

**2023 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
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Benefit Description

Hospice Care (cont.)

- Oxygen therapy
- Periodic physician visits
- Physical therapy, occupational therapy, and speech therapy related to the terminal medical condition
- Prescription drugs and medications
- Services of home health aides (certified or licensed, if the state requires it, and provided by the home hospice agency)

Standard Option - You Pay

See below

Basic Option - You Pay

See below

Benefit Description

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. See page [90](#) for prior approval requirements.

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

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 (see page [90](#)). 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 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

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

Basic Option - You Pay

Preferred facilities: Nothing

Member/Non-member facilities: You pay all charges

Hospice Care - continued on next page

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