

**2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 4. Your Costs for Covered Services****Your catastrophic protection out-of-pocket maximum for deductibles, coinsurance, and copayments**

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**Your catastrophic protection out-of-pocket maximum for deductibles, coinsurance, and copayments**

**Under Standard and Basic Options**, we limit your annual out-of-pocket expenses for the covered services you receive to protect you from unexpected healthcare costs. When your eligible out-of-pocket expenses reach this catastrophic protection maximum, you no longer have to pay the associated cost-sharing amounts for the rest of the calendar year. For Self Plus One and Self and Family enrollments, once any individual family member reaches the Self Only catastrophic protection out-of-pocket maximum during the calendar year, that member's claims will no longer be subject to associated cost-sharing amounts for the rest of the year. All other family members will be required to meet the balance of the catastrophic protection out-of-pocket maximum.

Note: Certain types of expenses do not accumulate to the maximum.

**Standard Option maximums:**

**Preferred Provider maximum** – For a Self Only enrollment, your out-of-pocket maximum for your deductible, and for eligible coinsurance and copayment amounts, is \$6,000 when you use Preferred providers. For a Self Plus One or Self and Family enrollment, your out-of-pocket maximum for these types of expenses is \$12,000 for Preferred provider services. Only eligible expenses for Preferred provider services, and the cost-shares associated with care from Non-participating providers under the NSA (see page [32](#)), count toward these limits.

**Non-preferred Provider maximum** – For a Self Only enrollment, your out-of-pocket maximum for your deductible, and for eligible coinsurance and copayment amounts, is \$8,000 when you use Non-preferred providers. For a Self Plus One or Self and Family enrollment, your out-of-pocket maximum for these types of expenses is \$16,000 for Non-preferred provider services. For either enrollment type, eligible expenses for the services of Preferred providers also count toward these limits.

**Basic Option maximum:**

**Preferred Provider maximum** – For a Self Only enrollment, your out-of-pocket maximum for eligible coinsurance and copayment amounts is \$6,500 when you use Preferred providers. For a Self Plus One or a Self and Family enrollment, your out-of-pocket maximum for these types of expenses is \$13,000 when you use Preferred providers. Only eligible expenses for Preferred provider services count toward these limits.

**The following expenses are not included** under this feature. These expenses do not count toward your catastrophic protection out-of-pocket maximum, and you must continue to pay them even after

your expenses exceed the limits described above.

- The difference between the Plan allowance and the billed amount. See pages [29-30](#);
- Expenses for services, drugs, and supplies in excess of our maximum benefit limitations;
- Under Standard Option, your 35% coinsurance for inpatient care in a Non-member facility;
- Under Standard Option, your 35% coinsurance for outpatient care by a Non-member facility;
- Your expenses for dental services in excess of our fee schedule payments under Standard Option. See Section 5(g);
- The \$500 penalty for failing to obtain precertification, and any other amounts you pay because we reduce benefits for not complying with our cost containment requirements; and
- Under Basic Option, your expenses for care received from Participating/Non-participating professional providers or Member/Non-member facilities, except for coinsurance and copayments you pay in those situations where we do pay for care provided by Non-preferred providers. Please see page [20](#) for the exceptions to the requirement to use Preferred providers.

If your provider's prescription allows for generic substitution and you select a brand-name drug, your expenses for the difference in cost-share do not count toward your catastrophic protection out-of-pocket maximum (see page [103](#) for additional information).