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

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

- We no longer require a signed consent form agreeing to enrollment into and active participation in case management during a skilled nursing facility (SNF) stay prior to admission for members who do not have primary Medicare Part A. Previously, this was required prior to admission into a SNF.
- We now provide coverage for assisted reproductive technology (ART) procedures and services, limited to \$25,000 annually for members who meet our definition of infertility and obtain prior approval. Previously, we did not provide coverage for these services. (See page [49](#).)
- Your copayment for office visits, physical therapy, occupational therapy, speech therapy, cognitive rehabilitation therapy, vision services, foot care services, and manipulative treatments when performed by Preferred primary care providers or other healthcare professionals, and when applicable Preferred facilities, is now \$30 per visit. Previously, your copayment for these services was \$25 per visit. (See pages [28](#), [37](#), [39](#), [52](#), [54](#), [58](#), [79](#), [94](#), [151](#), [163](#), and [164](#).)
- Your copayment for office visits, physical therapy, occupational therapy, speech therapy, cognitive rehabilitation therapy, vision services, and foot care services when performed by a Preferred specialist is now \$40 per visit. Previously, your copayment for these services was \$35 per visit. (See pages [37](#), [39](#), [52](#), [54](#), [151](#), and [163](#).)
- 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 under the FEP Medicare Prescription Drug Program will have a separate pharmacy drug out-of-pocket catastrophic maximum of \$2,000. 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 \$5 for each purchase of up to a 30-day supply and \$15 for a 31 to 90-day supply, deductible does not apply. Tier 1 generic drugs purchased through the Mail Service Prescription Drug Program are subject to a \$5 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 2 preferred brand-name drugs purchased at a network pharmacy is 15% of the Plan allowance for each purchase of up to a 90-day supply, deductible does not apply. Tier 2 preferred brand-name drugs purchased through the Mail Service Prescription Drug Program are subject to an \$85 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 for each purchase of up to a 90-day supply, deductible does not apply. 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 \$60 for each purchase of up to a 30-day supply; \$170 for a 31 to 90-day supply, deductible does not apply. 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 our Basic Option only

- 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, skilled home nursing care, manipulative and alternative treatments, diabetic education, and dental services when performed by Preferred primary care providers or other healthcare professionals, and when applicable Preferred facilities is now \$35 per visit. Previously, your copayment for these services was \$30 per visit. (See pages [29](#), [32](#), [37](#), [39](#), [50](#), [51](#), [52](#), [53](#), [54](#), [58](#), [59](#), [60](#), [79](#), [80](#), [94](#), [96](#), [121](#), [124](#), [151](#), [165](#) and [166](#).)

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