

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 2. Changes for 2026****Page 17**

- 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](#).)