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
Medical Supplies

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

Benefit Description

Medical Supplies
Covered medical supplies include:

- Medical foods and nutritional supplements when administered by catheter or nasogastric tubes
  Note: See page 131 for the definition of medical foods.
- Ostomy and catheter supplies
- Oxygen
  Note: When billed by a skilled nursing facility, nursing home, or extended care facility, we pay benefits as shown here for oxygen, according to the contracting status of the facility. See page 77 for outpatient services received while in a skilled nursing facility.
- Blood and blood plasma, except when donated or replaced, and blood plasma expanders

Note: We cover medical supplies at Preferred benefit levels only when you use a Preferred medical supply provider. Preferred physicians, facilities, and pharmacies are not necessarily Preferred medical supply providers.

You Pay
Preferred: 30% of the Plan allowance (deductible applies)

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

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Benefit Description

Not covered:

- *Infant formulas used as a substitute for breastfeeding*

- *Diabetic supplies, except as described in Section 5(f) or when Medicare Part B is primary*
- *Medical foods administered orally, except as described in Section 5(f)*

You Pay
All charges