

## Treatment Therapies

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### 2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option

#### Section 5. Benefits

#### Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals

#### Treatment Therapies

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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

#### Benefit Description

#### Treatment Therapies

Outpatient treatment therapies:

- Chemotherapy and radiation therapy

Note: We cover high-dose chemotherapy and/or radiation therapy in connection with bone marrow transplants, and drugs or medications to stimulate or mobilize stem cells for transplant procedures, only for those conditions listed as covered under *Organ/Tissue Transplants* in Section 5(b). See also, *Other services* under *You need prior Plan approval for certain services* in Section 3.

Note: **You must get prior approval for certain radiation therapy treatments.** Please refer to Section 3 for more information.

- Renal dialysis – Hemodialysis and peritoneal dialysis
- Intravenous (IV)/infusion therapy – Home IV or infusion therapy

Note: Home nursing visits associated with Home IV/infusion therapy are covered as shown under *Home Health Services* later in this section.

- Outpatient cardiac rehabilitation
- Pulmonary rehabilitation therapy
- Applied behavior analysis (ABA) for the treatment of an autism spectrum disorder (see prior approval requirements in Section 3)

Note: See Section 5(c) for our payment levels for treatment therapies billed for by the outpatient department of a hospital.

### **Standard Option - You Pay**

Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

### **Basic Option - You Pay**

Preferred primary care provider or other healthcare professional: \$35 copayment per visit

Preferred specialist: \$45 copayment per visit

Note: You pay 30% of the Plan allowance for agents, drugs, and/or supplies administered or obtained in connection with your care.

Participating/Non-participating: You pay all charges

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### **Benefit Description**

- Auto-immune infusion medications: Remicade, Renflexis and Inflectra

Note: See above for your costs for intravenous (IV)/infusion therapy - Home IV or infusion therapy.

### **Standard Option - You Pay**

Preferred: 10% of the Plan allowance (deductible applies)

Participating: 15% of the Plan allowance (deductible applies)

Non-participating: 15% of the Plan allowance (deductible applies), plus any difference between our allowance and billed amount

### **Basic Option - You Pay**

Preferred: 15% of the Plan allowance

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Participating or Non-participating: You pay all charges

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## Benefit Description

Inpatient treatment therapies:

- Chemotherapy and radiation therapy

Note: We cover high-dose chemotherapy and/or radiation therapy in connection with bone marrow transplants, and drugs or medications to stimulate or mobilize stem cells for transplant procedures, only for those conditions listed as covered under *Organ/Tissue Transplants* in Section 5(b). See also *Other services* under *You need prior Plan approval for certain services* in Section 3.

- Renal dialysis – Hemodialysis and peritoneal dialysis
- Pharmacotherapy (medication management) (See Section 5(c) for our coverage of drugs administered in connection with these treatment therapies.)
- Applied behavior analysis (ABA) for the treatment of an autism spectrum disorder (see prior approval requirements in Section 3)

## Standard Option - You Pay

Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

## Basic Option - You Pay

Preferred: Nothing

Participating/Non-participating: You pay all charges