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 54

Benefit Description

Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy (cont.)

Standard Option - You Pay

Note: When billed by a facility, such as the outpatient department of a hospital, we provide benefits as shown on page 53, according to the contracting status of the facility.

Basic Option - You Pay

Benefit Description

Not covered:

- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*
- *Maintenance or palliative rehabilitative therapy*
- *Exercise programs*
- *Equine therapy and hippotherapy (exercise on horseback)*
- *Massage therapy*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges

Benefit Description

Hearing Services (Testing, Treatment, and Supplies)

- Hearing tests related to illness or injury
- Testing and examinations for prescribing hearing aids

Note: For our coverage of hearing aids and related services, see page 57.

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

Preferred specialist: $40 copayment per visit

Note: You pay 30% of the Plan allowance for agents, drugs, and/or supplies administered or obtained in connection with your care. (See page 152 for more information about “agents.”)

Participating/Non-participating: You pay all charges

Benefit Description

Not covered:

- *Routine hearing tests (except as indicated on page 45)*
- *Hearing aids (except as described on page 57)*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges

Benefit Description

Vision Services (Testing, Treatment, and Supplies)
Benefits are limited to one pair of eyeglasses, replacement lenses, or contact lenses per incident prescribed:

- To correct an impairment directly caused by a single instance of accidental ocular injury or intraocular surgery;
- If the condition can be corrected by surgery, but surgery is not an appropriate option due to age or medical condition;

Standard Option - You Pay
Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Basic Option - You Pay
Preferred: 30% of the Plan allowance

Participating/Non-participating: You pay all charges

Vision Services (Testing, Treatment, and Supplies) - continued on next page

---

Go to page 53. Go to page 55.