

**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**

**Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy**

---

**Note:** We state whether or not the calendar year deductible applies for each benefit listed in this section.

**Benefit Description**

**Physical Therapy, Occupational Therapy, Speech Therapy, and Cognitive Rehabilitation Therapy**

Outpatient treatment therapies, subject to visit limits:

- Physical therapy, occupational therapy, and speech therapy:
  - Benefits are limited to 25 visits per person, per calendar year for physical, occupational, or speech therapy, or a combination of all three; regardless of the provider or facility billing for the services
- Cognitive rehabilitation therapy, limited to 25 visits per calendar year, regardless of the provider billing the service

**You Pay**

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

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

**Notes:**

- You pay 30% of the Plan allowance (deductible applies) for agents, drugs, and/or supplies administered or obtained in connection with your care.
  - See Section 5(c) for our payment levels for rehabilitative therapies billed for by the outpatient department of a hospital.
- 

**Benefit Description**

*Not covered:*

- *Recreational or educational therapy, and any related diagnostic testing except as provided by a hospital as part of a covered inpatient stay*
- *Maintenance or palliative rehabilitative therapy*
- *Exercise programs*
- *Hippotherapy/Equine therapy*
- *Massage therapy*

**You Pay**

*All charges*