

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option****Section 5. Benefits****Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals****Orthopedic and Prosthetic Devices**

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**Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.**

**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
- 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).

**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

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**Benefit Description**

- Hearing aids for children up to age 22, limited to \$2,500 per calendar year
- Hearing aids for adults age 22 and over, limited to \$2,500 every 5 calendar years

Note: Benefits for hearing aid dispensing fees, fittings, batteries, and repair services are included in the benefit limits described above. Prior approval is required for hearing aids.

**Standard Option - You Pay**

Any amount over \$2,500 (no deductible)

**Basic Option - You Pay**

Any amount over \$2,500

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**Benefit Description**

- Bone-anchored hearing aids when medically necessary, limited to \$5,000 per calendar year

**Standard Option - You Pay**

Any amount over \$5,000 (no deductible)

**Basic Option - You Pay**

Any amount over \$5,000

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**Benefit Description**

- Wigs for hair loss due to the treatment of cancer

Note: Benefits for wigs are paid at 100% of the billed amount, limited to \$350 for one wig one time.

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**Standard Option - You Pay**

Any amount over \$350 for one wig per lifetime (no deductible)

**Basic Option - You Pay**

Any amount over \$350 for one wig per lifetime

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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), except for scalp hair prosthesis for hair loss due to the treatment of cancer, as stated above*
- *Over the counter hearing aids, enhancement devices, accessories or supplies (including remote controls and warranty packages), and hearing aids when prior approval was not obtained*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*