

2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 2. Changes for 2025****Changes to our Basic Option only**

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- For Self Only contracts, your Preferred Provider catastrophic out-of-pocket maximum is now \$7,500. For Self Plus One and Self and Family contracts, your Preferred Provider catastrophic out-of-pocket maximum is now \$15,000. (See page [32](#).)
- 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 \$50 per visit. (See pages [36](#), [38](#), [50](#), [51](#), [52](#), [53](#), [54](#), [59](#), [60](#), [151](#), and [165](#).)
- Your copayment for an inpatient admission is now a \$350 per day copayment for up to \$1,750 per admission for unlimited days. (See pages [75](#), [82](#), and [95](#).)
- Your cost-share for outpatient surgical and treatment services performed and billed by a facility is now a \$250 copayment per day per facility. (See page [77](#).)
- Your copayment for outpatient observation services performed and billed by a hospital or freestanding ambulatory facility is now a \$350 per day copayment up to \$1,750. (See page [78](#).)
- Your cost-share for outpatient diagnostic testing and treatment services performed and billed by a facility is now a \$250 copayment per day per facility. (See page [79](#).)
- Your cost-share for outpatient hospital emergency room services and supplies, including professional provider services, diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by the hospital is now a \$350 per day per facility copayment. (See pages [90](#) and [91](#).)
- Your cost-share for professional provider services, diagnostic studies, radiology services, laboratory tests, and pathology services, when billed by an urgent care center is now \$50. (See pages [90](#) and [92](#).)
- For members enrolled in our regular pharmacy program, your copayment for Tier 2 (preferred brand-name drugs) without Medicare Part B primary, is now \$75 for each purchase of up to a 30-day supply (\$200 for a 31 to 90-day supply.) (See page [103](#).)
- For members enrolled in our regular pharmacy program, your copayment for a Tier 4 (preferred specialty drug) is now a \$120 copayment for a 30-day supply at a Preferred Retail Pharmacy or through the Specialty Drug Pharmacy Program, and \$350 copayment for a 31 to 90-day supply

through the Specialty Drug Pharmacy Program. (See pages [103](#) and [105](#).)

- For members enrolled in our regular pharmacy program, your copayment for a Tier 5 (non-preferred specialty drug) is now a \$200 copayment for a 30-day supply at a Preferred Retail Pharmacy or through the Specialty Drug Pharmacy Program, and \$500 copayment for a 31 to 90-day supply through the Specialty Drug Pharmacy Program. (See pages [103](#) and [105](#).)
- We have reduced the pharmacy drug out-of-pocket catastrophic maximum to \$2,000 for Basic Option members enrolled in the FEP Medicare Prescription Drug Program. (See page [111](#).)