2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan Standard Option – 2026

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Do not rely on this chart alone. This is a summary. All benefits are subject to the definitions, limitations, and exclusions in this brochure. Before making a decision, please read this FEHB brochure.

If you want to enroll or change your enrollment in this Plan, be sure to put the correct enrollment code from the cover on your enrollment form.

Below, an asterisk (*) means the item is subject to the $350 per person ($700 per Self Plus One or Self and Family enrollment) calendar year deductible. If you use a Non-PPO physician or other healthcare professional, you generally pay any difference between our allowance and the billed amount, in addition to any share of our allowance shown below.

You can also obtain a copy of our Summary of Benefits and Coverage as required by the Affordable Care Act at www.fepblue.org/brochure.

Medical services provided by physicians: Diagnostic and treatment services provided in the office

PPO: Nothing for preventive care; 15%* of our allowance; $30 per office visit for primary care physicians and other healthcare professionals

$40 per office visit for specialists

Non-PPO: 35%* of our allowance

39-41

Medical services provided by physicians: Telehealth services

PPO: Nothing

Non-PPO: You pay all charges

39, 93

Services provided by a hospital: Inpatient

PPO: $350 per admission

Non-PPO: $450 per admission, plus 35% of our allowance

75-76

Services provided by a hospital: Outpatient

PPO: 15%* of our allowance

Non-PPO: 35%* of our allowance

77-81

Emergency benefits: Accidental injury

PPO: Nothing for outpatient hospital and physician services within 72 hours; regular benefits thereafter

Non-PPO: Any difference between the Plan allowance and billed amount for outpatient hospital and physician services within 72 hours; regular benefits thereafter

Ambulance transport services: Nothing

89-90

Emergency benefits: Medical emergency

PPO urgent care: $30 copayment; PPO and Non-PPO emergency room care: 15%* of our allowance; Regular benefits for physician and hospital care* provided in other than the emergency room/PPO urgent care center

Ambulance transport services: $100 per day for ground ambulance (no deductible); $150 per day for air or sea ambulance (no deductible)

90-91

Mental health and substance use disorder treatment

PPO: Regular cost-sharing, such as $30 office visit copay; $350 per inpatient admission

Non-PPO: Regular cost-sharing, such as 35%* of our allowance for office visits; $450 per inpatient admission to Member facilities, plus 35% of our allowance

93-95

Prescription drugs

Retail Pharmacy Program:

- PPO: $7.50 for each purchase of up to a 30-day supply generic ($5.00 for a 30-day supply if you have Medicare Part B primary)/30% of our allowance Preferred brand-name/50% of our allowance non-preferred brand-name
- Non-PPO: 45% of our allowance (AWP)

Mail Service Prescription Drug Program:

- Correction, 11/23/25
  $15 generic ~~($10 if you have Medicare Part B primary)~~/$90 Preferred brand-name/$125 non-preferred brand-name per prescription; up to a 90-day supply

Specialty Drug Pharmacy Program:

- $100 preferred specialty drug for a purchase of up to a 30-day supply; $150 non-preferred specialty drug for a purchase of up to a 30-day supply

102-106

Dental care

Scheduled allowances for diagnostic and preventive services; regular benefits for dental services required due to accidental injury and covered oral and maxillofacial surgery

122

Wellness and other special features: Health Tools; Blue Health Assessment; MyBlue® Customer eService; National Doctor and Hospital Finder; Healthy Families; travel benefit/services overseas; Care Management Programs; and Flexible benefits option

See Section 5(h).

124-128

Protection against catastrophic costs (your catastrophic protection out-of-pocket maximum)

- Self Only: Nothing after $6,000 (PPO) or $8,000 (PPO/Non-PPO) per contract per year
- Self Plus One: Nothing after $12,000 (PPO) or $16,000 (PPO/Non-PPO) per contract per year

- Self and Family: Nothing after $12,000 (PPO) or $16,000 (PPO/Non-PPO) per contract per year

Note: Some costs do not count toward this protection.

Note: When one covered family member (Self Plus One and Self and Family contracts) reaches the Self Only maximum during the calendar year, that member's claims will no longer be subject to associated member cost-share amounts for the remainder of the year. All remaining family members will be required to meet the balance of the catastrophic protection out-of-pocket maximum.

33-34