

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
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Benefit Description**Home Health Services (cont.)**

- *Services provided by a nurse, nursing assistant, health aide, or other similarly licensed or unlicensed person that are billed by a skilled nursing facility, extended care facility, or nursing home, except as included in the benefits described on pages [88-89](#).*
- *Private duty nursing*

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges

Benefit Description**Manipulative Treatment**

Manipulative treatment performed by a professional provider, when the provider is practicing within the scope of his/her license, limited to:

- Osteopathic manipulative treatment to any body region
- Chiropractic spinal and/or extraspinal manipulative treatment

Note: Benefits for manipulative treatment are limited to the services and combined treatment visits stated here.

Note: When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown here, according to the contracting status of the facility.

Standard Option - You Pay

Preferred: \$25 copayment per visit (no deductible)

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: Benefits for osteopathic and chiropractic manipulative treatment are limited to a combined total of 12 visits per person, per calendar year.

Note: Manipulation visits that you pay for while meeting your calendar year deductible count toward the treatment limit cited above.

Basic Option - You Pay

Preferred: \$30 copayment per visit

Note: Benefits for osteopathic and chiropractic manipulative treatment are limited to a combined total of 20 visits per person, per calendar year.

Participating/Non-participating: You pay all charges

Benefit Description

Alternative Treatments

Acupuncture

Note: Acupuncture must be performed and billed by a healthcare provider who is licensed or certified to perform acupuncture by the state where the services are provided, and who is acting within the scope of that license or certification. See page [17](#) for more information.

Note: When billed by a facility such as the outpatient department of a hospital, you are limited to the number of visits per calendar year listed on this page. See Section 5(c) for your cost-share.

Note: See page [77](#) for our coverage of acupuncture when provided as anesthesia for covered surgery.

Note: See page [47](#) for our coverage of acupuncture when provided as anesthesia for covered maternity care.

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: Benefits for acupuncture are limited to 24 visits per calendar year.

Note: Visits that you pay for while meeting your calendar year deductible count toward the limit cited above.

Basic Option - You Pay

Preferred primary care provider or other healthcare professional: \$30 copayment per visit

Preferred specialist: \$40 copayment per visit

Note: Benefits for acupuncture are limited to 12 visits per calendar year.

Note: You pay 30% of the Plan allowance for drugs and supplies.

Participating/Non-participating: You pay all charges

Alternative Treatments - continued on next page

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