

## Durable Medical Equipment (DME)

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### 2024 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 Durable Medical Equipment (DME)

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#### 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

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**Benefit Description**

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

**You Pay**

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

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**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*
- *Diabetic supplies, except as described in Section 5(f) or when Medicare Part B is primary*
- *Air conditioners, humidifiers, dehumidifiers, and purifiers*
- *Breast pumps, except as previously described*
- *Communications equipment, devices, and aids (including computer equipment) such as “story boards” or other communication aids to assist communication-impaired individuals (except for speech-generating devices as listed above)*
- *Equipment for cosmetic purposes*
- *Topical Hyperbaric Oxygen Therapy (THBO)*
- *Charges associated with separate or extended warranties*

**You Pay**  
*All charges*