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

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Do not rely only on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5. Benefits. Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

### Medical - Professional
**Changes Standard Option only**

- We now offer a doula benefit up to $1,000 per pregnancy (see page 52).

**Basic Option only**

- For members up to age 18, the copayment per visit for preferred primary care providers is $20.

### Medical - Inpatient
**Changes Standard Option only**

- The per admission copay to a preferred inpatient facility is $600 (see page 80).
- The copay for Blue Distinction Specialty Care related to inpatient knee, hip, spine and bariatric surgeries is $350 per admission (no deductible) (see pages 86-87).

**Basic Option only**

- The copayment for inpatient admission is now a $500 per day copayment (see page 80).
- The copayment for Blue Distinction Center inpatient admission related to knee, hip, spine and bariatric surgeries is now a $200 per day (see pages 86-87).

### Medical - Outpatient Facility
**Changes Standard Option only**

- The copayment for Blue Distinction Specialty Care related to outpatient knee, hip, spine and bariatric surgeries is $200 per day per facility (no deductible) (see page 87).

**Basic Option only**

- The copayment for outpatient observation services performed and billed by a hospital or freestanding ambulatory facility is now $500 per day (see page 83).

- The cost-share for outpatient hospital emergency room services and supplies, including professional provider services, diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by the hospital is now a $500 per day per facility copayment (see page 95).

- The copayment for Blue Distinction Specialty Care related to outpatient knee, hip, spine and bariatric surgeries is $100 per day per facility (no deductible) (see page 87).

**Pharmacy Changes**
**Standard Option only**

- For members enrolled in our regular pharmacy program, your Tier 4 (preferred specialty drug) cost-share will now be $175 for each purchase of up to a 30-day supply; $525 for 31-90-day supply, no deductible, when purchased from the Specialty Drug Program (see page 110).

- For members enrolled in our Medicare Prescription Drug Program (MPDP), your Tier 4 (preferred specialty drug) cost-share is $60 for up to a 30-day supply, with a maximum of $180 for a 31 to 90-day supply, when purchased from a preferred retail pharmacy (see page 123).

- For members enrolled in our regular pharmacy program, your Tier 2 (preferred brand-name drug) cost-share is now 30% of the Plan allowance ($150 maximum) for up to 30-day supply, ($300 maximum for a 31 to 90-day supply) when purchased at a preferred retail pharmacy (no deductible) (see page 107).

- For members enrolled in our regular pharmacy drug program, your cost-share for Tier 2 diabetic medication purchased through a preferred retail pharmacy is now $35 for each purchase of up to a 30-day supply and $70 for a 31 to 90-day supply (no deductible) (see page 111).

- For members enrolled in our regular pharmacy drug program, your cost-share for Tier 2 insulin purchased through a preferred retail pharmacy is now $35 for each purchase of up to a 30-day supply ($70 for a 31 to 90-day supply) (no deductible) (see page 111).

- For members enrolled in our regular pharmacy program, your cost-share for Tier 3 (non-preferred brand name drug) is 50% ($450 for up to a 30-day supply), with a maximum of $1,350 for a 31 to 90-day supply, when purchased from a preferred retail pharmacy (no deductible) (see page 107).

- For members enrolled in our regular pharmacy program, your cost-share for Tier 4 (preferred specialty drug) is 30% of the Plan allowance limited to one purchase of up to a 30-day supply (up to a maximum of $250) when purchased from a preferred retail pharmacy (no deductible) (see page 107).

- For members enrolled in our regular pharmacy drug program, your Tier 5 (non-preferred specialty drug) cost-share will be 35% of Plan allowance for each purchase up to a 30-day

supply ($450 maximum) when purchased from a preferred retail pharmacy (see page 108).

- For members enrolled in our regular pharmacy drug program, your Tier 5 (non-preferred specialty drug) cost-share will be $300 for each purchase up to a 30-day supply ($900 for 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program (see page 110).

- For members enrolled in our Medicare Prescription Drug Program (MPDP), your cost-share for Tier 2 asthma medications is now $50 (no deductible) when ordered through our Mail Service Pharmacy Program (see page 125).

- For members enrolled in our Medicare Prescription Drug Program, your cost-share for Tier 2 insulins purchased through a preferred Mail Service pharmacy is now $20 for each purchase of up to a 30-day supply ($50 for a 31 to 90-day supply) (no deductible) (see page 125).

