

**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**  
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### **Benefit Description**

#### **Hospice Care (cont.)**

Please check with your Local Plan, and/or visit [www.fepblue.org/provider](http://www.fepblue.org/provider) to use our National Doctor & Hospital Finder, for listings of Preferred hospice providers.

Note: If Medicare Part A is the primary payor for the member's hospice care, our benefits will be limited to those services listed in this Section.

**Members with a terminal medical condition (or those acting on behalf of the member) are encouraged to contact the Case Management Department at their Local Plan for information about inpatient hospice services and Preferred hospice providers.**

#### **You Pay**

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

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

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### **Benefit Description**

#### **Covered services:**

We provide benefits for the hospice services listed below:

- Advanced care planning
- Dietary counseling
- Durable medical equipment rental
- Medical social services
- Medical supplies
- Nursing care
- Oxygen therapy

- Periodic physician visits
- Physical therapy, occupational therapy, and speech therapy related to the terminal medical condition
- Prescription drugs and medications
- Services of home health aides (certified or licensed, if the state requires it, and provided by the home hospice agency)

**You Pay**

See the following

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**Benefit Description**

**Traditional Home Hospice Care**

Periodic visits to the member's home for the management of the terminal medical condition and to provide limited patient care in the home.

**You Pay**

Preferred facilities: Nothing (no deductible)

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

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*Hospice Care - continued on next page*