

2026 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****Page 50**

Benefit Description**Durable Medical Equipment (DME)**

Durable medical equipment (DME) is equipment and supplies that are:

1. Prescribed by your attending physician (i.e., the physician who is treating your illness or injury);
2. Medically necessary;
3. Primarily and customarily used only for a medical purpose;
4. Generally useful only to a person with an illness or injury;
5. Designed for prolonged use; and
6. Used to serve a specific therapeutic purpose in the treatment of an illness or injury.

We cover rental or purchase of prescribed durable medical equipment, at our option, including repair and adjustment. Covered items include:

- Home dialysis equipment
- Oxygen equipment
- Hospital beds
- Wheelchairs
- Crutches
- Walkers
- Continuous passive motion (CPM) devices
- Dynamic orthotic cranioplasty (DOC) devices

- Insulin pumps
- Other items that we determine to be DME, such as compression stockings
- **Specialty DME*** to include:
 - Specialty hospital beds
 - Deluxe wheelchairs, power wheelchairs and mobility devices including scooters and related supplies.

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

***Prior approval required**

You Pay

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

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

Benefit Description

- Speech-generating devices, limited to \$625 per calendar year

You Pay

Any amount over \$625 per year (no deductible)

Benefit Description

Not covered:

- *Exercise and bathroom equipment*
- *Vehicle modifications, replacements, or upgrades*
- *Home modifications, upgrades, or additions*
- *Lifts, such as seat, chair, or van lifts*

- *Car seats*
- *Diabetic supplies, except as described in Section 5(f), or 5(f)(a) if applicable, or when Medicare Part B is primary*
- *Air conditioners, humidifiers, dehumidifiers, and purifiers*
- *Breast pumps, except as previously described*

You Pay

All charges