

2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option
Section 6. General Exclusions – Services, Drugs, and Supplies We Do Not Cover
Page 134

- Custodial or long-term care (see *Definitions*).
- Personal comfort items such as beauty and barber services, radio, television, or phone.
- Furniture (other than medically necessary durable medical equipment) such as commercial beds, mattresses, chairs.
- Routine services, such as periodic physical examinations; screening examinations; immunizations; and services or tests not related to a specific diagnosis, illness, injury, set of symptoms, or maternity care, except for those preventive services specifically covered under *Preventive Care, Adult* and *Preventive Care, Child* in Sections 5(a) and 5(c); and certain routine services associated with covered clinical trials (see Section 9).
- Recreational or educational therapy, and any related diagnostic testing, except as provided by a hospital during a covered inpatient stay.
- Applied behavior analysis (ABA) and related services for any condition other than an autism spectrum disorder.
- Applied behavior analysis (ABA) services and related services performed as part of an educational program; or provided in or by a school/educational setting; or provided as a replacement for services that are the responsibility of the educational system.
- Topical Hyperbaric Oxygen Therapy (THBO).
- Research costs (costs related to conducting a clinical trial such as research physician and nurse time, analysis of results, and clinical tests performed only for research purposes).
- Professional charges for after-hours care, except when associated with services provided in a physician's office.
- Incontinence products such as incontinence garments (including adult or infant diapers, briefs, and underwear), incontinence pads/liners, bed pads, or disposable washcloths.
- Alternative medicine services including, but not limited to, botanical medicine, aromatherapy, herbal/nutritional supplements, meditation techniques, relaxation techniques, movement therapies, and energy therapies.
- Services, drugs, or supplies related to medical marijuana.

- Advanced care planning, except when provided as part of a covered hospice care treatment plan (see Section 5(c)).
- Membership or concierge service fees charged by a healthcare provider.
- Fees associated with copies, forwarding or mailing of records except as specifically described in Section 8.
- Services not specifically listed as covered.
- Services or supplies we are prohibited from covering under the Federal Law.
- Services related to surrogacy, including but not limited to, fertility services to get pregnant, delivery services, and/or routine nursery services for the infant upon delivery. Benefits for non-routine facility services for infants eligible for coverage will be provided once the infant has been added to the policy. See Family member coverage under FEHB Facts at the beginning of this brochure for more information about who is eligible for coverage.
- Chemical or surgical modification of an individual's sex traits through medical interventions (to include “gender transition” services), other than mid-treatment exceptions, see Section 3. *How You Get Care*.
- Any benefits or services required solely for your employment are not covered by this plan.