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**2025 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**  
**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**  
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**Benefit Description**

**Foot Care**

Routine foot care when you are under active treatment for a metabolic or peripheral vascular disease, such as diabetes

Notes:

- For corresponding office visits, see the beginning of Section 5(a).
- See below, *Orthopedic and Prosthetic Devices*, for information on podiatric shoe inserts.
- See Section 5(b) for our coverage for surgical procedures.

**You Pay**

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

Non-preferred (Participating/Non-participating): You pay all charges

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**Benefit Description**

*Not covered:*

- *Routine foot care, such as cutting, trimming, or removal of corns, calluses, or the free edge of toenails, and similar routine treatment of conditions of the foot, except as stated above*

**You Pay**

*All charges*

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## Benefit Description

### Orthopedic and Prosthetic Devices

Orthopedic braces and prosthetic appliances such as:

- Artificial limbs and eyes
- Functional foot orthotics when prescribed by a physician
- Rigid devices attached to the foot or a brace, or placed in a shoe
- Replacement, repair, and adjustment of covered devices
- Following a mastectomy, breast prostheses and surgical bras, including necessary replacements
- Surgically implanted penile prostheses limited to treatment of erectile dysfunction or as part of an approved plan for gender affirming surgery
- Surgical implants

Note: **A prosthetic appliance** is a device that is surgically inserted or physically attached to the body to restore a bodily function or replace a physical portion of the body.

We provide hospital benefits for internal prosthetic devices, such as artificial joints, pacemakers, cochlear implants, and surgically implanted breast implants following mastectomy; see Section 5(c) for payment information. Insertion of the device is paid as surgery; see Section 5(b).

### You Pay

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

Non-preferred (Participating/Non-participating): You pay all charges

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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)*
- *Hearing aids, including bone anchored hearing aids, accessories or supplies (including remote controls and warranty packages) and all associated services*

**You Pay**  
*All charges*

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