

**2026 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 58**

---

**Benefit Description**

**Durable Medical Equipment (DME) (cont.)**

- Speech-generating devices, limited to \$1,250 per calendar year

**Standard Option - You Pay**

Any amount over \$1,250 per year (no deductible)

**Basic Option - You Pay**

Any amount over \$1,250 per year

---

**Benefit Description**

*Not covered:*

- *Exercise and bathroom equipment*
- *Vehicle modifications, replacements, or upgrades*
- *Home modifications, upgrades, or additions*
- *Lifts, such as seat, chair, or van lifts*
- *Car seats*
- *Diabetic supplies, except as described in Section 5(f) or when Medicare Part B is primary*
- *Air conditioners, humidifiers, dehumidifiers, and purifiers*
- *Breast pumps, except as previously described*
- *Communications equipment, devices, and aids (including computer equipment) such as "story boards" or other communication aids to assist communication-impaired individuals (except for*

*speech-generating devices as listed above)*

- *Equipment for cosmetic purposes*
- *Topical Hyperbaric Oxygen Therapy (THBO)*
- *Charges associated with separate or extended warranties*

### **Standard Option - You Pay**

*All charges*

### **Basic Option - You Pay**

*All charges*

---

## **Benefit Description**

### **Medical Supplies**

- Medical foods and nutritional supplements when administered by catheter or nasogastric tubes  
Note: See Section 10, *Definitions*, for more information about medical foods.
- Ostomy and catheter supplies
- Oxygen  
Note: When billed by a skilled nursing facility, nursing home, or extended care facility, we pay benefits as shown here for oxygen, according to the contracting status of the facility.
- Blood and blood plasma, except when donated or replaced, and blood plasma expanders

Note: We cover medical supplies at Preferred benefit levels only when you use a Preferred medical supply provider. Preferred physicians, facilities, and pharmacies are not necessarily Preferred medical supply providers.

### **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: 35% of the Plan allowance

Participating/Non-participating: You pay all charges

---

### **Benefit Description**

*Not covered:*

- *Infant formulas used as a substitute for breastfeeding*
- *Diabetic supplies, except as described in Section 5(f) or when Medicare Part B is primary, or are enrolled in the FEP Medicare Prescription Drug Program*

### **Standard Option - You Pay**

*All charges*

### **Basic Option - You Pay**

*All charges*

---

*Medical Supplies - continued on next page*