

## 2020 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

### Section 4. Your Costs for Covered Services

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

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.

**Preferred Provider maximum** – For a Self Only enrollment, your out-of-pocket maximum for your deductible, and for eligible coinsurance and copayment amounts, is \$6,500 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 for Preferred provider services. 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 page [29](#);
- Expenses for services, drugs, and supplies in excess of our maximum benefit limitations;
- 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;
- The \$100 penalty for failing to obtain prior approval, and any other amounts you pay because we reduce benefits for not complying with our cost containment requirements;
- If there is a generic substitution available and you or your provider requests a brand-name drug, your expenses for the difference between the cost of the generic medication and the brand-name medication do not count toward your catastrophic protection out-of-pocket maximum (see page [91](#) for additional information); and

- Expenses for care received from Non-preferred providers (Participating/Non-participating professional providers or Member/Non-member facilities), except for your deductible, coinsurance and/or copayments you pay in those situations where we do pay for care provided by Non-preferred providers. Please see page [18](#) for the exceptions to the requirement to use Preferred providers.

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catastrophic  
protection  
out-of-pocket  
deductibles  
coinsurance  
copayments  
maximum  
allowance  
preferred  
provider  
generic  
substitution  
prior  
approval  
containment  
requirements  
complying  
non-preferred  
non-participating  
participating  
member