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2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals
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Benefit Description

Durable Medical Equipment (DME) (cont.)

- Speech-generating devices, limited to $1,250 per calendar year

Standard Option - You Pay
Any amount over $1,250 per year (no deductible)

Basic Option - You Pay
Any amount over $1,250 per year

Benefit Description

Not covered:

- *Exercise and bathroom equipment*
- *Vehicle modifications, replacements, or upgrades*
- *Home modifications, upgrades, or additions*
- *Lifts, such as seat, chair, or van lifts*
- *Car seats*
- *Diabetic supplies, except as described in Section 5(f) or when Medicare Part B is primary*

- *Air conditioners, humidifiers, dehumidifiers, and purifiers*
- *Breast pumps, except as previously described*
- *Communications equipment, devices, and aids (including computer equipment) such as "story boards" or other communication aids to assist communication-impaired individuals (except for speech-generating devices as listed above)*
- *Equipment for cosmetic purposes*
- *Topical Hyperbaric Oxygen Therapy (THBO)*
- *Charges associated with separate or extended warranties*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges

Benefit Description

Medical Supplies

- Medical foods and nutritional supplements when administered by catheter or nasogastric tubes
  Note: See Section 10, *Definitions*, for more information about medical foods.
- Ostomy and catheter supplies
- Oxygen
  Note: When billed by a skilled nursing facility, nursing home, or extended care facility, we pay benefits as shown here for oxygen, according to the contracting status of the facility.
- Blood and blood plasma, except when donated or replaced, and blood plasma expanders

Note: We cover medical supplies at Preferred benefit levels only when you use a Preferred medical supply provider. Preferred physicians, facilities, and pharmacies are not necessarily Preferred medical supply providers.

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: 30% of the Plan allowance

Participating/Non-participating: You pay all charges

Benefit Description

Not covered:

- *Infant formulas used as a substitute for breastfeeding*
- *Diabetic supplies, except as described in Section 5(f) or when Medicare Part B is primary, or are enrolled in the FEP Medicare Prescription Drug Program*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges

Medical Supplies - continued on next page

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