

**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****Page 69**

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**Benefit Description****Outpatient Hospital or Ambulatory Surgical Center (cont.)**

Outpatient **drugs, medical devices, and durable medical equipment** billed for by a facility, such as:

- Prescribed drugs and medications

Note: Certain self-injectable drugs are covered only when dispensed by a pharmacy under the pharmacy benefit. These drugs will be covered once per lifetime per therapeutic category of drugs when dispensed by a non-pharmacy-benefit provider. This benefit limitation does not apply if you have primary Medicare Part B coverage, or you are enrolled in the FEP Medicare Prescription Drug Program. See Section 5(f), or 5(f)(a) if applicable, for information about specialty drug fills from a Preferred pharmacy.

- Orthopedic and prosthetic devices

- Durable medical equipment

- Surgical implants

- Oral and transdermal contraceptives

Note: We waive your cost-share for generic oral and transdermal contraceptives when you purchase them at a Preferred retail pharmacy; see Section 5(f), or 5(f)(a) if applicable.

**You Pay**

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

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

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**Benefit Description****Residential Treatment Center**

Inpatient Residential Treatment Center:

**Precertification prior to admission is required.**

We cover inpatient care provided and billed by an RTC when the care is medically necessary for the

treatment of a medical, mental health, and/or substance use disorder:

- Room and board, such as semiprivate room, nursing care, meals, special diets, ancillary charges, and covered therapy services when billed by the facility.

Notes:

- For inpatient care received overseas, refer to Section 5(i).
- For outpatient residential treatment center services, see Section 5(c).

### **You Pay**

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

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

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### **Benefit Description**

*Not covered services, such as:*

- *Biofeedback*
- *Custodial or long-term care (see Definitions)*
- *Domiciliary care provided because care in the home is not available or is unsuitable*
- *Educational therapy or educational classes*
- *Equine/hippotherapy provided during the approved stay*
- *Recreational therapy*
- *Respite care*
- *Outdoor residential programs*
- *Outward Bound programs*
- *Personal comfort items, such as guest meals and beds, phone, television, beauty and barber service*

**You Pay**  
*All charges*

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*Residential Treatment Center - continued on next page*