

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****Foot Care**

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

Benefit Description**Foot Care**

Routine foot care when you are under active treatment for a metabolic or peripheral vascular disease, such as diabetes

Notes:

- For corresponding office visits, see the beginning of Section 5(a).
- See below, *Orthopedic and Prosthetic Devices*, for information on podiatric shoe inserts.
- See Section 5(b) for our coverage for surgical procedures.

You Pay

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

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

Benefit Description*Not covered:*

- *Routine foot care, such as cutting, trimming, or removal of corns, calluses, or the free edge of toenails, and similar routine treatment of conditions of the foot, except as stated above*

You Pay

All charges