

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option

Table of Contents

Page 2

- Emergency inpatient admission - [28](#)
- Maternity care - [28](#)
- If your facility stay needs to be extended - [28](#)
- If your treatment needs to be extended - [28](#)
- If you disagree with our pre-service claim decision - [28](#)
- To reconsider a non-urgent care claim - [28](#)
- To reconsider an urgent care claim - [29](#)
- To file an appeal with OPM - [29](#)

Section 4. Your Costs for Covered Services - [30](#)

Cost-share/Cost-sharing - [30](#)

Copayment - [30](#)

Deductible - [30](#)

Coinsurance - [31](#)

If your provider routinely waives your cost - [31](#)

Waivers - [31](#)

Differences between our allowance and the bill - [31](#)

Important Notice About Surprise Billing — Know Your Rights - [34](#)

Your costs for other care - [34](#)

Your catastrophic protection out-of-pocket maximum for deductibles, coinsurance, and copayments - [35](#)

Carryover - [36](#)

If we overpay you - [36](#)

When Government facilities bill us - [36](#)

Section 5. Benefits - [37](#)

Non-PSHB Benefits Available to Plan Members - [137](#)

Section 6. General Exclusions - Services, Drugs and Supplies We Do Not Cover - [138](#)

Section 7. Filing a Claim for Covered Services - [140](#)

Section 8. The Disputed Claims Process - [144](#)

Section 8(a). Medicare PDP EGWP Disputed Claims Process - [147](#)

Section 9. Coordinating Benefits With Medicare and Other Coverage - [148](#)

When you have other health coverage - [148](#)

- TRICARE and CHAMPVA - [148](#)

- Workers' Compensation - [149](#)

- Medicaid - [149](#)

When other Government agencies are responsible for your care - [149](#)

When others are responsible for injuries - [149](#)

When you have Federal Employees Dental and Vision Insurance Plan (FEDVIP) - [150](#)

Clinical trials - [150](#)

When you have Medicare - [151](#)

- The Original Medicare Plan (Part A or Part B) - [151](#)

- Tell us about your Medicare coverage - [152](#)

- Private contract with your physician - [152](#)

- Medicare Advantage (Part C) - [152](#)
- Medicare prescription drug coverage (Part D) - [153](#)
- Medicare Prescription Drug Plan (PDP) Employer Group Waiver Plan (EGWP) - [153](#)
- Medicare prescription drug coverage (Part B) - [154](#)

When you are age 65 or over and do not have Medicare - [156](#)

Physicians Who Opt-Out of Medicare - [157](#)

When you have the Original Medicare Plan (Part A, Part B, or both) - [157](#)

Section 10. Definitions of Terms We Use in This Brochure - [159](#)

Index - [169](#)

Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan Standard Option - 2026
- [171](#)