

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services
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Benefit Description

Hospice Care (cont.)

Members with a terminal medical condition (or those acting on behalf of the member) are encouraged to contact the Case Management Department at their Local Plan for information about hospice services and Preferred hospice providers.

Standard Option - You Pay

Nothing (no deductible)

Basic Option - You Pay

Nothing

Benefit Description

Covered services

We provide benefits for the hospice services listed below:

- Advanced care planning (see Section 10)
- Dietary counseling
- Durable medical equipment rental
- Medical social services
- Medical supplies
- Nursing care
- Oxygen therapy
- Periodic physician visits

- Physical therapy, occupational therapy, and speech therapy related to the terminal medical condition
- Prescription drugs and medications
- Services of home health aides (certified or licensed, if the state requires it, and provided by the home hospice agency)

Standard Option - You Pay

See next page

Basic Option - You Pay

See next page

Benefit Description**Traditional Home Hospice Care**

Periodic visits to the member's home for the management of the terminal medical condition and to provide limited patient care in the home.

Standard Option - You Pay

Preferred facilities: Nothing (no deductible)

Member/Non-member facilities: \$450 copayment per episode (no deductible)

Basic Option - You Pay

Preferred facilities: Nothing

Member/Non-member facilities: You pay all charges

Benefit Description**Continuous Home Hospice Care**

Services provided in the home 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.).

Standard Option - You Pay

Preferred facilities: Nothing (no deductible)

Member facilities: \$450 per episode copayment (no deductible)

Non-member facilities: \$450 per episode copayment, plus 35% of the Plan allowance (no deductible),

and any remaining balance after our payment

Basic Option - You Pay

Preferred facilities: Nothing

Member/Non-member facilities: You pay all charges

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

Standard Option - You Pay

Preferred facilities: Nothing (no deductible)

Member facilities: \$450 per admission copayment, plus 35% of the Plan allowance (no deductible)

Basic Option - You Pay

Preferred facilities: Nothing

Member/Non-member facilities: You pay all charges

Hospice Care - continued on next page