

2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services****Page 72**

Benefit Description**Hospice Care (cont.)****Continuous Home Hospice Care**

Services provided in the home to members enrolled in home hospice 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.).

You Pay

Preferred facilities: Nothing (no deductible)

Non-preferred facilities (Member/Non-member): 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.

Precertification is required*You Pay**

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

Non-preferred facilities (Member/Non-member): You pay all charges

Benefit Description

Not covered:

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

You Pay

All charges