

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option  
Section 5. Benefits**

---

**Section 5. Benefits**

---

See Section 2 for how our benefits changed this year. The Summary of Benefits is the benefits summary of each option. Make sure that you review the benefits that are available under the option in which you are enrolled.

Section 5. Standard and Basic Option Overview - [39](#)

Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals - [40](#)

Diagnostic and Treatment Services - [41](#)

Lab, X-ray and Other Diagnostic Tests - [42](#)

Preventive Care, Adult - [44](#)

Preventive Care, Child - [47](#)

Maternity Care - [49](#)

Family Planning - [51](#)

Reproductive Services - [53](#)

Allergy Care - [54](#)

Treatment Therapies - [55](#)

Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy - [56](#)

Hearing Services (Testing, Treatment, and Supplies) - [57](#)

Vision Services (Testing, Treatment, and Supplies) - [57](#)

Foot Care - [59](#)

Orthopedic and Prosthetic Devices - [59](#)

Durable Medical Equipment (DME) - [60](#)

Medical Supplies - [61](#)

Home Health Services - [62](#)

Manipulative Treatment - [63](#)

Alternative Treatments - [63](#)

Educational Classes and Programs - [64](#)

Section 5(b). Surgical and Anesthesia Services Provided by Physicians and Other Healthcare Professionals - [65](#)

Surgical Procedures - [66](#)

Reconstructive Surgery - [68](#)

Oral and Maxillofacial Surgery - [69](#)

Organ/Tissue Transplants - [70](#)

Anesthesia - [75](#)

Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services - [77](#)

Inpatient Hospital - [78](#)

Outpatient Hospital or Ambulatory Surgical Center - [80](#)

Blue Distinction® Specialty Care - [84](#)

Residential Treatment Center - [85](#)

- Extended Care Benefits/Skilled Nursing Care Facility Benefits - [86](#)
- Hospice Care - [87](#)
- Ambulance - [89](#)
- Section 5(d). Emergency Services/Accidents - [91](#)
  - Accidental Injury - [92](#)
  - Medical Emergency - [93](#)
  - Ambulance - [94](#)
- Section 5(e). Mental Health and Substance Use Disorder Benefits - [95](#)
  - Professional Services - [96](#)
  - Inpatient Hospital or Other Covered Facility - [97](#)
  - Residential Treatment Center - [97](#)
  - Outpatient Hospital or Other Covered Facility - [98](#)
  - Not Covered (Inpatient or Outpatient) - [98](#)
- Section 5(f). Prescription Drug Benefits - [100](#)
  - Covered Medications and Supplies - [105](#)
- Section 5(f)(a). FEP Medicare Prescription Drug Plan - [110](#)
  - Covered Medications and Supplies - [114](#)
- Section 5(g). Dental Benefits - [125](#)
  - Accidental Injury Benefit - [125](#)
  - Dental Benefits - [126](#)
- Section 5(h). Wellness and Other Special Features - [129](#)
  - Health Tools - [129](#)
  - Services for the Deaf and Hearing Impaired - [129](#)
  - Web Accessibility for the Visually Impaired - [129](#)
  - Travel Benefit/Services Overseas - [129](#)
  - Healthy Families - [129](#)
  - Diabetes Management Program - [129](#)
  - Blue Health Assessment - [129](#)
  - Hypertension Management Program - [130](#)
  - Pregnancy Care Incentive Program - [130](#)
  - Annual Incentive Limitation - [131](#)
  - Reimbursement Account for Basic Option Members Enrolled in Medicare Part A and Part B - [131](#)
  - MyBlue® Customer eService - [131](#)
  - National Doctor & Hospital Finder - [131](#)
  - Care Management Programs - [131](#)
  - Flexible Benefits Option - [132](#)
  - Telehealth Services - [133](#)
  - The feplblue Mobile Application - [133](#)
  - Weight Loss Management Program - [133](#)
- Section 5(i). Services, Drugs, and Supplies Provided Overseas - [134](#)
- Non-PSHB Benefits Available to Plan Members - [137](#)