

**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**

**Outpatient Hospital or Ambulatory Surgical Center (cont.)**

Note: Certain self-injectable drugs are covered only when dispensed by a pharmacy under the pharmacy benefit. These drugs will be covered once per lifetime per therapeutic category of drugs when dispensed by a non-pharmacy-benefit provider. This benefit limitation does not apply if you have primary Medicare Part B coverage.

**Standard Option - You Pay**

See previous page

**Basic Option - You Pay**

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**Benefit Description**

**Blue Distinction® Specialty Care**

We provide enhanced benefits for covered inpatient facility services related to the surgical procedures listed below, when the surgery is performed at a facility designated as a Blue Distinction Center for Knee and Hip Replacement, Blue Distinction Center for Spine Surgery, or Blue Distinction Center for Comprehensive Bariatric Surgery.

- Bariatric surgeries covered are:
  - Roux-en-Y gastric bypass
  - Laparoscopic adjustable gastric banding
  - Sleeve gastrectomy
  - Biliopancreatic bypass with duodenal switch
- Total hip replacement or revision
- Total knee replacement or revision

- Spine surgery, limited to:
  - Cervical discectomy
  - Thoracic discectomy
  - Laminectomy
  - Laminoplasty
  - Spinal fusion

Note: You must precertify your hospital stay and verify your facility's designation as a Blue Distinction Center for the type of surgery being scheduled. Contact us prior to your admission at the customer service phone number listed on the back of your ID card for assistance.

Note: Members are responsible for regular cost-sharing amounts for the surgery and related professional services as described in Section 5(b).

Note: These benefit levels do not apply to inpatient facility care related to other services or procedures, or to outpatient facility care, even if the services are performed at a Blue Distinction Center. See pages [78-80](#) for regular inpatient hospital benefits and pages [81-85](#) for outpatient facility benefit levels.

Note: See pages [18-19](#) for more information about Blue Distinction Centers.

**Standard Option - You Pay**

Blue Distinction Center: \$150 per admission copayment for unlimited days (no deductible)

**Basic Option - You Pay**

Blue Distinction Center: \$100 per day copayment up to \$500 per admission for unlimited days

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*Blue Distinction® Specialty Care - continued on next page*

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