

2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus

Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals

Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy

Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.

Benefit Description

Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy

Outpatient treatment therapies, subject to visit limits:

- Physical therapy, occupational therapy, and speech therapy:
 - Benefits are limited to 25 visits per person, per calendar year for physical, occupational, or speech therapy, or a combination of all three; regardless of the provider or facility billing for the services
- Cognitive rehabilitation therapy, limited to 25 visits per calendar year, regardless of the provider billing the service

You Pay

Preferred: \$25 copayment per visit (no deductible)

Non-preferred (Participating/Non-participating): You pay all charges

Notes:

- You pay 30% of the Plan allowance (deductible applies) for agents, drugs, and/or supplies administered or obtained in connection with your care. (See page [128](#) for more information about “agents.”)
 - See Section 5(c) for our payment levels for rehabilitative therapies billed for by the outpatient department of a hospital.
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Benefit Description

Not covered:

- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*
- *Maintenance or palliative rehabilitative therapy*
- *Exercise programs*
- *Hippotherapy/Equine therapy*
- *Massage therapy*

You Pay

All charges