

**2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus****Section 5. FEP Blue Focus Overview**Page 37

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**WRAP****Benefits with different copayments or coinsurance and no deductible - limits may apply****Brochure Section:** 5(a)**Benefit:** Maternity – professional**Member Payment & Calendar Year Limitations:** \$0**Page(s):** [45](#)**Brochure Section:** 5(c)**Benefit:** Maternity – facility**Member Payment & Calendar Year Limitations:** \$1,500 per pregnancy**Page(s):** [71-72](#)**Brochure Section:** 5(a)**Benefit:** Occupational, physical or speech therapy**Member Payment & Calendar Year Limitations:** \$25/visit Limited to 25 visits combined**Page(s):** [50](#)**Brochure Section:** 5(c)**Benefit:** Hospice – Traditional (home)**Member Payment & Calendar Year Limitations:** \$0**Page(s):** [79](#)**Brochure Section:** 5(f)**Benefit:** Preferred retail pharmacy – Tier 2 (Preferred Brand-name drugs)**Member Payment & Calendar Year Limitations:** 40% of the Plan allowance (up to a \$350 maximum) for up to a 30-day supply

40% of the Plan allowance (up to a \$1,050 maximum) for up to a 90-day supply

**Page(s):** [93](#)**Brochure Section:** 5(f)**Benefit:** Specialty pharmacy – Tier 2 (Preferred Generic Specialty drugs and Preferred Brand-name Specialty Drugs)**Member Payment & Calendar Year Limitations:** 40% of the Plan allowance (up to a \$350 maximum) for up to a 30-day supply**Page(s):** [93](#)

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**NOT COVERED****See “Not covered” at the end of each sub-section and Section 6, General Exclusions, page [111](#) for complete information regarding services, drugs or supplies not covered under FEP Blue Focus.**

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**Benefit:** Hearing aids including bone-anchored hearing aids

**Member Payment:** All charges

**Benefit:** Wigs

**Member Payment:** All charges

**Benefit:** Skilled nursing facility

**Member Payment:** All charges

**Benefit:** Non-preferred generic, non-preferred brand-name and non-preferred specialty generic and brand-name drugs (drugs not on the FEP Blue Focus formulary)

**Member Payment:** All charges

**Benefit:** Dental care (except accidental injury)

**Member Payment:** All charges

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