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2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 2. Changes for 2024 Page 15

Corrections to page number links below (links are unable to be colored red), 3/12/2024

- Your copayment for office visits, allergy care, treatment therapies and services, physical therapy, occupational therapy, speech therapy, cognitive rehabilitation therapy, hearing services, vision services, foot care services, alternative treatments, and diabetic education, when performed by Preferred specialists is now \$45 per visit. Previously, your copayment for these services was \$40 per visit. (See pages [37](#), [39](#), [50](#), [51](#), [52](#), [53](#), [54](#), [58](#), [59](#), [60](#), [151](#), and [165](#).)
- For eligible members, prescription drug benefits will now be provided under a new FEP Medicare Prescription Drug Program. Previously, we did not offer a separate prescription drug program. (See page [108](#).)
- Members enrolled in the FEP Medicare Prescription Drug Program will have a separate pharmacy drug out-of-pocket catastrophic maximum of \$3,250. Previously, there was no separate catastrophic maximum. (See page [111](#).)
- For members enrolled in the FEP Medicare Prescription Drug Program, your copayment for Tier 1 generic drugs purchased at a network pharmacy is \$10 for each purchase of up to a 30-day supply and \$30 for a 31 to 90-day supply. Tier 1 generic drugs purchased through the Mail Service Prescription Drug Program are subject to a \$15 copayment. Previously, we did not provide this separate prescription drug program. (See pages [111-112](#).)
- For members enrolled in the FEP Medicare Prescription Drug Program, your copayment for Tier 2 preferred brand-name drugs purchased at a network pharmacy is \$45 for each purchase of up to a 30-day supply and \$135 for a 31 to 90-day supply. Tier 2 preferred brand-name drugs purchased through the Mail Service Prescription Drug Program are subject to a \$95 copayment. Previously, we did not provide this separate prescription drug program. (See pages [111-112](#).)
- For members enrolled in the FEP Medicare Prescription Drug Program, your coinsurance for Tier 3 non-preferred brand-name drugs purchased at a network pharmacy is 50% of the Plan allowance (\$60 minimum) for each purchase of up to a 30-day supply, and 50% of the Plan allowance (\$175 minimum) for a 31 to 90-day supply. Tier 3 non-preferred brand-name drugs purchased through the Mail Service Prescription Drug Program are subject to

a \$125 copayment. Previously, we did not provide this separate prescription drug program. (See pages [111-112](#).)

- For members enrolled in the FEP Medicare Prescription Drug Program, your copayment for Tier 4 specialty drugs purchased at a network pharmacy is \$75 for each purchase of up to a 30-day supply and \$195 for a 31 to 90-day supply. Tier 4 specialty drugs purchased through the Mail Service Prescription Drug Program are subject to a \$150 copayment. Previously, we did not provide this separate prescription drug program. (See pages [111-112](#).)

Changes to both our Standard and Basic Options

- We no longer require written consent and participation in a case management program prior to admission for inpatient care provided by a residential treatment center (RTC). Previously, this was required prior to admission into an RTC.
- We now provide coverage for bariatric surgeries in accordance with our medical policy. Previously, the criteria was listed in the brochure. (See page [22](#).)
- We now provide benefits for medically necessary genetic testing for members requesting this service due to susceptibility or possible high-risk of disease once prior approval has been obtained. Previously, we did not provide benefits for these services. (See pages [22](#) and [41](#).)
- You now must obtain prior approval to receive benefit reimbursement for hearing aids. Previously, prior approval was not required for hearing aids. (See pages [22](#) and [55](#).)
- We no longer require prior approval for the surgical treatment of a congenital anomaly. Previously, prior approval was required.
- We no longer require prior approval for intensity-modulated radiation therapy (IMRT). Previously, IMRT required prior approval for the treatment of certain cancers.
- We no longer require prior approval for proton beam therapy for members aged 21 and younger, or when care is related to the treatment of neoplasms of the nervous system including the brain and spinal cord; malignant neoplasms of the thymus; and Hodgkin and non-Hodgkin lymphomas. Previously, prior approval was required regardless of the age of the patient, or the condition being treated. (See page [22](#).)
- We no longer require prior approval for stereotactic radiosurgery related to the treatment of malignant neoplasms of the brain and of the eye specific to the choroid and ciliary body; benign neoplasms of the cranial nerves, pituitary gland, aortic body, paraganglia; neoplasms of the

craniopharyngeal duct and glomus jugular tumors; trigeminal neuralgias, temporal sclerosis, certain epilepsy conditions, or arteriovenous malformations. Previously, prior approval was required regardless of the condition being treated. (See page [22](#).)

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