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**2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5. Standard and Basic Option Overview**  
**Page 37**

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**Standard and Basic Option Overview**

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The benefit package for Standard and Basic Options are described in Section 5, which is divided into subsections 5(a) through 5(i). Make sure that you review the benefits that are available under the option in which you are enrolled.

Please read *Important things you should keep in mind* at the beginning of the subsections. Also read the general exclusions in Section 6; they apply to the benefits in the following subsections. To obtain claim forms, claims filing advice, or more information about Standard and Basic Option benefits, contact us at the customer service phone number on the back of your Service Benefit Plan ID card or on our website at [www.fepblue.org](http://www.fepblue.org). Each option offers unique features. Members do not need to have referrals to see specialists.

**Standard Option**

When you have Standard Option, you can use both Preferred and Non-preferred providers. However, your out-of-pocket expenses are lower when you use Preferred providers and Preferred providers will submit claims to us on your behalf. Standard Option has a calendar year deductible for some services and a \$30 copayment for office visits to primary care providers (\$40 for specialists). Standard Option also features a Retail Pharmacy Program, a Mail Service Prescription Drug Program, a Specialty Drug Pharmacy Program and the FEP Medicare Prescription Drug Program.

**Basic Option**

Basic Option does not have a calendar year deductible. Most services are subject to copayments (\$35 for primary care providers and \$45 for specialists). You must use Preferred providers for your care to be eligible for benefits, except in certain circumstances, such as emergency care. Preferred providers will submit claims to us on your behalf. Basic Option also offers the FEP Medicare Prescription Drug Program, a Retail Pharmacy Program and a Specialty Drug Pharmacy Program. Members with primary Medicare Part B coverage have access to the Mail Service Prescription Drug Program.

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Go to page [36](#). Go to page [38](#).