

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 52**

Benefit Description**Home Health Services (cont.)**

Not covered:

- *Services provided by a nurse, nursing assistant, health aide, or other similarly licensed or unlicensed person that are billed by a skilled nursing facility, extended care facility, or nursing home*
- *Private duty nursing*

You Pay

All charges

Benefit Description**Alternative/Manipulative Treatments**

Benefits for manipulative treatment and acupuncture are subject to a combined limit of 10 visits per person per calendar year

- Acupuncture is covered when performed and billed by a healthcare provider who is licensed or certified to perform acupuncture by the state where the services are provided, and who is acting within the scope of that license or certification. See Section 3 for more information.
Note: See Section 5(b) for our coverage of acupuncture when provided as anesthesia for covered surgery.
Note: See earlier in this section for our coverage of acupuncture when provided as anesthesia for covered maternity care.
- Manipulative treatment limited to:
 - Osteopathic manipulative treatment to any body region
 - Chiropractic spinal and/or extraspinal manipulative treatment

See Section 5(c) for facility benefits.

You Pay

Preferred: \$25 copayment per visit (no deductible)

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

Note: You pay 30% of the Plan allowance (deductible applies) for agents, drugs, and/or supplies administered or obtained in connection with your care.

Benefit Description

Not covered:

- *Biofeedback*
- *Self-care or self-help training*

You Pay

All charges

Benefit Description**Educational Classes and Programs**

- Smoking and tobacco cessation treatment including:
 - Counseling for smoking and tobacco use cessation
 - Smoking and tobacco cessation classes
- Note: See Section 5(f) for our coverage of smoking and tobacco cessation drugs.

You Pay

Preferred: Nothing (no deductible)

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

Benefit Description

- Diabetic education

Note: See previous information in this section for our coverage of nutritional counseling services that are not part of a diabetic education program.

You Pay

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

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

Benefit Description

Not covered:

- *Educational or other counseling or training services, or applied behavior analysis (ABA), when performed as part of an educational class or program*
- *Premenstrual syndrome (PMS), lactation, headache, eating disorder, and other educational clinics unless described earlier in this section as being covered*
- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*
- *Services performed or billed by a school or halfway house or a member of its staff*

You Pay

All charges