2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals

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

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: 35% 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 5(f)(a) if applicable, or when Medicare Part B is primary, or when you are enrolled in the FEP Medicare Prescription Drug Program*
- *Medical foods administered orally, except as described in Section 5(f), or 5(f)(a) if applicable*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges