

2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Section 10. Definitions of Terms We Use in This Brochure

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Us/We/Our

“Us,” “we,” and “our” refer to the Blue Cross and Blue Shield Service Benefit Plan, and the local Blue Cross and Blue Shield Plans that administer it.

Wrap benefits

FEP Blue Focus WRAP benefits are not subject to the deductible and have either a different copayment than the copayment applied under the CORE benefits (i.e., \$25 for the combined 25 visits for physical therapy) or a different coinsurance level than the coinsurance applied under the NON-CORE benefits (i.e., brand-name preferred drugs are paid at 40% of the Plan allowance up to \$500 per 30-day prescription).

You/Your

“You” and “your” refer to the enrollee (the contract holder eligible for enrollment and coverage under the Federal Employees Health Benefits Program and enrolled in the Plan) and each covered family member.