

**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**

**Home Health Services**

**Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.**

**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.

**Benefit Description**

*Not covered:*

- *Nursing care requested by, or for the convenience of, the patient or the patient's family*
- *Services primarily for bathing, feeding, exercising, moving the patient, homemaking, giving medication, or acting as a companion or sitter*
- *Services provided by a nurse, nursing assistant, health aide, or other similarly licensed or unlicensed person that are billed by a skilled nursing facility, extended care facility, or nursing home*
- *Private duty nursing*

**You Pay**

*All charges*

