

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.)

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 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

You Pay

Preferred facilities: Nothing (no deductible)

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

Hospice Care - continued on next page