

2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 2. Changes for 2026

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Do not rely only on these change descriptions; this Section is not an official statement of benefits. For that, go to Section 5 (Benefits). Also, we edited and clarified language throughout the brochure; any language change not shown here is a clarification that does not change benefits.

Changes to our FEP Blue Focus

- Prior approval for genetic testing will be required when the test is being performed to assess the risk of passing a genetic condition to a child, or when the member has no active disease or signs or symptoms of the disease that is being screened. Prior approval is not required when a member has an active disease, signs and symptoms of a genetic condition that could be passed to a child, or when the test is needed to determine a course of treatment for a disease. (See page [21](#).)
- For Self Only contracts, the calendar year deductible is now \$750. For Self Plus One and Self and Family Contracts, the deductible is now \$1,500. (See pages [28](#), [35](#), [53](#), [62](#), [74](#), [78](#), [99](#), [122](#), [127](#) and [139](#).)
- For Self only contracts, your Preferred Provider catastrophic out-of-pocket maximum is now \$10,000. For Self Plus One and Self and Family Contracts, your Preferred Provider catastrophic out-of-pocket maximum is now \$20,000. (See pages [30](#), [127](#) and [141](#).)
- Surgical and pharmacy services related to sex-trait modifications are no longer covered under this program. (See page [110](#).)
- Your copay for maternity services billed by a Preferred facility is \$3,500 per pregnancy. (See page [64](#).)
- Prior approval for outpatient hospice services will no longer be required. (See pages [70-72](#).)
- For members enrolled in our regular pharmacy drug program, Tier 2 Preferred Brand-Name Drugs purchased at a Preferred retail pharmacy you are responsible for 40% of the Plan allowance (up to a maximum of \$550) for a 30-day supply and 40% of the Plan allowance (up to a maximum of \$1,650) for 31 to 90-day supply. (See page [86](#).)
- For members enrolled in our regular pharmacy drug program, Tier 2 Preferred Specialty Drugs purchased at Preferred retail pharmacies and through the Specialty Drug Pharmacy Program

for generic and brand-name drugs you are now responsible for 40% of the Plan allowance (up to the maximum of \$550) for a 30-day supply and 40% of the Plan allowance (up to a maximum of \$1,650) for 31 to 90-day supply. (See page [87](#).)

- For those enrolled in our Medicare Prescription Drug Program, the prescription out-of-pocket maximum is now \$2,100. (See pages [30](#) and [92](#).)