You owe - Copayment: Not applicable

+ Difference up to charge? No: 0

**TOTAL YOU PAY: \$435**

**Member Ambulatory Surgical Facility Standard Option**

Facility's charge: \$5,000

Our allowance: We set it at: 2,900

We pay: 65% of our allowance: 1,885

You owe - Coinsurance: 35% of our allowance: 1,015

You owe - Copayment: Not applicable

+ Difference up to charge? No: 0

**TOTAL YOU PAY: \$1,015**