

## **2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus**

### **Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services Hospice Care**

**Note:** The calendar year deductible applies to almost all benefits in this Section. We say "(No deductible)" when it does not apply.

#### **Benefit Description**

##### **Hospice Care**

**Hospice care** is an integrated set of services and supplies designed to provide palliative and supportive care to members with a projected life expectancy of six months or less due to a terminal medical condition, as certified by the member's primary care provider or specialist.

#### **You Pay**

See pages the following

#### **Benefit Description**

##### **Pre-Hospice Enrollment Benefits**

**Prior approval is not required.**

Before home hospice care begins, members may be evaluated by a physician to determine if home hospice care is appropriate. We provide benefits for pre-enrollment visits when provided by a physician who is employed by the home hospice agency and when billed by the agency employing the physician. The pre-enrollment visit includes services such as:

- Evaluating the member's need for pain and/or symptom management; and
- Counseling regarding hospice and other care options

All hospice services must be billed by an agency licensed as a hospice provider.

Please check with your Local Plan, and/or visit [www.fepblue.org/provider](http://www.fepblue.org/provider) to use our National Doctor & Hospital Finder, for listings of Preferred hospice providers.

**Note:** If Medicare Part A is the primary payor for the member's hospice care, our benefits will be limited to those services described here.

**Members with a terminal medical condition (or those acting on behalf of the member) are encouraged to contact the Case Management Department at their Local Plan for information about hospice services and Preferred hospice providers.**

### **You Pay**

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

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

### **Benefit Description**

#### **Covered services:**

We provide benefits for the hospice services listed below:

- Advanced care planning
- Dietary counseling
- Durable medical equipment rental
- Medical social services
- Medical supplies
- Nursing care
- Oxygen therapy
- Periodic physician visits
- Physical therapy, occupational therapy, and speech therapy related to the terminal medical condition
- Prescription drugs and medications
- Services of home health aides (certified or licensed, if the state requires it, and provided by the home hospice agency)

### **You Pay**

See the following

### **Benefit Description**

#### **Traditional Home Hospice Care**

Periodic visits to the member's home for the management of the terminal medical condition and to provide limited patient care in the home.

### **You Pay**

Preferred facilities: Nothing (no deductible)

Non-preferred facilities (Member/Non-member): You pay all charges

### **Benefit Description**

#### **Continuous Home Hospice Care**

Services provided in the home during a period of crisis, such as frequent medication adjustments to control symptoms or to manage a significant change in the member's condition, requiring a minimum of 8 hours of care during each 24-hour period by a registered nurse (R.N.) or licensed practical nurse (L.P.N.).

### **You Pay**

Preferred facilities: Nothing (no deductible)

Non-preferred facilities (Member/Non-member): You pay all charges

### **Benefit Description**

#### **Inpatient Hospice Care\***

Benefits are available for inpatient hospice care when provided by a facility that is licensed as an inpatient hospice facility and when:

- Inpatient services are necessary to control pain and/or manage the member's symptoms;
- Death is imminent; or
- Inpatient services are necessary to provide an interval of relief (respite) to the caregiver

Note: Benefits are provided for up to 30 consecutive days in a facility licensed as an inpatient hospice facility.

#### **\*Precertification is required**

### **You Pay**

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

Non-preferred facilities (Member/Non-member): You pay all charges

### **Benefit Description**

*Not covered:*

- *Advanced care planning, except when provided as part of a covered hospice care treatment plan as previously noted*
- *Homemaker services*

**You Pay**  
*All charges*