

**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**

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**Benefit Description**

**Home Health Services**

Home nursing care (skilled) for two hours per day limited to 10 visits when:

- A registered nurse (R.N.) or licensed practical nurse (L.P.N.) provides the services; and
- A physician orders the care.

**You Pay**

Preferred: \$25 copayment per visit (no deductible)

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

Note: You pay 30% of the Plan allowance (deductible applies) for agents, drugs, and/or supplies administered or obtained in connection with your care.