2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services

Note: The calendar year deductible applies to almost all benefits in this Section. We say "(No deductible)" when it does not apply.

Benefit Description

Hospice Care

Hospice care is an integrated set of services and supplies designed to provide palliative and supportive care to members with a projected life expectancy of six months or less due to a terminal medical condition, as certified by the member's primary care provider or specialist.

Standard Option - You Pay
See the following

Basic Option - You Pay
See the following

Benefit Description

Pre-Hospice Enrollment Benefits

Prior approval is not required.

Before home hospice care begins, members may be evaluated by a physician to determine if home hospice care is appropriate. We provide benefits for pre-enrollment visits when provided by a physician who is employed by the home hospice agency and when billed by the agency employing the physician. The pre-enrollment visit includes services such as:

- Evaluating the member's need for pain and/or symptom management; and
- Counseling regarding hospice and other care options

Standard Option - You Pay
Nothing (no deductible)

Basic Option - You Pay
Nothing

All hospice services must be billed by an agency licensed as a hospice provider. Please check with your Local Plan, and/or visit www.fepblue.org/provider to use our National Doctor & Hospital Finder,

for listings of Preferred hospice providers.

Note: If Medicare Part A is the primary payor for the member's hospice care, our benefits will be limited to those services described here.

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.

Benefit Description

Covered services

We provide benefits for the hospice services listed below:

- Advance 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.).

Note: An episode consists of up to seven consecutive days of continuous care. The member must be enrolled in a home hospice program in order to receive benefits for subsequent continuous home hospice care and services must be provided by the home hospice program in which the member is enrolled.

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
- Inpatient services are necessary to provide an interval of relief (respite) to the caregiver

Note: Benefits are provided for up to 30 consecutive days in a facility licensed as an inpatient hospice facility.

Standard Option - You Pay
Preferred facilities: Nothing (no deductible)

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

Non-member facilities: $450 per admission 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

Not covered:

- *Advance care planning, except when provided as part of a covered hospice care treatment plan*
- *Homemaker services*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges