

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 2. Changes for 2026

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This is the first year for the Postal Service Health Benefits Program. This Section is not an official statement of benefits. For that, go to Section 5 (Benefits).

Changes to our Standard Option only

- There is no longer a reduced Preferred retail pharmacy Tier 1 (generic drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary. You will pay the same cost-share as those who are enrolled in our regular pharmacy drug program that do not have Medicare Part B primary when purchased from a Preferred retail pharmacy. (See page [105](#).)
- There is no longer a reduced Tier 1 (generic drug) copayment for the Mail Service Prescription Drug Program for members enrolled in our regular prescription drug program who have Medicare Part B primary. You will pay the same cost-share as those enrolled in our regular prescription drug program who do not have Medicare Part B primary, when purchased through the Mail Service Prescription Drug Program. (See page [107](#).)
- For members enrolled in our regular pharmacy drug program, you are now responsible for a \$140 copay for a Tier 2 (preferred brand-name drug) purchased through the Mail Service Prescription Drug Program. (See page [107](#).)
- For members enrolled in our regular pharmacy drug program, you are now responsible for \$175 copay for Tier 3 (non-preferred brand-name drug) obtained through the Mail Order Service Prescription Drug Program. (See page [107](#).)
- For members enrolled in our regular pharmacy drug program, your Tier 4 (preferred specialty drug) copayment will be \$100 for each purchase up to a 30-day supply (\$300 copay for 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program. (See page [108](#).)
- For members enrolled in our regular pharmacy drug program, your Tier 5 (non-preferred specialty drug) copayment will be \$135 for each purchase up to a 30-day supply (\$405 copay for 31 to 90-day supply), when purchased through the Specialty Drug Pharmacy Program. (See page [108](#).)
- For members enrolled in our regular prescription drug program, certain asthma controller medications under our Tier 2 (preferred brand-name drug) are now only a \$35 copayment for

each purchase of up to a 30-day supply (\$105 copayment for a 31 to 90-day supply) when purchased at a Preferred retail pharmacy. (See page [108](#).)

Changes to our Basic Option only

- Your cost-share for oral and transdermal contraceptives is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [52](#).)
- Your cost share for reproductive services is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [53](#).)
- Your cost-share for certain vision services (testing, treatment and supplies) is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [57](#).)
- Your cost-share for orthopedic and prosthetic devices is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [59](#).)
- Your cost-share for durable medical equipment (DME) is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [60](#).)
- Your cost-share for medical supplies is now 35% of the Plan allowance when obtained from a Preferred provider. (See page [61](#).)
- Your copayment for an inpatient admission is now a \$425 per day copayment. (See pages [78](#), [85](#) and [97](#).)
- The copayment associated with the charges incurred during delivery will be waived if you give birth in a Blue Distinction Center for Maternity. (See page [78](#).)
- Your copayment for outpatient observation services performed and billed by a hospital or freestanding ambulatory facility is now a \$425 per day copayment. (See page [81](#).)
- Your cost share for outpatient drugs, medical devices, and durable medical equipment billed for by a Preferred facility is now 35% of the Plan allowance. (See page [84](#).)
- Your 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 \$425 per day per facility copayment. (See page [93](#).)
- There is no longer a reduced Tier 1 (generic drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary when purchased from a Preferred retail pharmacy. (See page [105](#).)
- 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 up to a maximum of \$150 for

purchases up to a 30-day supply and \$450 for purchases 31-90 days. (See page [105](#).)

- There is no longer a reduced Tier 2 (preferred brand name drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary when purchased from a Preferred retail pharmacy. (See page [105](#).)
- There is no longer a separate Mail Order Prescription Drug Program Tier 1 (generic drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B primary.
- There is no longer a separate Mail Order Prescription Drug Program Tier 2 (preferred brand-name drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B primary.
- There is no longer a separate Mail Order Prescription Drug Program Tier 3 (non-preferred brand-name drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B primary.
- There is no longer a reduced retail Tier 3 (non-preferred brand name drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary when purchased from a Preferred retail pharmacy. (See page [105](#).)
- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 4 (preferred specialty drug) obtained from a Preferred retail pharmacy is now 35% of the Plan allowance for a purchase of up to a 30-day supply up to a maximum of \$400. (See page [105](#).)
- There is no longer a reduced Tier 4 (preferred specialty drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary. (See page [105](#).)
- Under the Specialty Drug Pharmacy Program, your responsibility for a Tier 4 (preferred specialty drug) obtained from the Specialty Drug Pharmacy Program is now 35% of the Plan allowance for a purchase of up to 30-day supply (up to a maximum of \$400) and 31 to 90-day supply (up to a maximum of \$1,200). (See page [108](#).)
- There is no longer a reduced Tier 4 (preferred specialty drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary when obtained through the Specialty Drug Pharmacy Program. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary. (See page [108](#).)
- For members enrolled in our regular pharmacy drug program, your responsibility for a Tier 5 (non-preferred specialty drug) obtained at a Preferred Retail Pharmacy is now 35% of the Plan allowance (up to a maximum of \$500) limited to one purchase of up to a 30-day supply. (See

page [105.](#))

