

**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**  
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**Benefit Description**

**Hospice Care (cont.)**

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*

## Benefit Description

### Ambulance

Professional ambulance **transport services** to or from the nearest hospital equipped to adequately treat your condition, when medically necessary, and:

- Associated with covered hospital inpatient care
- Related to medical emergency
- Associated with covered hospice care

Notes:

- We also cover medically necessary emergency care provided at the scene when transport services are not required.
- **Prior approval is required for all non-emergent air ambulance transport.**

## You Pay

30% of the Plan allowance (deductible applies)

## Benefit Description

Professional ambulance **transport services** to or from the nearest hospital equipped to adequately treat your condition, when medically necessary, and when related to accidental injury care for your accidental injury.

Notes:

- We also cover medically necessary emergency care provided at the scene when transport services are not required.
- Prior approval is required for all non-emergent air ambulance transport.

**You Pay**

Nothing (no deductible)

Note: These benefit levels apply only if you receive care in connection with, and within 72 hours after, an accidental injury. For services received after 72 hours, see above.

**Benefit Description**

Medically necessary emergency ground, air and sea ambulance transport services to the nearest hospital equipped to adequately treat your condition if you travel outside the United States, Puerto Rico and the U.S. Virgin Islands

**You Pay**

30% of the Plan allowance (deductible applies)

*Ambulance - continued on next page*