2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic

Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan Standard Option – 2027

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 $500 per person ($1,000 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
38-40

Medical services provided by physicians: Telehealth services
PPO: Nothing
Non-PPO: You pay all charges
38, 94

Services provided by a hospital: Inpatient
PPO: $450 per admission
Non-PPO: $450 per admission, plus 35% of our allowance
76-77

Services provided by a hospital: Outpatient
PPO: 15%* of our allowance
Non-PPO: 35%* of our allowance
78-82

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
90-91

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)
91-92

Mental health and substance use disorder treatment
PPO: Regular cost-sharing, such as $30 office visit copay; $450 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
94-96

Prescription drugs

Retail Pharmacy Program:

- PPO: $7.50 for each purchase of up to a 30-day supply generic/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:

- $15 generic/15% of our allowance (up to a $150 maximum) Preferred brand-name/20% of our allowance (up to a $250 maximum) non-preferred brand-name per prescription; up to a 90-day supply

Specialty Drug Pharmacy Program:

- $150 preferred specialty drug for a purchase of up to a 30-day supply; $200 non-preferred specialty drug for a purchase of up to a 30-day supply

103-108

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

124

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).
126-130

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

- Self Only: Nothing after $7,000 (PPO) or $9,000 (PPO/Non-PPO) per contract per year
- Self Plus One: Nothing after $14,000 (PPO) or $18,000 (PPO/Non-PPO) per contract per year
- Self and Family: Nothing after $14,000 (PPO) or $18,000 (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.
32-33