2027 Blue Cross and Blue Shield Service Benefit Plan
FEP Blue Standard and FEP Blue Basic
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals

Note: For Standard Option, we state whether or not the calendar year deductible applies for each benefit listed in this Section. There is no calendar year deductible under Basic Option.

Benefit Description

Orthopedic and Prosthetic Devices
Orthopedic braces and prosthetic appliances such as:

- Artificial limbs and eyes
- Functional foot orthotics when prescribed by a physician
- Rigid devices attached to the foot or a brace, or placed in a shoe
- Replacement, repair, and adjustment of covered devices
- Following a mastectomy, breast prostheses and surgical bras, including necessary replacements
- Surgically implanted penile prostheses limited to treatment of erectile dysfunction
- Surgical implants

Note: A **prosthetic appliance** is a device that is surgically inserted or physically attached to the body to restore a bodily function or replace a physical portion of the body.

We provide hospital benefits for internal prosthetic devices, such as artificial joints, pacemakers, cochlear implants, and surgically implanted breast implants following mastectomy; see Section 5(c) for payment information. Insertion of the device is paid as surgery; see Section 5(b).

Standard Option - You Pay
Preferred: 15% of the Plan allowance (deductible applies)

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Basic Option - You Pay
Preferred: 35% of the Plan allowance

Participating/Non-participating: You pay all charges

Benefit Description

- Hearing aids for children up to age 22, limited to $2,500 per calendar year
- Hearing aids for adults age 22 and over, limited to $2,500 every 5 calendar years

Note: Benefits for hearing aid dispensing fees, fittings, batteries, and repair services are included in the benefit limits described above. Prior approval is required for hearing aids.

Standard Option - You Pay
Any amount over $2,500 (no deductible)

Basic Option - You Pay
Any amount over $2,500

Benefit Description

- Bone-anchored hearing aids when medically necessary, limited to $5,000 per calendar year

Standard Option - You Pay
Any amount over $5,000 (no deductible)

Basic Option - You Pay
Any amount over $5,000

Benefit Description

- Wigs for hair loss due to the treatment of cancer

Note: Benefits for wigs are paid at 100% of the billed amount, limited to $350 for one wig one time.

Standard Option - You Pay
Any amount over $350 for one wig per lifetime (no deductible)

Basic Option - You Pay
Any amount over $350 for one wig per lifetime

Benefit Description

Not covered:

- *Shoes (including diabetic shoes)*
- *Over-the-counter orthotics*
- *Arch supports*
- *Heel pads and heel cups*
- *Wigs (including cranial prostheses), except for scalp hair prosthesis for hair loss due to the treatment of cancer, as stated above*
- *Over-the-counter hearing aids, enhancement devices, accessories or supplies (including remote controls and warranty packages), and hearing aids when prior approval was not obtained*

Standard Option - You Pay
All charges

Basic Option - You Pay
All charges