

81

2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services Page 81

Benefit Description

Outpatient Hospital or Ambulatory Surgical Center (cont.)

Outpatient **drugs, medical devices, and durable medical equipment** billed for by a facility, such as:

- Prescribed drugs
- Orthopedic and prosthetic devices
- Durable medical equipment
- Surgical implants

Note: For outpatient facility care related to maternity, including outpatient care at birthing facilities, we waive your cost-share amount and pay for covered services in full when you use a Preferred facility.

Note: Certain self-injectable drugs are covered only when dispensed by a pharmacy under the pharmacy benefit. These drugs will be covered once per lifetime per therapeutic category of drugs when dispensed by a non-pharmacy-benefit provider. This benefit limitation does not apply if you have primary Medicare Part B coverage, or are enrolled in the Medicare Prescription Drug Program.

Standard Option - You Pay

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

Member facilities: 35% of the Plan allowance (deductible applies)

Non-member facilities: 35% of the Plan allowance (deductible applies). You may also be responsible for any difference between our allowance and the billed amount.

Basic Option - You Pay

Preferred facilities: 30% of the Plan allowance

Note: You may also be responsible for paying a copayment per day per facility for other outpatient services listed in this section.

Member/Non-member facilities: You pay all charges

Benefit Description

Blue Distinction[®] Specialty Care

We provide enhanced benefits for covered inpatient facility services related to the surgical procedures listed below, when the surgery is performed at a facility designated as a Blue Distinction Center for Knee and Hip Replacement, Blue Distinction Center for Spine Surgery, or Blue Distinction Center for Comprehensive Bariatric Surgery.

- Bariatric surgeries covered are:
 - Roux-en-Y gastric bypass
 - Laparoscopic adjustable gastric banding
 - Sleeve gastrectomy
 - Biliopancreatic bypass with duodenal switch
- Total hip replacement or revision
- Total knee replacement or revision
- Spine surgery, limited to:
 - Cervical discectomy
 - Thoracic discectomy
 - Laminectomy
 - Laminoplasty
 - Spinal fusion

Note: You must precertify your hospital stay and verify your facility's designation as a Blue Distinction

Center for the type of surgery being scheduled. Contact us prior to your admission at the customer service phone number listed on the back of your ID card for assistance.

Standard Option - You Pay

Blue Distinction Center: \$150 per admission copayment for unlimited days (no deductible)

Basic Option - You Pay

Blue Distinction Center: \$100 per day copayment up to \$500 per admission for unlimited days

Blue Distinction® Specialty Care - continued on next page

Go to page [80](#). Go to page [82](#).