
2023 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5. FEP Blue Focus Overview
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WRAP

Benefits with different copayments or coinsurance and no deductible - limits may apply

Brochure Section: 5(a)

Benefit: Maternity – professional

Member Payment & Calendar Year Limitations: \$0

Page(s): [45](#)

Brochure Section: 5(c)

Benefit: Maternity – facility

Member Payment & Calendar Year Limitations: \$1,500 per pregnancy

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Brochure Section: 5(a)

Benefit: Occupational, physical or speech therapy

Member Payment & Calendar Year Limitations: \$25/visit Limited to 25 visits combined

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Brochure Section: 5(c)

Benefit: Hospice – Traditional (home)

Member Payment & Calendar Year Limitations: \$0

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Brochure Section: 5(f)

Benefit: Preferred retail pharmacy – Tier 2 (Preferred Brand-name drugs)

Member Payment & Calendar Year Limitations: 40% of the Plan allowance (up to a \$350 maximum) for up to a 30-day supply

40% of the Plan allowance (up to a \$1,050 maximum) for up to a 90-day supply

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Brochure Section: 5(f)

Benefit: Specialty pharmacy – Tier 2 (Preferred Generic Specialty drugs and Preferred Brand-name Specialty Drugs)

Member Payment & Calendar Year Limitations: 40% of the Plan allowance (up to a \$350 maximum) for up to a 30-day supply

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NOT COVERED

See “Not covered” at the end of each sub-section and Section 6, General Exclusions, page [111](#) for complete information regarding services, drugs or supplies not covered under FEP Blue Focus.

Benefit: Hearing aids including bone-anchored hearing aids

Member Payment: All charges

Benefit: Wigs

Member Payment: All charges

Benefit: Skilled nursing facility

Member Payment: All charges

Benefit: Non-preferred generic, non-preferred brand-name and non-preferred specialty generic and brand-name drugs (drugs not on the FEP Blue Focus formulary)

Member Payment: All charges

Benefit: Dental care (except accidental injury)

Member Payment: All charges

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