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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**  
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**Benefit Description**

**Durable Medical Equipment (DME) (cont.)**

- 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*

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## 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

### You Pay

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

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

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