

**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**

**Orthopedic and Prosthetic Devices (cont.)**

- Hearing aids for children up to age 22, limited to \$2,500 per calendar year
- Hearing aids for adults age 22 and over, limited to \$2,500 every 5 calendar years

Note: Benefits for hearing aid dispensing fees, fittings, batteries, and repair services are included in the benefit limits described above.

**Standard Option - You Pay**

Any amount over \$2,500 (no deductible)

**Basic Option - You Pay**

Any amount over \$2,500

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**Benefit Description**

- Bone-anchored hearing aids when medically necessary, limited to \$5,000 per calendar year

**Standard Option - You Pay**

Any amount over \$5,000 (no deductible)

**Basic Option - You Pay**

Any amount over \$5,000

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**Benefit Description**

- Wigs for hair loss due to the treatment of cancer

Note: Benefits for wigs are paid at 100% of the billed amount, limited to \$350 for one wig per lifetime.

**Standard Option - You Pay**

Any amount over \$350 for one wig per lifetime (no deductible)

**Basic Option - You Pay**

Any amount over \$350 for one wig per lifetime

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**Benefit Description**

*Not covered:*

- *Shoes (including diabetic shoes)*
- *Over-the-counter orthotics*
- *Arch supports*
- *Heel pads and heel cups*
- *Wigs (including cranial prostheses), except for scalp hair prosthesis for hair loss due to the treatment of cancer, as stated above*
- *Over the counter hearing aids, enhancement devices, accessories or supplies (including remote controls and warranty packages)*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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**Benefit Description****Durable Medical Equipment (DME)**

Durable medical equipment (DME) is equipment and supplies that are:

1. Prescribed by your attending physician (i.e., the physician who is treating your illness or injury);
2. Medically necessary;

3. Primarily and customarily used only for a medical purpose;
4. Generally useful only to a person with an illness or injury;
5. Designed for prolonged use; and
6. Used to serve a specific therapeutic purpose in the treatment of an illness or injury.

We cover rental or purchase of durable medical equipment, at our option, including repair and adjustment. Covered items include:

- Home dialysis equipment
- Oxygen equipment
- Hospital beds

**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.

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*Durable Medical Equipment (DME) - continued on next page*

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