

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option  
Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services  
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**Benefit Description**

**Hospice Care (cont.)**

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.**

**Standard Option - You Pay**

Nothing (no deductible)

**Basic Option - You Pay**

Nothing

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**Benefit Description**

**Covered services**

We provide benefits for the hospice services listed below:

- Advanced care planning (see Section 10)
- 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)

**Standard Option - You Pay**

See next page

**Basic Option - You Pay**

See next page

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*Hospice Care - continued on next page*