

2023 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**Section 5. Benefits****Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services
Extended Care Benefits/Skilled Nursing Care Facility Benefits**

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**Extended Care Benefits/Skilled Nursing Care Facility Benefits****When Medicare Part A is not your primary payor:**

For members who do not have Medicare Part A, we cover skilled nursing facility (SNF) inpatient care for a maximum of 30 days annually, when the member can be expected to benefit from short-term SNF services with a goal of returning home.

The following criteria must also be met:

- Member is enrolled in case management prior to admission to the SNF (signed consent required), and actively participates in case management both prior to and during admission to the SNF.
- Precertification is obtained prior to admission (including overseas care).
- We approve the preliminary treatment plan prior to admission (plan must include proposed therapies and document the need for inpatient care).
- Member participates in all treatment and care planning activities, including discharge planning/transition to home.

Benefits are not available for inpatient SNF care solely for management of tube feedings, for home level dialysis treatment, as an interim transition to long term care placement, or for any other noncovered services.

Note: No inpatient benefits (such as room and board) will be provided if precertification is not obtained prior to admission (see page [21](#)). Members are responsible for enrolling in case management (see page [21](#)).

Standard Option - You Pay

Preferred facilities: \$175 (no deductible) per admission

Member facilities: \$275 plus 35% of the Plan allowance (no deductible) per admission

Non-member facilities: \$275 plus 35% of the Plan allowance (no deductible), and any remaining balance after our payment, per admission

Basic Option - You Pay

All charges

Benefit Description**Extended Care Benefits/Skilled Nursing Care Facility Benefits (cont.)****When Medicare Part A is your primary payor:**

When Medicare Part A is the primary payor (meaning it pays first) and has made a payment, **Standard Option** provides limited secondary benefits.

We pay the applicable Medicare Part A copayments incurred **in full** during the first through the 30th day of confinement for each benefit period (as defined by Medicare) in a qualified skilled nursing facility.

Note: See <https://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/downloads/ge101c03.pdf> for complete Medicare benefit period definition.

If Medicare pays the first 20 days in full, Plan benefits will begin on the 21st day (when Medicare Part A copayments begin) and will end on the 30th day.

Note: See page 84 for benefits provided for outpatient physical, occupational, speech, and cognitive rehabilitation therapy, and manipulative treatment services when billed by a skilled nursing facility. See Section 5(f) for benefits for prescription drugs.

Note: If Medicare Part A is your primary payor, we will only provide benefits if Medicare provided benefits for the admission.

Standard Option - You Pay

Preferred facilities: Nothing (no deductible)

Member facilities: Nothing (no deductible)

Non-member facilities: Nothing (no deductible)

Note: You pay all charges not paid by Medicare after the 30th day.

Basic Option - You Pay

All charges

Benefit Description

Not covered:

Phone, television, personal comfort items, such as guest meals and beds, beauty and barber services, recreational outings/trips, stretcher or wheelchair transportation, non-emergent ambulance transport that is requested, beyond the nearest facility adequately equipped to treat the member's condition, by patient or physician for continuity of care or other reason, custodial or long term care (see Definitions), and domiciliary care provided because care in the home is not available or is unsuitable

Standard Option - You Pay

All charges

Basic Option - You Pay

All charges