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**2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services**  
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**Benefit Description**

**Hospice Care (cont.)**  
**Continuous Home Hospice Care\***

Services provided in the home to members enrolled in home hospice during a period of crisis, such as frequent medication adjustments to control symptoms or to manage a significant change in the member's condition, requiring a minimum of 8 hours of care during each 24-hour period by a registered nurse (R.N.) or licensed practical nurse (L.P.N.).

Note: Members must receive prior approval from the Local Plan for each episode of continuous home hospice care (see Section 3). An episode consists of up to seven consecutive days of continuous care. The member must be enrolled in a home hospice program in order to receive benefits for subsequent continuous home hospice care and the services must be provided by the home hospice program in which the member is enrolled.

**\*Prior approval is required**

**You Pay**

Preferred facilities: Nothing (no deductible)

Non-preferred facilities (Member/Non-member): You pay all charges

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**Benefit Description**  
**Inpatient Hospice Care\***

Benefits are available for inpatient hospice care when provided by a facility that is licensed as an inpatient hospice facility and when:

- Inpatient services are necessary to control pain and/or manage the member's symptoms;
- Death is imminent; or

- Inpatient services are necessary to provide an interval of relief (respite) to the caregiver

Note: Benefits are provided for up to 30 consecutive days in a facility licensed as an inpatient hospice facility. The member does not have to be enrolled in a home hospice care program to be eligible for the first inpatient stay. However, the member must be enrolled in a home hospice care program in order to receive benefits for subsequent inpatient stays.

**\*Prior approval is required**

**You Pay**

Preferred facilities: 30% of the Plan allowance (deductible applies)

Non-preferred facilities (Member/Non-member): You pay all charges

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**Benefit Description**

*Not covered:*

- *Advanced care planning, except when provided as part of a covered hospice care treatment plan as previously noted*
- *Homemaker services*
- *Home hospice care (e.g., care given by a home health aide) that is provided and billed for by other than the approved home hospice agency when the same type of care is already being provided by the home hospice agency*

**You Pay**

*All charges*

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