

**2025 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**

**Section 5. Benefits**

**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**

**Hearing Services (Testing, Treatment, and Supplies)**

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**Note:** For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

**Benefit Description**

**Hearing Services (Testing, Treatment, and Supplies)**

- Hearing tests related to illness or injury
- Testing and examinations for prescribing hearing aids

**Note:** For our coverage of hearing aids and related services, see *Orthopedic and Prosthetic Devices* in this section.

**Standard Option - You Pay**

Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

**Basic Option - You Pay**

Preferred primary care provider or other healthcare professional: \$35 copayment per visit

Preferred specialist: \$50 copayment per visit

**Note:** You pay 30% of the Plan allowance for agents, drugs, and/or supplies administered or obtained in connection with your care.

Participating/Non-participating: You pay all charges

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**Benefit Description**

*Not covered:*

- *Routine hearing tests*
- *Hearing aids (except as described later in this section)*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*