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

Outpatient Hospital or Ambulatory Surgical Center (cont.)

Outpatient **drugs, medical devices, and durable medical equipment** billed for by a facility, such as:

- Prescribed drugs and medications

  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, or you are enrolled in the FEP Medicare Prescription Drug Program. See Section 5(f) for information about specialty drug fills from a Preferred pharmacy.

- Orthopedic and prosthetic devices
- Durable medical equipment
- Surgical implants
- Oral and transdermal contraceptives

  Note: We waive your cost-share for generic oral and transdermal contraceptives when you purchase them at a Preferred retail pharmacy; see Section 5(f).

You Pay

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

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

Benefit Description

Residential Treatment Center
Inpatient Residential Treatment Center:

Precertification prior to admission is required.

We cover inpatient care provided and billed by an RTC when the care is medically necessary for the treatment of a medical, mental health, and/or substance use disorder:

- Room and board, such as semiprivate room, nursing care, meals, special diets, ancillary charges, and covered therapy services when billed by the facility.

Notes:

- For inpatient care received overseas, refer to Section 5(i).
- For outpatient residential treatment center services, see Section 5(c).

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 services, such as:

- *Biofeedback*
- *Custodial or long-term care (see* Definitions*)*
- *Domiciliary care provided because care in the home is not available or is unsuitable*
- *Educational therapy or educational classes*

- *Equine/hippotherapy provided during the approved stay*
- *Recreational therapy*
- *Respite care*
- *Outdoor residential programs*
- *Outward Bound programs*
- *Personal comfort items, such as guest meals and beds, phone, television, beauty and barber service*
- *Services provided outside of the provider's licensure/scope of practice*

You Pay
All charges

Residential Treatment Center - continued on next page

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