

**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 86**

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**Benefit Description**

**Hospice Care (cont.)**

**Traditional Home Hospice Care**

Periodic visits to the member's home for the management of the terminal medical condition and to provide limited patient care in the home. An episode of care is one home hospice treatment plan per calendar year.

**Standard Option - You Pay**

Preferred facilities: Nothing (no deductible)

Member/Non-member facilities: \$450 copayment per episode (no deductible)

**Basic Option - You Pay**

Preferred facilities: Nothing

Member/Non-member facilities: You pay all charges

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**Benefit Description**

**Continuous Home Hospice Care**

Services provided in the home to members enrolled in home hospice during a period of crisis, such as frequent medication adjustments to control symptoms or to manage a significant change in the member's condition, requiring a minimum of 8 hours of care during each 24-hour period by a registered nurse (R.N.) or licensed practical nurse (L.P.N.).

Note: Members must receive prior approval from the Local Plan for each episode of continuous home hospice care. An episode consists of up to seven consecutive days of continuous care. The member must be enrolled in a home hospice program in order to receive benefits for subsequent continuous home hospice care, and the services must be provided by the home hospice program in which the member is

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enrolled.

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

Preferred facilities: Nothing (no deductible)

Member facilities: \$450 per episode copayment (no deductible)

Non-member facilities: \$450 per episode copayment, plus 35% of the Plan allowance (no deductible), and any remaining balance after our payment

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

Preferred facilities: Nothing

Member/Non-member facilities: You pay all charges

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## **Benefit Description**

### **Inpatient Hospice Care**

Benefits are available for inpatient hospice care when provided by a facility that is licensed as an inpatient hospice facility and when:

- Inpatient services are necessary to control pain and/or manage the member's symptoms;
- Death is imminent; or
- Inpatient services are necessary to provide an interval of relief (respite) to the caregiver

Note: Benefits are provided for up to 30 consecutive days in a facility licensed as an inpatient hospice facility. The member does not have to be enrolled in a home hospice care program to be eligible for the first inpatient stay. However, the member must be enrolled in a home hospice care program in order to receive benefits for subsequent inpatient stays.

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

Preferred facilities: Nothing (no deductible)

Member facilities: \$450 per admission copayment, plus 35% of the Plan allowance (no deductible)

Non-member facilities: \$450 per admission copayment, plus 35% of the Plan allowance (no deductible), and any remaining balance after our payment

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

Preferred facilities: Nothing

Member/Non-member facilities: You pay all charges

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### **Benefit Description**

*Not covered:*

- *Advanced care planning, except when provided as part of a covered hospice care treatment plan*
- *Homemaker services*
- *Home hospice care (e.g., care given by a home health aide) that is provided and billed for by other than the approved home hospice agency when the same type of care is already being provided by the home hospice agency*

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

*All charges*

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

*All charges*

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Go to page [85](#). Go to page [87](#).