

2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals****Hearing Services**

Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.

Benefit Description**Hearing Services**

Visits related to the covered hearing services listed below

You Pay

Preferred: \$10 copayment (no deductible) per visit up to a combined total of 10 visits per calendar year (benefits combined with visits in Section 5(a))

Preferred provider, visits after the 10th visit: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

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

Benefit Description

Hearing tests related to illness or injury

You Pay

Preferred: 30% of the Plan allowance (deductible applies)

Non-preferred (Participating/Non-participating): You pay all charges

Benefit Description

Not covered:

- *Routine hearing tests*

- *Hearing aids, including bone-anchored hearing aids, accessories or supplies(including remote controls and warranty packages) and all associated services*
- *Hearing aid exams*

You Pay

All charges