- There is no longer a reduced Tier 5 (non-preferred specialty drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary when obtained at a Preferred retail pharmacy. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary. (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 Specialty Drug Pharmacy Program is now 35% of the Plan allowance for a 30-day supply (up to a maximum of \$500) and a 31 to 90-day supply (up to a maximum of \$1,500) when purchased through the Specialty Drug Pharmacy Program. (See page [108.](#))
- There is no longer a reduced Tier 5 (non-preferred specialty drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary when obtained through the Specialty Drug Pharmacy Program. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary. (See page [108.](#))
- There is no longer a reduced Asthma medication Tier 1 (generic drug) benefit listed for members enrolled in our regular pharmacy drug program who have Medicare B as primary when obtained at a Preferred retail pharmacy. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary. (See page [108.](#))
- There is no longer a reduced Asthma medication Tier 2 (preferred brand-name drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare B as primary when obtained at a Preferred retail pharmacy. You will pay the same cost-share as those who are enrolled in our regular prescription drug program that do not have Medicare Part B primary. (See page [108.](#))
- There is no longer a separate Mail Service Prescription Drug Program for Tier 1 (generic drug) Asthma medications for members enrolled in our regular pharmacy drug program who have Medicare B as primary.
- There is no longer a separate Mail Order Prescription Drug Program benefit for Tier 2 (preferred brand-name drug) Asthma medications for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary.
- There is no longer a reduced Diabetic Medication, Test Strips, and Supplies Tier 2 (preferred brand-name drug) benefit for members enrolled in our regular pharmacy drug program who have Medicare B as primary when obtained at a Preferred retail pharmacy. You will pay the same cost-share as those who are enrolled in our regular pharmacy drug program that do not have Medicare Part B primary. (See page [108.](#))
- There is no longer a separate Mail Order Prescription Drug Program benefit for Diabetic Medication, Test Strips, and Supplies Tier 2 (preferred brand-name drug) for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary.

- There is no longer a separate Mail order Prescription Drug Program benefit for Tier 1 (generic drug) Anti-hypertensive Medications for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary.
- There is no longer a separate Mail Order Prescription Drug Program benefit for Tier 1 (generic drug) Metformin and metformin extended release (excluding osmotic and modified release generic drugs) for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary.
- There is no longer a separate Mail Order Prescription Drug Program benefit for generic medications to reduce breast cancer risk for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary.
- There is no longer a separate Mail Order Prescription Drug Program benefit for bowel preparation and antiretroviral therapy medications for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary.
- There is no longer a separate Mail Order Prescription Drug Program benefit for opioid reversal agents for members enrolled in our regular pharmacy drug program who have Medicare Part B as primary.
- Your cost-share for covered prescription drugs and supplies not obtained at a retail pharmacy or through the Specialty Drug Pharmacy Program, is now 35% of the Plan allowance. (See page [122](#).)
- Your cost-share to treat an accidental dental injury is now 35% of the Plan allowance. (See page [125](#).)

Changes to both our Standard and Basic Options

- Prior approval for genetic testing will be required when the test is being performed to assess the risk of passing a genetic condition to a child, or when the member has no active disease or signs or symptoms of the disease that is being screened. Prior approval is not required when a member has an active disease, signs and symptoms of a genetic condition that could be passed to a child, or when the test is needed to determine a course of treatment for a disease. (See page [24](#).)
- Prior approval is now required for elective non-urgent outpatient surgical orthopedic procedures on the hip, knee, and spine. (See page [24](#).)
- Prior approval for outpatient hospice care will no longer be required. (See pages [87-89](#).)
- Your separate FEP Medicare Prescription Drug Catastrophic maximum is now \$2,100. (See page [114](#).)
- Surgical and pharmacy services related to sex-trait modifications are no longer covered under this program. (See page [139](#).)

