2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 2. Changes for 2027

Changes to our Basic Option only

- The Preferred provider catastrophic protection out-of-pocket for Self Only enrollment will be $8,500. For Self Plus One or Self and Family enrollment, the out-of-pocket maximum is $17,000 (see page 32).

- The copayment for inpatient admission is $500 per day up to a maximum of $3,500 (see page 76).

- Your copayment for outpatient observation services performed and billed by a hospital or freestanding ambulatory facility is now a $500 copayment per day up to a maximum of $3,500 (see page 79).

- The copayment for Blue Distinction Specialty Care related to inpatient knee, hip, spine and bariatric surgeries is $150 per day up to $750 per admission (see page 82).

- The copayment for Blue Distinction Specialty Care related to outpatient knee, hip, spine and bariatric surgeries is $50 per day per facility (see page 83).

- The copayment per day per facility for the Emergency Room is $500 (see pages 90-91).

- For members enrolled in our Medicare Prescription Drug Program, your responsibility for Tier 3 (non-preferred brand-name drug) purchased from the Mail Service Prescription Drug Program is a $175 copayment (see page 113).

- For members enrolled in our Medicare Prescription Drug Program, your responsibility for Tier 4 (preferred specialty drug) purchased from the Mail Service Prescription Drug Program is a $200 copayment (see page 113).

- For members enrolled in our regular pharmacy program who also have Medicare Part B primary, your responsibility for Tier 2 (preferred brand-name drug) is 35% of the Plan allowance ($150 maximum) for each purchase up to a 30-day supply ($425 maximum for a 31 to 90-day supply) when purchased in a Preferred retail pharmacy (see page 104).

- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 2 (preferred brand-name drug) is now 35% of the Plan allowance ($175 maximum) for each purchase up to a 30-day supply ($500 maximum for a 31 to 90-day supply) when purchased in a Preferred retail pharmacy (see page 103).

- For members enrolled in our regular pharmacy program who have Medicare Part B primary, your responsibility for Tier 2 diabetic medications, test strips and supplies purchased in a Preferred retail pharmacy is $30 for a 30-day supply ($90 for a 31 to 90-day supply) (see page

107).

- For members enrolled in our regular pharmacy program, your responsibility for Tier 2 diabetic medications, test strips and supplies purchased in a Preferred retail pharmacy is $105 for a 31 to 90-day supply (see page 107).

- For members enrolled in our regular pharmacy drug program who also have Medicare Part B primary, your responsibility for a Tier 4 (preferred specialty drug) is 35% of the Plan allowance ($275 maximum) limited to one purchase of up to a 30-day supply through the Specialty Drug Pharmacy Program ($675 maximum for a 31 to 90-day supply) (see page 106).

- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 4 (preferred specialty drug) obtained from the Specialty Drug Pharmacy Program is 35% of the Plan allowance ($325 maximum) ($800 maximum for up to a 31 to 90-day supply) (see page 106).

- For members enrolled in our regular pharmacy drug program and who have Medicare Part B primary, your responsibility for a Tier 4 (preferred specialty drug) obtained from the Preferred retail pharmacy is 35% of the Plan allowance ($300 maximum) for a purchase of up to a 30-day supply (see page 104).

- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 4 (preferred specialty drug) obtained from the Preferred retail pharmacy is 35% of the Plan allowance ($350 maximum) for a purchase of up to a 30-day supply (see page 104).

- For members enrolled in our regular pharmacy drug program who have Medicare Part B primary, your responsibility for a Tier 5 (non-preferred specialty drug) obtained through the Specialty Drug Pharmacy Program is 35% of the Plan allowance ($500 maximum) for each purchase of up to a 30-day supply ($850 maximum for up to a 31 to 90-day supply) (see page 107).

- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 5 (non-preferred specialty drug) obtained through the Specialty Drug Pharmacy Program is 35% of the Plan allowance ($550 maximum) for each purchase of up to a 30-day supply ($1,000 maximum for up to a 31 to 90-day supply) (see page 106).

- For members enrolled in our regular pharmacy drug program who have Medicare Part B primary, your responsibility for a Tier 5 (non-preferred specialty drug) obtained through the Preferred retail pharmacy is 35% of the Plan allowance ($500 maximum) limited to up to a 30-day supply (see page 105).

- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 5 (non-preferred specialty drug) obtained through the Preferred retail pharmacy is 35% of the Plan allowance ($550 maximum) limited to up to a 30-day supply (see page 104).