

Changes to our Basic Option only

2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 2. Changes for 2024 Changes to our Basic Option only

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- 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](#).)
- 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](#).)