

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****Medical Supplies**

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

Benefit Description**Medical Supplies**

Covered medical supplies include:

- Medical foods and nutritional supplements when administered by catheter or nasogastric tubes
Note: See Section 10 for the definition of medical foods.
- Ostomy and catheter supplies
- Oxygen
Note: When billed by a skilled nursing facility, nursing home, or extended care facility, we pay benefits as shown here for oxygen, according to the contracting status of the facility. See Section 5(c) for outpatient services received while in a skilled nursing facility.
- Blood and blood plasma, except when donated or replaced, and blood plasma expanders

Note: We cover medical supplies at Preferred benefit levels only when you use a Preferred medical supply provider. Preferred physicians, facilities, and pharmacies are not necessarily Preferred medical supply providers.

You Pay

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

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

Benefit Description

Not covered:

- *Infant formulas used as a substitute for breastfeeding*

- *Diabetic supplies, except as described in Section 5(f), or 5(f)(a) if applicable, or when Medicare Part B is primary, or you are enrolled in the FEP Medicare Prescription Drug Program*
- *Medical foods administered orally, except as described in Section 5(f), or 5(f)(a) if applicable*

You Pay

All charges