

2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 2. Changes for 2023****Page 15**

Section 2. Changes for 2023

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 Standard Option only

- Preferred insulins are now covered with a \$35 copayment for up to a 30-day supply or a \$65 copayment for a 31 to 90-day supply, when dispensed by a Preferred retail pharmacy. Previously, you paid 20% of the Plan allowance for each purchase of up to a 90-day supply. (See page [112](#).)

Changes to our Basic Option only

- Your cost-share for outpatient surgical and treatment services performed and billed by a facility is now a \$150 copayment per day per facility. Previously, you paid a \$100 copayment per day per facility for these services. (See page [81](#).)
- Your cost-share for laboratory tests (such as blood tests and urinalysis), pathology services, and EKGs is now a 15% coinsurance. Previously, you paid nothing for these services. (See page [40](#) and [85](#).)
- Your copayment for an inpatient admission is now a \$250 per day copayment for up to \$1,500 per admission for unlimited days. Previously, you paid a \$175 copayment per admission up to \$875 for unlimited days. (See pages [47](#), [76](#), [79](#), [87](#) and [100](#).)
- We now cover 12 acupuncture visits per calendar year. Previously, we covered 10 acupuncture visits per calendar year. (See page [60](#).)
- Your copayment for outpatient observation services performed and billed by a hospital or freestanding ambulatory facility is now a \$250 per day copayment up to \$1,500. Previously, you paid a \$175 per day copayment up to \$875. (See page [82](#).)
- Your cost-share for outpatient diagnostic testing and treatment services performed and billed by a facility is now a \$200 copayment per day per facility. Previously, you paid a \$150 copayment per day per facility for these services. (See page [83](#).)

- 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 \$250 per day per facility copayment. Previously, your copayment for these services was \$175. (See pages [95](#) and [96](#).)
- Your copayment for Tier 1 (generic drugs) without Medicare Part B primary, is now \$15 for each purchase of up to a 30-day supply (\$40 for a 31 to 90-day supply). Previously, your copayment was \$10 for each purchase of up to a 30-day supply (\$30 for a 31 to 90-day supply). (See page [114](#).)
- Your copayment for Tier 2 (preferred brand-name drugs) without Medicare Part B primary, is now \$60 for each purchase of up to a 30-day supply (\$180 for a 31 to 90-day supply). Previously, your copayment was \$55 for each purchase of up to a 30-day supply (\$165 for a 31 to 90-day supply). (See page [114](#).)
- You are now responsible for up to a \$90 minimum copayment for Tier 3 (non-preferred brand-name) drugs for up to a 30-day supply (\$250 minimum for a 31 to 90-day supply) without Medicare Part B primary. Previously, you were responsible for a \$75 minimum for up to a 30-day supply (\$210 minimum for a 31 to 90-day supply). (See page [114](#).)

Changes to both our Standard and Basic Options

- We now cover preventive low-dose CT screenings for lung cancer for members aged 50 to 80. Previously, preventive benefits did not start until age 55.
 - We now require prior approval for certain high-cost drugs obtained outside of a pharmacy setting. Previously, prior approval was not required. (See page [22](#).)
 - We now require prior approval for proton beam therapy. Previously, prior approval was not required. (See page [22](#).)
 - We now require prior approval for stereotactic radiosurgery and stereotactic body radiation therapy. Previously, prior approval was not required. (See page [22](#).)
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