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

Changes to our Standard Option only

- The calendar year deductible is $500 per person for Self Only and $1,000 for Self Plus One or Self and Family (see page 27).
- The Preferred provider catastrophic protection out-of-pocket for Self Only enrollment will be $7,000. For Self Plus One or Self and Family enrollment, the out-of-pocket maximum will be $14,000. The Non-preferred maximum will be $9,000 for Self Only and $18,000 for Self Plus One or Self and Family (see page 32).
- Services provided by a doula will now be provided for covered claims up to $1,000 per pregnancy (see page 48).
- The per admission copayment to a Preferred inpatient facility is $450 (see page 76).
- The copayment for Blue Distinction Specialty Care related to inpatient knee, hip, spine and bariatric surgeries is $250 per admission (no deductible) (see page 82).
- The copayment for Blue Distinction Specialty Care related to outpatient knee, hip, spine and bariatric surgeries is $150 per day per facility (no deductible) (see page 83).
- For members enrolled in our Medicare Prescription Drug Program, your Tier 4 (preferred specialty drug) now has a $180 copayment for a 31 to 90-day supply (no deductible) from a Preferred retail pharmacy (see page 113).
- For members enrolled in our regular pharmacy drug program, your Tier 2 (preferred insulins) will be $35 for each purchase up to a 30-day supply and $70 for each purchase up to 31 to 90-days when purchased in a Preferred retail pharmacy (see page 107).
- For members enrolled in our regular pharmacy drug program, your Tier 4 (preferred specialty drug) copayment will be $150 for each purchase up to a 30-day supply ($450 copayment for a 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program (see page 106).
- For members enrolled in our regular pharmacy drug program, your Tier 4 (preferred specialty drug) purchased through the Preferred retail pharmacy is 30% ($250 maximum) limited to a purchase of up to a 30-day supply with no deductible (see page 104).
- For members enrolled in our regular pharmacy drug program, your Tier 5 (non-preferred specialty drug) copayment will be $200 for each purchase up to a 30-day supply ($600 copayment for a 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy

Program (see page 106).

- For members enrolled in our regular pharmacy drug program, Tier 5 (non-preferred specialty drug) will be 30% of the Plan allowance ($450 maximum) (no deductible), limited to one purchase of up to a 30-day supply when purchased in a Preferred retail pharmacy (see page 104).