

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

### Section 2. Changes for 2026

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Do not rely only on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5 (Benefits). Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

#### Changes to our FEP Blue Focus

- 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. If you are unsure whether your genetic test requires prior authorization, call the customer service number on the back of your ID card before scheduling. (See page [21](#).)
- For Self Only contracts, the calendar year deductible is now \$750. For Self Plus One, and Self and Family contracts, the deductible is now \$1,500. (See page [28](#).)
- For Self only contracts, your Preferred Provider catastrophic out-of-pocket maximum is now \$10,000. For Self Plus One and Self and Family contracts, your Preferred Provider catastrophic out-of-pocket maximum is now \$20,000. (See page [30](#).)
- Your cost-share for oral and transdermal contraceptives when related to contraception will now be \$0 when obtained from a source other than the pharmacy drug program. (See page [44](#).)
- Surgical and pharmacy services related to sex-trait modifications are no longer covered under this program. (See page [106](#).)
- Your copayment for maternity services billed by a Preferred facility is now \$2,500. (See page [66](#).)
- Prior approval for outpatient hospice services will no longer be required. (See pages [72-74](#).)
- Your copayment for a Tier 2 Preferred Brand-Name Drugs purchased at a Preferred retail pharmacy is now 40% of the Plan allowance, with a maximum of \$500 for a 30-day supply (\$1,300 maximum for up to a 90-day supply.) (See page [88](#).)
- Your copayment for a Tier 2 Preferred Specialty Drugs (generic and brand-name) purchased at Preferred retail pharmacies and through the Specialty Drug Pharmacy Program for generic and brand-name drugs is now 40% of the Plan allowance, with a maximum of a \$500 for a 30-day

supply (\$1,300 maximum for up to a 31 to 90-day supply). (See page [89](#).)

- We will no longer be offering a separate Medicare Prescription Drug Program. Those who have Medicare primary will have the same drug benefits as those who are not enrolled in Medicare.