- For members enrolled in our Medicare Prescription Drug Program (MPDP), your cost-share for Tier 3 (non-preferred brand-name drug) is now 50% of the Plan allowance with a $50 maximum for each purchase of up to a 30-day supply ($150 maximum for a 90-day supply) (no deductible) when purchased from a preferred retail pharmacy (see page 123).

**Basic Option only**

- For members enrolled in our regular pharmacy program, your cost-share for Tier 4 (preferred specialty drug) is 35% of the Plan allowance limited to one purchase of up to a 30-day supply (up to a maximum of $450) (see page 107).

- For members enrolled in our regular pharmacy program, your cost-share for Tier 5 (non-preferred specialty drug) is 40% of the Plan allowance limited to one purchase (up to a maximum of $550) for a 30-day supply when purchased from a preferred retail pharmacy (see page 108).

- For members enrolled in our regular pharmacy program, your cost-share for Tier 4 (preferred specialty drug) is 35% of the Plan allowance (up to a maximum of $450) for 30-day supply when ordered through the Specialty Pharmacy Program (see page 110).

- For members enrolled in our Medicare Prescription Drug Program (MPDP), your cost-share for Tier 4 (preferred specialty drug) is now $75 for each purchase of up to a 30-day supply, and $225 for 31 to 90-day supply when purchased through a preferred retail pharmacy (see page 123).

- For members enrolled in our Medicare Prescription Drug Program (MPDP), your cost-share for Tier 4 (preferred specialty drug) ordered through our Mail Service Prescription Drug Program is now $200 (see page 125).

- For members enrolled in our regular pharmacy drug program, your cost-share for a Tier 2 (preferred brand-name drug) is now 35% of the Plan allowance up to a maximum of $250 for purchases up to a 30-day supply and $500 for purchases of up to 31-90 days (see page 107).

- For members enrolled in our regular pharmacy drug program, your cost-share for Tier 2 diabetic medications, test strips, and supplies purchased through a preferred retail pharmacy is now $35 for each purchase of up to a 30-day supply ($105 for a 31 to 90-day supply) (see page 111).

- For members enrolled in our regular pharmacy program, your cost-share for Tier 3 (non-preferred brand name drug) is 60% ($550 for up to a 30-day supply, with a maximum of $1,650 for up to a 31 to 90-day supply) when purchased from a preferred retail pharmacy (see page 107).

- For members enrolled in our regular pharmacy program, your cost-share for Tier 5 (non-preferred specialty drug) is 40% of the Plan allowance for a 30-day supply (up to a maximum of $550) when purchased through the Specialty pharmacy (see page 107).

- For members enrolled in our Medicare Prescription Drug Program (MPDP), your cost-share for Tier 3 (non-preferred brand-name drug) is 50% ($100 maximum for up to a 30-day supply, with a maximum of $300 for up to a 31 to 90-day supply) (see page 123).

- For members enrolled in our Medicare Prescription Drug Program (MPDP), your cost-share for Tier 3 (non-preferred brand-name drug) ordered through our Mail Service Prescription Drug Program is now $175 (see page 125).

**Both Standard Option and Basic Option**

- For members enrolled in our Medicare Prescription Drug Program, the prescription out-of-pocket catastrophic maximum is now $2,400 (see pages 36 and 123).

**Other Changes**
**Standard Option only**

- The preferred catastrophic protection out-of-pocket maximum 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 catastrophic protection out-of-pocket maximum will be $9,000 for Self Only and $18,000 for Self Plus One or Self and Family.

- The annual deductible is $500 per person ($1,000 maximum for Self Plus One or Self and Family enrollment).

**Basic Option only**

- The preferred catastrophic protection out-of-pocket maximum 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.

**Both Standard Option and Basic Option**

- We will no longer provide 8 over-the-counter (OTC) COVID-19 tests per member.
- There is no longer an exception process for members in mid-treatment for diagnosed gender dysphoria.
- Air ambulance transport that is not a medical emergency will not be covered without prior authorization (see pages 25, 89, 91, and 143).
- Prior approval is required for MRI, PET and CT scans (see pages 44 and 84).
- Members who elect to receive electronic explanations of benefits (EOBs) will receive a $10 credit to their health account (see page 138).