

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
Extended Care Benefits/Skilled Nursing Care Facility Benefits**

Note: The calendar year deductible applies to almost all benefits in this Section. We say "(No deductible)" when it does not apply.

Extended Care Benefits/Skilled Nursing Care Facility Benefits

There are no benefits for admissions to an extended care or skilled nursing facility.

You Pay

All charges

Benefit Description

Benefits are available for the following covered services when provided as outpatient services and billed by a skilled nursing facility:

- Oxygen

Note: See Section 5(f), or 5(f)(a) if applicable, for benefits for prescription drugs.

You Pay

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

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

Benefit Description

Benefits are available for the following covered professional services when provided as outpatient services and billed by a skilled nursing facility:

- Cognitive rehabilitation therapy, limited to 25 visits per calendar year, regardless of the provider billing the service
- Physical therapy, occupational therapy, or speech therapy or a combination of all three (regardless of the provider or facility billing for the services) limited to 25 visits per person, per calendar year

You Pay

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

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

- *Inpatient room and board billed by a skilled nursing facility*
- *Phone; television; personal comfort items, such as guest meals and beds, beauty and barber services, recreational outings/trips, stretcher or wheelchair transportation; non-emergent ambulance transport that is requested beyond the nearest facility adequately equipped to treat the member's condition, by patient or physician for continuity of care or other reason; custodial or long-term care (see Definitions), and domiciliary care provided because care in the home is not available or is unsuitable.*

You Pay

All charges