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2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Summary of Benefits for the Blue Cross and Blue Shield Service Benefit Plan FEP Blue Focus – 2025 Page 141

Ambulance transport services: Nothing

Emergency benefits: Medical emergency

You pay:

Professional, outpatient hospital:

Preferred urgent care: \$25 copayment; PPO and Non-PPO emergency room care: 30%* of our allowance (deductible applies); Regular benefits for physician and hospital care* provided in other than the emergency room/PPO urgent care center

Maternity:

Ambulance transport services: 30%* of our allowance (deductible applies)

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

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Mental health visits

You pay:

Preferred provider: \$10 for the first 10 visits per calendar year (combined medical and mental health and substance use disorder)

After the 10th visit: 30%* of the Plan allowance (deductible applies)

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

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Mental health and substance use disorder treatment (inpatient and outpatient)

You pay:

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

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

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Prescription drugs: Retail Pharmacy Program

You pay:

Preferred retail pharmacy Tier 1 (generic): \$5 copayment up to a 30-day supply

Preferred retail pharmacy Tier 2 (brand name): 40% coinsurance of the Plan allowance (up to a \$350 maximum) for up to a 30-day supply

Non-preferred pharmacy: You pay all charges

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Prescription drugs: Specialty Drug Pharmacy Program

You pay:

Preferred specialty pharmacy

Tier 2: 40% coinsurance of the Plan allowance (up to a \$350 maximum) for up to a 30-day supply

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Dental care

Treatment of an accidental dental injury within 72 hours (regular benefits apply thereafter)

You pay:

Preferred: Nothing

Non-Preferred:

- Participating: Nothing (no deductible)
- Non-participating: Any difference between our allowance and the billed amount (no deductible)

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