

2023 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
Page 58

Benefit Description

Durable Medical Equipment (DME) (cont.)

- Wheelchairs
- Crutches
- Walkers
- Continuous passive motion (CPM) devices
- Dynamic orthotic cranioplasty (DOC) devices
- Insulin pumps
- Other items that we determine to be DME, such as compression stockings

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

Note: See Section 5(c) for our coverage of DME provided and billed by a facility.

Basic Option - You Pay

Preferred: 30% of the Plan allowance

Participating/Non-participating: You pay all charges

Note: See Section 5(c) for our coverage of DME provided and billed by a facility.

Benefit Description

- 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 described on page [48](#)*
- *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

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

Medical Supplies - continued on next page

Go to page [57](#) , . Go to page [59](#).