
2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option

Section 4. Your Costs for Covered Services

Page 32

Non-member Ambulatory Surgical Facility* Standard Option

Facility's charge: \$5,000

Our allowance: We set it at: 2,500

We pay: 65% of our allowance: 1,625

You owe - Coinsurance: 35% of our allowance: 875

You owe - Copayment: Not applicable

+ Difference up to charge? Yes: 2,500

TOTAL YOU PAY: \$3,375

Note: If you had not met any of your **Standard Option** deductible in the above example, \$350 of our allowed amount would be applied to your deductible before your coinsurance amount was calculated.

***A Non-member facility may bill you any amount for the services it provides. You are responsible for paying all expenses over our allowance, regardless of the total amount billed, in addition to your calendar year deductible and coinsurance. For example, if you use a Non-member facility that charges \$60,000 for facility care related to outpatient bariatric surgery, and we pay the \$1,625 amount illustrated above, you would owe \$58,375 (\$60,000 - \$1,625 = \$58,375). This example assumes your calendar year deductible has been met.**

Important Notice About Surprise Billing — Know Your Rights

The No Surprises Act (NSA) is a federal law that provides you with protections against “surprise billing” and “balance billing” for out-of-network emergency services; out-of-network non-emergency services provided with respect to a visit to a participating health care facility; and out of network air ambulance services.

A surprise bill is an unexpected bill you receive for:

- emergency care - when you have little or no say in the facility or provider from whom you receive care, or for
- non-emergency services furnished by nonparticipating providers with respect to patient visits to participating healthcare facilities, or for

- air ambulance services furnished by nonparticipating air ambulance providers

Balance billing happens when you receive a bill from the non-participating provider, facility, or air ambulance service for the difference between the Non-participating provider's charge and the amount payable by your health plan.

Your health plan must comply with the NSA protections that hold you harmless from bills.

For specific information on surprise billing, the rights and protections you have, and your responsibilities go to www.fepblue.org/NSA or contact the customer service phone number on the back of your ID card.

Your costs for other care

Overseas care. Services provided outside the United States, Puerto Rico, and the U.S. Virgin Islands are considered overseas care. **Under Standard and Basic Options**, we pay overseas claims at Preferred benefit levels. Therefore, the Basic Option requirement to use Preferred providers in order to receive benefits does not apply. See Section 5(i) for specific information about our overseas benefits.

Dental care. Under Standard Option, we pay scheduled amounts for covered dental services and you pay balances as described in Section 5(g). **Under Basic Option**, you pay \$35 for any covered evaluation and we pay the balance for covered services. **Basic Option members** must use **Preferred** dentists in order to receive benefits. See Section 5(g) for a listing of covered dental services and additional payment information.

Inpatient facility care. Under Standard and Basic Options, you pay the coinsurance or copayment amounts listed in Section 5(c). **Under Standard Option**, you must meet your deductible before we begin providing benefits for certain facility-billed services. **Under Basic Option**, you must use **Preferred** facilities in order to receive benefits. See Section 3 under *What you must do to get covered care*.

Go to page [31](#). Go to page [33](#).