

51

2025 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
Page 51

Benefit Description

Orthopedic and Prosthetic Devices (cont.)

- *Hearing aids, including bone anchored hearing aids, accessories or supplies (including remote controls and warranty packages) and all associated services*

You Pay
All charges

Benefit Description

Durable Medical Equipment (DME)

Durable medical equipment (DME) is equipment and supplies that are:

1. Prescribed by your attending physician (i.e., the physician who is treating your illness or injury);
2. Medically necessary;
3. Primarily and customarily used only for a medical purpose;
4. Generally useful only to a person with an illness or injury;
5. Designed for prolonged use; and
6. Used to serve a specific therapeutic purpose in the treatment of an illness or injury.

We cover rental or purchase of durable medical equipment, at our option, including repair and

adjustment. Covered items include:

- Home dialysis equipment
- Oxygen equipment
- Hospital beds
- Wheelchairs
- Crutches
- Walkers
- Continuous passive motion (CPM) devices
- Dynamic orthotic cranioplasty (DOC) devices
- Insulin pumps
- Other items that we determine to be DME, such as compression stockings
- **Specialty DME*** to include:
 - Specialty hospital beds
 - Deluxe wheelchairs, power wheelchairs and mobility devices including scooters and related supplies.

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

***Prior approval required**

You Pay

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

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

Benefit Description

- Speech-generating devices, limited to \$625 per calendar year

You Pay

Any amount over \$625 per year (no deductible)

Benefit Description

Not covered:

- *Exercise and bathroom equipment*
- *Vehicle modifications, replacements, or upgrades*
- *Home modifications, upgrades, or additions*
- *Lifts, such as seat, chair, or van lifts*
- *Car seats*

You Pay

All charges

Durable Medical Equipment (DME) - continued on next page

Go to page [50](#). Go to page [52](#).