

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Table of Contents**

Table of Contents

Introduction - 4	
Plain Language - 4	
Stop Healthcare Fraud! - 4	
Discrimination is Against the Law - 5	
Preventing Medical Mistakes - 6	
FEHB Facts - 9	
Coverage information - 9	
• No pre-existing condition limitation - 9	
• Minimum essential coverage (MEC) - 9	
• Minimum value standard - 9	
• Where you can get information about enrolling in the FEHB Program - 9	
• Enrollment types available for you and your family - 9	
• Family member coverage - 10	
• Children's Equity Act - 10	
• When benefits and premiums start - 11	
• When you retire - 11	
When you lose benefits - 11	
• When FEHB coverage ends - 11	
• Upon divorce - 12	
• Temporary Continuation of Coverage (TCC) - 12	
• Finding replacement coverage - 12	
• Health Insurance Marketplace - 12	
Section 1. How This Plan Works - 13	
General features of our Standard and Basic Options - 13	
We have a Preferred Provider Organization (PPO) - 13	
How we pay professional and facility providers - 13	
Your rights and responsibilities - 14	
Your medical and claims records are confidential - 14	
Section 2. Changes for 2026 - 15	
Changes to our Standard Option only - 15	
Changes to our Basic Option only - 15	
Changes to both our Standard and Basic Options - 17	
Section 3. How You Get Care - 18	
Identification cards - 18	
Where you get covered care - 18	
Balance Billing Protection - 18	
• Covered professional providers - 18	
• Covered facility providers - 18	
What you must do to get covered care - 20	
• Transitional care - 21	

- If you are hospitalized when your enrollment begins - [21](#)
- You need prior Plan approval for certain services - [22](#)
- Inpatient hospital admission, inpatient residential treatment center admission, or skilled nursing facility admission - [22](#)
- Other services - [22](#)
- Surgery by Non-participating providers under Standard Option - [25](#)
- How to request precertification for an admission or get prior approval for Other services - [25](#)
- Non-urgent care claims - [25](#)
- Urgent care claims - [26](#)
- Concurrent care claims - [26](#)
- Emergency inpatient admission - [26](#)
- Maternity care - [26](#)
- If your facility stay needs to be extended - [27](#)
- If your treatment needs to be extended - [27](#)
- If you disagree with our pre-service claim decision - [27](#)
- To reconsider a non-urgent care claim - [27](#)
- To reconsider an urgent care claim - [27](#)
- To file an appeal with OPM - [27](#)
- Section 4. Your Costs for Covered Services - [28](#)
- Cost-share/Cost-sharing - [28](#)
- Copayment - [28](#)
- Deductible - [28](#)
- Coinsurance - [29](#)
- If your provider routinely waives your cost - [29](#)
- Waivers - [29](#)
- Differences between our allowance and the bill - [29](#)
- Important Notice About Surprise Billing — Know Your Rights - [32](#)
- Your costs for other care - [32](#)
- Your catastrophic protection out-of-pocket maximum for deductibles, coinsurance, and copayments - [33](#)
- Carryover - [33](#)
- If we overpay you - [34](#)
- When Government facilities bill us - [34](#)
- The Federal Flexible Spending Account Program – FSAFEDS - [34](#)
- Section 5. Benefits - [35](#)
- Section 5. Standard and Basic Option Overview - [37](#)
- Non-FEHB Benefits Available to Plan Members - [132](#)
- Section 6. General Exclusions – Services, Drugs, and Supplies We Do Not Cover - [133](#)
- Section 7. Filing a Claim for Covered Services - [135](#)
- Section 8. The Disputed Claims Process - [138](#)
- Section 9. Coordinating Benefits With Medicare and Other Coverage - [141](#)
- When you have other health coverage - [141](#)
- TRICARE and CHAMPVA - [141](#)
- Workers' Compensation - [142](#)
- Medicaid - [142](#)
- When other Government agencies are responsible for your care - [142](#)
- When others are responsible for injuries - [142](#)
- When you have Federal Employees Dental and Vision Insurance Plan (FEDVIP) - [144](#)
- Clinical trials - [144](#)

When you have Medicare - [144](#)

- The Original Medicare Plan (Part A or Part B) - [144](#)
- Tell us about your Medicare coverage - [145](#)
- Private contract with your physician - [145](#)
- Medicare Advantage (Part C) - [146](#)
- Medicare prescription drug coverage (Part D) - [146](#)
- Medicare Prescription Drug Plan Employer Group Waiver Plan (PDP EGWP) - [146](#)
- Medicare prescription drug coverage (Part B) - [146](#)

When you are age 65 or over and do not have Medicare - [148](#)

Physicians Who Opt-Out of Medicare - [149](#)

When you have the Original Medicare Plan (Part A, Part B, or both) - [149](#)

Section 10. Definitions of Terms We Use in This Brochure - [151](#)

Index - [160](#)

Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan Standard Option – 2026 - [162](#)

Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan Basic Option – 2026 - [164](#)

2026 Rate Information for the Blue Cross and Blue Shield Service Benefit Plan - [170](#)