

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

### **Section 4. Your Costs for Covered Services**

#### **Copayment**

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A copayment is a fixed amount of money you pay to the provider, facility, pharmacy, etc., when you receive certain services.

Example: When you see your Preferred professional provider for physical therapy, you pay a copayment of \$25 for the visit, and we then pay the remainder of the amount we allow for the visit. (You may have to pay separately for other services you receive while in the provider's office.)

Copayments do not apply to services and supplies that are subject to a deductible and/or coinsurance amount.

Note: If the billed amount (or the Plan allowance that providers we contract with have agreed to accept as payment in full) is less than your copayment, you pay the lower amount.